Illinois Department of
Children and Family Services

2008
State Child Abuse
and Neglect
Prevention Plan

Report to the Governor
and the General Assembly

Pat Quinn
Governor

www.state.il.us/dcfs
The Illinois Department of Children and Family Services (DCFS; Department) is the single state agency for planning and coordinating child abuse and neglect prevention programs and services. As such, the Department is charged to administer child abuse prevention shelters and service programs for abused and neglected children, or provide for their administration by not-for-profit corporations, community-based organizations or units of local government. DCFS is also legislatively empowered with the administration of the Illinois Child Abuse Prevention Fund that is supported from private donations, the statewide tax check-off program, and a portion of the proceeds from the sale of commemorative birth certificates.

Already the nation’s largest child welfare agency accredited by the Council on Accreditation for Children and Family Services (COA), DCFS also has become the first state agency to receive reaccreditation - a sign of its ability to maintain high professional standards over a period of years.

Completing COA accreditation shows that an agency or organization has met the highest national standards of child welfare practice and provides assurance that the organization delivers effective services. Clients can also expect greater participation in decisions affecting their cases, improved case management and more accountability. Private agencies contracting with DCFS to provide foster care services must also be COA accredited. In this past year, accreditation standards also increased, with added emphasis placed on monitoring service quality. Despite these challenges, DCFS workers were able to meet the new, more stringent COA requirements, while at the same time maintaining their caseloads.

The Department’s reaccreditation is unique because, unlike many other state agencies seeking accreditation, it has invited COA peer review teams to conduct three-day studies of each local field office, as well as their traditional evaluations of central office operations. The Department has also provided advice and conducted events that have contributed to the accreditation of other child welfare agencies around the country. DCFS staff has served as COA peer reviewers for agencies in other states.

"At a time when the needs of children are so great and the availability of resources so limited,” said COA Director Richard Klarberg, “the reaccreditation of Illinois' Department of Children and Family Services demonstrates a clear commitment to providing quality services in a quality environment. The leadership and staff of the Department can, and should, take great pride in this achievement.”
The annual Child Abuse and Neglect Prevention Plan is submitted on or before the first Friday in April of each year and addresses the following four areas:

1. **Priorities, Goals and Objectives**

2. **Identify and Estimate the Resources Necessary to**
   - Investigate or process reports of suspected child abuse or neglect
   - Provide necessary follow-up services for child protection, family preservation, and family reunification in indicated cases

3. **Make Proposals for the Most Effective Use of Existing Resources to Implement the Plan, Including Recommendations for the Optimum use of**
   - Private resources
   - Local public resources
   - State and Federal Resources

4. **Propose Strategies for the Goals of**
   - Development of additional resources to reduce the incidence of child abuse and neglect
   - Reducing the number of reports of suspected child abuse and neglect made to the Department

**Mission Statement of the Department**
The mission of DCFS is to:
- Protect children who are reported to be abused or neglected and to increase their families’ capacity to safely care for them;
- Provide for the well-being of children in our care;
- Provide appropriate, permanent families as quickly as possible for those children who cannot safely return home;
- Support early intervention and child abuse prevention activities; and,
- Work in partnerships with communities to fulfill this mission.

**Vision Statement of the Department**
DCFS is committed to acting in the best interest of every child it serves and to helping families by increasing their ability to provide a safe environment for their children and by strengthening families who are at risk of abuse or neglect.

DCFS envisions a future in which children who have been abused or neglected:
- Are served with respect, fairness, and linguistic and cultural competence;
- Live in families that are safe and healthy;
- Live safely at home or are placed for short-term care in capable, nurturing foster homes;
- Have no unplanned placement disruptions;
- Are quickly and safely reunified with their families through restorative services or are placed with adoptive families or permanent guardians when reunification is not possible;
• Are served by a comprehensive continuum of services including the provision of residential placement that best meets the child’s needs;
• Live in communities where partnerships between DCFS, which has immediate and direct responsibility for wards, and other public and private agencies provide an effective array of services to meet the needs of children and families and prevent child abuse and neglect;
• Are served by competent, highly trained staff who respond to every report of abuse or neglect and who act quickly and professionally to protect them and ensure their well-being; and,
• Are served by a legal system that will promptly and efficiently adjudicate their cases and provide for an appropriate and expeditious disposition.

The Department considers the following principles, listed in 45 CFR 1355.25, as a guide for developing, improving, administering, and delivering the continuum of child and family services:
• The safety and well-being of children and of all family members is paramount. When safety can be assured, strengthening and preserving families is seen as the best way to promote the healthy development of children. One important way to keep children safe is to stop violence in the family, including violence against their mothers.
• Services are focused on the family as a whole. Service providers work with families as partners in identifying and meeting individual and family needs. Family strengths are identified, enhanced, respected, and mobilized to help families solve the problems that compromise functioning and well-being.
• Services promote the healthy development of children and youth, promote permanency for all children, and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.
• Services may focus on prevention, protection, or other short-term or long-term interventions to meet the needs of the family and the best interests and needs of the individual(s) who may be placed in out-of-home care.
• Services are timely, flexible, coordinated, and accessible to families and individuals. Services are principally delivered in the home or the community. They are delivered in a manner that is respectful of, and builds on, the strengths of the community and cultural groups.
• Services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial to meeting the families’ and children’s needs. Examples are housing, substance abuse treatment, mental health, health, education, job training, childcare, and informal networks.
• Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client’s needs.
• Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive (family support) and crisis intervention services (family preservation), based on the
changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis to receive services.

**Ethics Training**

DCFS requires all employees to participate in the Governor’s Mandatory Ethics Training on an annual basis. The training is a requirement of the State Officials and the Employees Ethics Act. The training is a self-administered, interactive, one-hour program that an employee can access through a computer connected to the Internet.

**Strategic Plan**

The Strategic Plan is the core and primary plan of the Department. All other plans (Chafee/ETV Plan, PSSF Strategic Plan, and the CAPTA Plan) are an integral part of this plan and are intended to support it.

The Office of Program Development and Support (OPDS), in the Division of Planning and Performance Management, closely coordinates and integrates the Child and Family Services Plan (CFSP) of the Department with its Program Improvement Plan (PIP) that originated from the Child and Family Services Review. At this time, the Child and Family Services Plan (CFSP) has been fully integrated with the Program Improvement Plan (PIP).

The initiatives and objectives of the Strategic Plan are those as set forth in the Department’s most recent Child and Family Services Plan and the most recent Program Improvement Plan, both originating subsequent to the U.S. Department of Health and Human Services’ Child and Family Services Review. Some of the identified objectives have been implemented at this writing, some are in process, and some are in the planning stages. The Department strongly believes in implementing each of the objectives in its Strategic Plan, although some of them may not be measurable at this time. These are organizational objectives worth pursuing and, just because some of them are not measurable at this time does not mean that the Department would abandon them.
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The passage of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) amended the Social Security Act and established that the national goals for children in the child welfare system are safety, permanency and well-being. ASFA represents an important landmark in federal child welfare law. The law provides mechanisms for making child welfare systems more responsive to the multiple and often complex needs of children and families. It gives new impetus to the effort to dismantle the many barriers that exist between children waiting in foster care and the permanent placements they need.

In late SFY97, anticipating passage of ASFA, the Illinois Department of Children and Family Services (DCFS, Department) supported the enactment of a parallel set of state laws resulting in Illinois’ Permanency Initiative. The following key principles embodied in ASFA provided the framework for developing these state laws and designing and delivering child welfare services by the Department:

- The safety of children is the paramount concern that must guide all child welfare services;
- Foster care is a temporary setting and not a place for children to grow up;
- Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families;
- The child welfare system must focus on results and accountability; and
- Innovative approaches are needed to achieve the goals of safety, permanency, and well-being.

Additionally, the Department’s legislative and implementation efforts have been consistent with the purposes of Titles IV-B and IV-E of the Social Security Act. In providing child welfare services, including foster care and adoption, the purposes are to:

- Assure the safety of children and protect the rights of children and their families; and
- Ensure permanency for children through intensive family preservation and support or through reunification or adoption efforts.

Pursuant to its new rule on Child and Family Services State Plan Reviews, which was effective in March 2000, the Administration for Children and Families (ACF) has adopted a results-focused approach to monitoring state child welfare programs and conducting child and family services reviews. The review measures state compliance with the state plan requirements under Titles IV-B and IV-E of the Social Security Act. Under the new rule, state child welfare programs are reviewed in two areas: outcomes for children and families served by the child welfare system, and systemic factors that directly affect the State’s capacity to deliver services...
leading to improved outcomes. Outcomes are focused on child safety, permanency, and child and family well-being. Systemic factors include whether a state has in place, and is successfully operating, systems for reviewing the cases of children in foster care at required intervals, training child welfare staff, licensing foster care providers, and recruiting prospective adoptive parents. This approach focuses the reviews on the quality of services provided.

The reviews focus on seven outcomes and seven systemic factors. The broad areas of safety, permanency and well-being categorize the seven outcomes. According to the Administration for Children and Families, the ultimate goal of the Child and Family Services State Plan Reviews is to help States to improve child welfare services and achieve the following outcomes for families and children who receive services:

Safety

- Children are, first and foremost, protected from abuse and neglect; and
- Children are safely maintained in their own homes whenever possible.

Permanency

- Children have permanency and stability in their living situations; and
- The continuity of family relationships and connections are preserved for children.

Well-Being

- Families have enhanced capacity to provide for their children’s needs;
- Children receive appropriate services to meet their educational needs; and
- Children receive adequate services to meet their physical and mental health needs.

New Data Measures and Composites Described on the ACF Website for the Second Cycle/Round of Child and Family Services Review

As in round one, two of the seven outcomes have data indicators that quantify and help measure performance: Safety Outcome 1—children are protected from abuse and neglect; and Permanency Outcome 1—children have permanency and stability in their living situations. Data indicators refer to the two safety measures and four permanency composites for which national standards have been developed. There is little change in the Safety indicators but the four Permanency indicators now consist of more comprehensive data composites.

Composites are single numbers that incorporate performance across several related measures. A composite score is calculated from performance on each of the measures, each weighted to reflect its importance. A composite is like a class grade, where different weights are assigned to performance on different tasks (e.g., exams 60%, papers 25%, class participation 10%, homework 5%) to calculate a final grade.
Three composites cover familiar areas that have been expanded, and one covers an entirely new area. The four composites are:

- **Timeliness and permanence of reunification**: The round one measure of length of time to reunification has been expanded, and four measures now reflect the experience of all children (i.e., both those who exit in less than 12 months and those who stay longer) and add in considerations of whether reunifications are permanent (i.e., reentry rate).
- **Timeliness of adoptions**: This composite now expresses performance on five measures tracking different aspects of moving children to adoption.
- **Placement stability**: Three measures track the number of children in foster care with two or fewer placements for those in foster care for less than 12, 12–24, and more than 24 months.
- **Achieving permanence for children in foster care**: In this new composite, three measures track the experience of children in care for long periods of time.

Composite scores incorporate performance on a number of different measures and provide a more comprehensive and balanced view of an agency’s work by capturing a wider range of experiences. For example, under the timeliness of adoptions composite, different measures track the experiences both of children who exit to adoption within 24 months and those who wait many years. Using composites also ensures that assessing a State’s performance does not depend on one measure, and both strengths and weaknesses can be taken into account.

The National Resource Center for Child Welfare Data and Technology (NRC-CWDT) is providing technical assistance to States on data issues in the second round. The NRCCWDT recommends that States monitor their composite scores but focus on performance on individual measures that make up the composites. For each measure, States can compare their performance to the national median performance on that measure. States are also able to compare their performance to the national median performance on that measure. States are also able to compare their performance to the national median performance on that measure. For example: Measure National 25th/75th State’s Median Percentile Performance Median length of stay to adoption (Lower number is preferable) 32.4 months 27.3 months (25th percentile) X months

There are no national standards for the individual measures within composites, so States can set their own performance goals. While there have been some shifts and changes, the primary focus on the CFSR remains the same: building stronger systems and achieving better outcomes for children and families served.

**STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY**

Absence of Maltreatment Recurrence[^7] [Standard: 94.6% or more]

Absence of Child Abuse and/or Neglect in Foster Care[^8] (12 months) [Standard: 99.68% or more]
STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4

Permanency Composite 1: Timeliness and Permanency of Reunification [Standard: 122.6 or Higher]

Scaled scores for this composite incorporate two components.

Component A: Timeliness of Reunification

The timeliness component is composed of three timeliness individual measures.

Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care (FC) to reunification in the target 12-month period, and who had been in FC for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [National median = 69.9%, 75th percentile = 75.2%]

Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the target 12-month period, and who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [National median = 6.5 months, 25th percentile = 5.4 months (low is "good" in this measure)]

Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6-month period just prior to the target 12-month period, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [National median = 39.4%, 75th percentile = 48.4%]

Component B: Permanency of Reunification.

The permanency component has one measure.

Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the target 12-month period, what percent re-entered FC in less than 12 months from the date of discharge? [National median = 15.0%, 25th percentile = 9.9% (low is "good" in this measure)]

Permanency Composite 2: Timeliness of Adoptions [Standard: 106.4 or higher].

Scaled scores for this composite incorporate three components.

Component A: Timeliness of Adoptions of Children Discharged From Foster Care.

There are two individual measures of this component.
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the target 12-month period, what percent was discharged in less than 24 months from the date of the latest removal from home? [National median = 26.8%, 75th percentile = 36.6%]

Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the target 12-month period, what was the median length of stay in FC (in months) from the date of the latest removal from home to the date of discharge to adoption? [National median = 32.4 months, 75th percentile = 27.3 months]

Component B: Progress Toward Adoption for Children In Foster Care for 17 Months or Longer.

There are two individual measures.

Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the target 12-month period, and who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [National median = 20.2%, 25th percentile = 22.7% (low is "good" for this measure)]

Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the target 12 month period, and who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [National median = 8.8, 75th percentile = 10.9%]

Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.

Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12-month period prior to the target 12 month period (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [National median = 45.8%, 75th percentile = 53.7%]

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [Standard: 121.7 or higher].

Scaled scores for this composite incorporate two components.

Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time.

This component has two measures.
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24+ months. Of all children in foster care for 24 months or longer on the first day of the target 12-month period, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification. [National median 25.0%, 75th percentile = 29.1%]

Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the target 12-month period, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification. [National median 96.8%, 75th percentile = 98.0%]

Component B: Growing Up in Foster Care. This component has one measure.

Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the 12-month target period, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? [National median 47.8%, 25th percentile = 37.5 % (low is "good" for this measure)]

Permanency Composite 4: Placement Stability [National standard: 101.5 or higher].

Scaled score for this composite incorporates no components but three individual measures

Measure C4 – 1: Two or fewer placement settings for children in care for less than 12 months: Of all children served in foster care (FC) during the 12-month target period and who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [National median = 83.3%, 75th percentile = 86.0%]

Measure C4 – 2: Two or fewer placement settings for children in care for 12 to 24 months: Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [National median = 59.9%, 75th percentile = 65.4%]

Measure C4 – 3: Two or fewer placement settings for children in care for 24+ months: Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [National median = 33.9%, 75th percentile = 41.8%]

Following are the seven systemic factors, identified by the ACF, relating to state agencies’ capacity to deliver services leading to improved outcomes for children and families:

- Statewide Information System;
- Case Review System;
- Quality Assurance System;
- Staff Training;
- Service Array;
- Agency Responsiveness to the Community; and
The Program Instructions ACYF-CB-PI-08-03 for developing the FFY 2008 APSR, issued by the Children’s Bureau on April 18, 2008, require the Department to provide information on the program support functions performed by the Department. The Department considers the following functions as its program support functions. This APSR has addressed all of these program support functions except Staff Development and Training. Department’s Office of Training will address this program support function in a separate report.

- Statewide Information System;
- Quality Assurance System;
- Staff Development and Training;
- Research and Evaluation
- Policy Development;
- Case Review System;
- Licensing.

The Division of Clinical Practice and Professional Development will directly submit the FFY 2009 Training Plan and the progress report on the FFY 2008 Training Plan to the U.S. Administration for Children and Families, Region V in Chicago.

These program support functions are similar to the systemic factors that are used in conducting the Child and Family Services Review.

The Department considers Research and Evaluation as a program support function because it helps improve programs, services, best practices, organizational design and service delivery system.

The Department has taken into consideration the following as frameworks for developing and organizing the FFY 2008 Annual Progress and Services Report:

- The goals and objectives incorporated into the FFY 2005-2009 Child and Family Services Plan.
- The Program Instructions issued by the Administration for Children and Families for developing the FFY 2008 Annual Progress and Services Report.
- Guidelines for developing the Statewide Assessment Document for the next cycle of the Child and Family Services Review.

The following information in the FFY 2007 Program Instructions provides the "newly established program purpose of" child welfare services:

"The new program purpose is to: protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide
training, professional development and support to ensure a well-qualified workforce." (See Section 421 of the Act.)

This newly established program purpose was released by the ACF for the first time in 2007. When we look back on how the Department has organized its Annual Progress and Services Reports for at least last seven years, it does reflect this program purpose, particularly in the following chapters:

- Services Array and Continuum of Services;
- Safety;
- Permanency;
- Well-Being; and
- Program/Services chapters.

And, the same program purpose is reflected in the FFY 2008 APSR that the Department has developed in joint collaboration with the ACF in the Chicago Region. Therefore, even though the new program purpose of child welfare services was issued by the ACF for the first time in the FFY 2007 Program Instructions, this program purpose is being reflected in the APSRs being developed by the Department for the past several years.

DCFS completed the implementation of its CFSR PIP in January 2007 as scheduled. While Illinois appears to have been successful in terms of implementing all of its action steps, six statistical PIP performance goals were not met. Therefore there are several PIP initiatives that are critical to implement successfully in FY08 and part of the FY09 if Illinois is to be successful in improving its performance relative to the federal outcomes.

The post Program Improvement Plan items, which will be a particular focus in the non-overlapping year, are described in a separate stand alone chapter of the FFY 2008 APSR.

In one of his messages on the D-Net, the Director has conveyed the following:

Looking ahead to 2008, here are some of the critical initiatives of the PIP that we will focus on:

- Implementing the Reunification Model for working with parents;
- Reducing the recurrence of child maltreatment;
- Stabilizing placements through the CAYIT program; and
- Implementing fully the Behavioral Health and Child Trauma models.

Additionally, in delivering services there is an emphasis on collaboration of the Department with the service delivery systems. For example, Illinois has been recognized as a national example for its success in establishing collaboration between child welfare and early childhood programs to strengthen families and ensure the safety of children. The Department achieves this collaboration through the Strengthening Families Initiative. This initiative is based on research showing that abuse and neglect are prevented when early childhood programs strengthen five protective factors in families:
• Parental resilience
• An array of social connections
• Adequate knowledge of parenting and child development
• Concrete support in times of need
• Children’s healthy social and emotional development

Illinois innovations have included the identification of sixth protective factor: promoting healthy parent-child relationships.

Chapter Organization of the FFY 2008 APSR Guided by Program Instructions

The FFY 2008 APSR chapters have been organized into the following sections:

• Section 1 addresses framework for developing the FFY 2008 APSR and its chapters organization;
• Section 2 describes program services, program collaboration and program support functions;
• Section 3 provides supporting information that are not included in section 2; and,
• Section 4 provides financial information.

Organizational Units of the Department Involved in the Development of the FFY 2008 Annual Progress and Services Report

Almost all of the organizational units of the Department have been involved in the development of the FFY 2008 APSR based upon their functional responsibilities. In addition to the primary sources of information, secondary information and data sources have also been utilized when relevant and feasible. These sources include, but are not limited to, the Budget Briefing Book, Child and Family Services Review Report, Program Improvement Plan (PIP) final progress report, D-Net, and the Department’s rules, policies and procedures.

The Division of Quality Assurance has started coordinating development of the APSR this year with and by the organizational units of the Department that are responsible for implementing, monitoring and overseeing programs, services and functions.

Sources of Fiscal and Statistical Data for the FFY 2008 APSR

The Department utilizes information from a variety of sources to provide the statistical data for the APSR. These include the Statewide Automated Child Welfare Information System (SACWIS), the Child and Youth Comprehensive Information System (CYCIS), and a number of program-specific databases. For the strategic plan component of the FFY 2005-2009 CFSP objectives, statistical data was provided/updated by the Agency Operations Analysis and program units in the Department. The program units provided the statistical data in their respective chapters. The Division of Finance and Budget provided the fiscal information/data.

Statistical data and information are provided in the appropriate program chapters.
In addition to program and service data, the Department is submitting the following supplemental documents that provide statistical data on its programs, services and functions from a historical perspective:

- Child Abuse and Neglect Statistics, June 2008; and
- Executive Statistical Summary, June 2008.

**Lessons Learned from Integration of the Annual Progress and Services Report with the Child and Family Services Review (CFSR) and the Program Improvement Plan (PIP)**

Integrating the Annual Progress and Services Report with the Child and Family Services Review and the Program Improvement Plan has provided new perspectives and reveals that the Department has many goals and objectives for enhancing the infrastructure, systems and outcomes for promoting the safety, permanency and well-being of children and families. The Department will, therefore, review this component of the FFY 2005-2009 Child and Family Services Plan and its Strategic Plan objectives. This review has become extremely important since the implementation of the Program Improvement Plan ended in January 2007. The Department plans to utilize this review next year for developing the goals, objectives and outcomes for inclusion in the FFY 2010-2014 Child and Family Services Plan.

**Joint Collaboration Between the Department and the ACF Region V Child Welfare Program Specialist and Regional Liaison to the Department**

The FFY 2008 Annual Progress and Services Report has been developed in joint collaboration between the Department and the ACF Region V Child Welfare Program Specialist, who is also the Regional Liaison to the Department. The framework for developing the FFY 2008 APSR was also presented to the FCS Steering Committee, of which the ACF Regional Liaison is a member. The Department has also sought technical assistance and guidance of the ACF Regional Liaison to clarify the Program Instructions for developing the APSR. This collaboration will continue throughout the development, review and approval of the APSR until all of the reporting requirements are met to the satisfaction of the ACF Regional Liaison. The feedback provided by the ACF Regional Liaison has been utilized by the Department in addressing the identified issues and providing additional information required by the ACF Region V in Chicago.

**Challenges in Developing the FFY 2008 APSR**

The Department has experienced some challenges in developing the FFY 2008 APSR. Since the ACF issued the Program Instruction late this year disseminating to the Department on April 22, 2008, there was inadequate time for developing the APSR. The Department is fully aware of the fact the ACF Region V in Chicago has no control over the issuance of the Program Instructions. Despite the time constraints, the Department intended and planned to meet the challenges and submit the APSR by June 30, 2008, in consultation and joint planning and collaboration with the ACF Region V Children and Families Program Specialist and Liaison to the Department. However, other unanticipated circumstances resulted in the submission of the APSR on July 29, 2008.
Technical Assistance Needs Anticipated by the Department from the ACF

The Department works closely with the Children and Families Program Specialist of the ACF Region V in Chicago. Technical assistance needs are primarily addressed by or through the ACF Children and Families Program Specialist. Program chapters provide information on the applicable technical assistance needed or utilized by the Department from the ACF and the selected National Child Welfare Resource Centers.

Seemingly Duplication of Information

Some information may be reflected and covered in different chapters and it may seem to be duplicate at surface level. However, although the information may be duplicate, it is developed and presented with specific reference to and within the context of the specific chapters.
The Illinois Department of Children and Family Service continued development of programs aimed at improving outcomes for the children and families it serves, with emphasis on strengthening families, effectively responding to trauma, services to older youth and enhancement of existing services.

**Strengthening Families Illinois**

As one of seven states piloting the Strengthening Families initiative, Illinois continued in a leadership role in forging a collaborative relationship between child welfare and early child care and education programs. The broad goal of Strengthening Families is to overcome causes of abuse and neglect by supporting families and safeguarding children by building protective factors around them rather than removing children from their homes.

For many families, the child care/early education center is the most consistent community support available. The centers are charged with embedding the following protective factors into early care and education programs:

1. Parental Resilience
2. Social Connections
3. Knowledge of Parenting and Child Development
4. Concrete Support in Times of Need
5. Social and Emotional Competence of Children
6. Healthy Parent-Child Relationships

The sixth factor, healthy parent-child relationships, is an Illinois innovation.

Since implementation of this initiative, some centers are shifting practice to using family service plans and needs assessments built on the protective factors, making sure that every parent has the kinds of support that keeps families strong. Several school districts have also seized the opportunity to join the Strengthening Families Illinois initiative. Illinois requires all children for whom it has responsibility for placement and care to be enrolled in an early education program at age 3. Illinois also looks first to foster placements in the child’s current school district to support family reunification and educational stability and success.

Strengthening Families Illinois is collaboration between DCFS and forty public and private partners including the Illinois Department of Human Services, Illinois State Board of Education, Illinois Center for Violence Prevention, Action for Children, Chicago Department of Children
and Youth Services, Illinois Family Partnership Network, Illinois Headstart Association, Ounce of Prevention Fund and Voices for Illinois Children. The six regional networks in Illinois encompass over 60 centers. The regional networks have recently established the following priorities for early care and education centers in Illinois communities:

- Families are fully involved in early childhood centers.
- SFI practice is the norm in early childhood centers.
- Learning Networks are sustainable.
- SFI expands.
- There are strong collaborative relationships between child welfare and early childhood systems at the local level.
- SFI continues building protective factors in families.

Training is offered to child welfare and early education centers to assist these child-serving professionals to understand the relationship between stress and potentially harmful parenting behaviors; recognize early signs of stress in children and families; and learn techniques to support families and help them manage the every day stress and strain of daily life.

**Behavioral Health Services**

That children experience trauma first as a result of their own abuse and neglect and later at being separated from their families is well documented as are the behavioral health issues that may result. In Illinois, legislation passed requiring the Department to develop a trauma-informed system and to embed in its practice services to address trauma as a part of the continuum of services that must be available to the children and youth it serves. Behavioral health services, a broad array of services under one umbrella, underscore the impact of trauma in the lives of children and families and provide a focused, clinically-based strategy for healing.

Behavioral health services are available to all children and youth for whom the Department has placement and care responsibility. The child’s behavioral health needs are assessed as the child enters care as a part of the Integrated Assessment and on an ongoing basis through the Administrative Case Review or through the completion of the Child and Adolescent Needs and Strengths (CANS) assessment tool anytime a change in the level of service is considered. The behavioral health services provided are based on the needs identified during this assessment.

Behavioral health services include, but are not limited to:

- **Assessment** is the evaluation of an individual’s development, behavior, intellect, interests, personality, cognitive processes, emotional functioning and/or social functioning, for the purpose of identifying needs and developing recommendations for services and/or intervention. Assessment methods include interviewing, systematic observation, and/or psychometric testing.
• **Evidenced-Based Treatments**, sometimes referred to as empirically validated treatments or empirically supported therapy, are clinical practices that have been clearly described and are supported by scientific research and evidence.

• **Psychosocial rehabilitation** addresses the specific needs of persons who have a severe mental illness or psychiatric disability. The broad goals of psychosocial rehabilitation are to improve the child or youth’s skills and functioning and to develop the environmental supports necessary to maintain the child or youth in a foster home, school and the community.

• **Specialized Foster Care** is a foster or adoptive home in which specialized services are provided to meet the emotional, behavior, developmental or medical needs of a child placed in the home. Children in specialized foster care may require a wheelchair or a feeding tube, have a severe visual or speech impairment or may have disorders such as compulsive behaviors, mental retardation, substance abuse problems or a mental illness.

• **Transition planning services** are the assessments, activities and support services needed to assist an adolescent in his or her preparation for self-sufficiency in adulthood. Transition planning services begins when the youth is age 14½ years and continues until the youth is discharged from the guardianship of DCFS.

  Transition planning for youth who have a developmental disability shall be based on an assessment of cognitive functioning, adaptive functioning and capacity for independent living. Skill areas may include personal care, food preparation, safety precautions, use of public transportation, money management and vocational interests and abilities.

• **Integrated Assessment** is a comprehensive interview and standardized clinical screening process with children and their parents/guardians, conducted immediately following the child’s removal from the home. The purpose of this assessment is early evaluation of the child’s developmental, medical, educational, social-emotional, and mental health functioning and needs, to assess the child’s response to trauma and to develop recommendations for services and intervention that support the child’s need for safety, well-being and permanency.

• **Early Intervention** (EI) means the developmental/educational, social, and health services provided to infants and toddlers (0 to 3 years of age) designed to maximize their development. EI services include such services as speech and language services, occupational therapy, physical therapy, medical/health services and psychological and social work services. Early intervention services are provided to children who are developmentally delayed, have conditions that typically result in delay, or are at risk of substantial developmental delay.

• **Mental health services** are treatment services for developmental, behavioral, emotional and mental disorders that may affect children and interfere with normal development and functioning. Mental health services include but are not limited to examination, diagnosis, evaluation, treatment, pharmaceuticals and aftercare.
• **The Department’s Early Childhood Program** conducts developmental and social-emotional screenings of children in foster care, birth to age five years, to assess developmental, social-emotional and/or mental health needs. Early Childhood intervention provides support to caregivers to promote the child’s development in key domains such as communication, attachment and mobility and promote the child’s coping, confidence and prevent the emergence of future problems.

• **Substance Abuse Services** are designed to reduce, defer or eliminate substance abuse and/or chemical dependency through the use of prevention, treatment and ongoing recovery programs. Services provided by the Department include screening, referral, treatment, drug-testing and aftercare. Substance abuse services are available to children and adults.

• **Child and Adolescent Needs and Strengths** (CANS) assessment is an inventory that is used universally within the Department to evaluate a child’s functioning and strengths in multiple domains. The CANS tool does not provide a clinical diagnosis, but rather a focus for treatment. The CANS is completed during the Integrated Assessment (IA) and at specified junctures during the child’s or youth’s time in care.

• **Trauma Treatment** is comprised of a variety of therapeutic services and interventions, including the type of placement, that are provided within a Trauma-Informed System that recognizes that most children in the child welfare system have been exposed to significant traumatic experiences and require a broad range of individual and community supports and behavioral health services. Trauma services provided by the Department are evidenced-based and have been proven to facilitate recovery from trauma.

### Reunification

In order to achieve permanency through reunification, the Department of Children and Family Services, new practices have been developed or existing ones enhanced to establish:

- Immediate and sustained engagement of parents;
- Diligent search for relatives and engaging them with the family;
- Shared parenting;
- Emphasis on visitation; and
- Assessment of parent readiness for reunification.

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. After the child returns home, the caseworker visits the family twice weekly for two months and then, weekly, contacts
providers weekly during the first month, and provides ongoing services and monitoring for a minimum of six months.

Reunification Foster Care

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. Financial reimbursement for travel and/or approved family activities is provided for caregivers who work with parents of children in their care toward reunification. Well-being for a child in such a placement is improved in seeing the important adults in his life cooperate in caring for him, contributes to his placement stability and facilitates productive work toward early and safe reunification with his family.

Adoption Preservation

To further enhance the progress and efforts made by the adoption preservation programs, the agency developed two additional types of programming supports for adoptive/guardianship families in FY 08.

Adoption Preservation, Assessment and Linkage (APAL)
The first, titled the Adoption Preservation, Assessment and Linkage (APAL) Programs, provide an outreach to adoptive and guardianship homes that have a 13 and/or 16 year old in their home. The adolescent population has been targeted due to the often troubling challenges that parents face in these years and the fact that many youth in this age group are living with older caregivers whose own frailty may be increasing. The outreach effort includes an in-home assessment of how well post adoption services that may have assisted the family in the past as well as a determination of what additional services and resources may be of assistance to them currently. These programs then make referrals to either community resources, the Department post adoption staff or to a series of other post adoption programs.

Maintaining Adoption Connections
The second type of new post adoption supports are the Maintaining Adoption Connections programs that were developed to provide on-going stabilization services to families that may be referred by the APAL programs or by the Department post adoption staff. The MAC programs provide an additional range of services to post adoption/guardianship families from crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy. This two-tier program structure began in Cook County in the fall of 2007, is expanding to the Central and Southern Regions of the state in 2008 and plans are underway to further develop and refine these supports in FY 09.

Youth Involved in the Department of Juvenile Justice (DJJ) - Statewide
DCFS has been conducting reviews of youth involved with corrections since 2006. As a result, there is data available of youth who have a DSM-IV diagnosis for Axis I and 2. Currently a review of the data is underway to view not only diagnosis but also educational levels, charges and/or crimes committed by region, site and field. This information will assist in identifying and developing appropriate placements as well as other resources needed to support youth upon their release.

**Placement Alternative Contracts**

The Placement Alternative Contract Program provides selected older youth, who are unable to accept a traditional placement setting, the opportunity to receive services and financial support (i.e., the Standard of Need rate) from the Department in a placement of his/her choosing. To be eligible for this program, the youth must have:

- 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.

The program provides a Ward With Infant special service fee for parenting wards with custody of their children who have a Placement Alternative Contract or who live in an unapproved placement within Illinois.

**Residential Transition and Discharge Protocol**

The Residential Transition and Discharge Protocol is designed to improve the placement stability of children and youth after they are discharged from residential treatment programs. The protocol establishes a framework that continually focuses on transition and discharge planning throughout the residential stay and into the next setting. There is an emphasis on team decision-making and on establishing connections to the family, community and across levels of care.

The Residential Transition and Discharge Protocol must be utilized with any of the following residential transitions:

- Planned moves to more restrictive residential programs;
- Lateral moves between similar residential programs;
- Moves from a residential program to an adult program;
- Step-downs from a residential program to a residential program with less intensive services, including mild or moderate residential programs or group homes;
- Step-downs from a residential program to TLP/ILO programs;
- Step-downs to Specialized Foster Care placements;
- Step-downs to Traditional Foster Care placements;
- Step-downs to Home of Relative placements; and
- Reunification and transition to the Home of Parent.

Residential programs are expected to have a treatment program that assists the child or youth in developing the skills he or she is anticipated to require in a less restrictive setting, incorporates the transition and discharge process, promotes engagement with the youth’s family and includes the potential caregiver in the transition process.

**Centralized Matching Teams**

The Department has established a Centralized Matching Team (CMT) to facilitate the placement of children and youth in a stable placement with the capacity to provide, or to access, timely and effective services. Children are referred to the CMT when the Child and Youth Investment Team determines that the most appropriate placement setting for the child is a child care institution or group home, specialized foster care including aggregate foster care, adolescent care and youth stabilization, or transitional/independent living.

Centralized Matching Teams are comprised of full-time, multidisciplinary staff that are based in different regions throughout the state. The team members consist of staff members from the Divisions of Placement and Permanency, Field Operations and other division staff as appropriate. The CMT program aims to expedite the placement of youth in stable living arrangements in which appropriate services are available. To better respond to the needs of children and youth, the Department has developed Aggregate Foster Care Homes. Aggregate Foster Care is a home that follows a family model, serves children and youth ages 11-20 years and has a highly-trained foster parent(s). Additional structure and support is provided by childcare staff.

**Life Skills Classes**

A new twelve week life skills class is being offered to youth in Chicago. Youth between the ages of 14 to 20 are encouraged to complete life skills training. The curriculum covers an array of topics essential for successful independent living. Topics include career planning/ employment, communication, STD/ HIV Prevention, Housing, Money Management, Self Care, Social Relationships, Family Planning, Education/ Study Skills, Transportation and Substance Abuse Prevention.

Additional supportive services such as job placement services, cooking and sewing classes are also available free of charge to all youth.

**Youth Scholars, Skills and Service Program**

Youth Scholars, Skills and Service Program (YS3) is designed for youth who have dropped out of high school or are at risk of dropping out. YS3 serves out of school youth in foster care from the ages of 14-21 who are interested in returning to school and earning a high school diploma. YS3 is a comprehensive program with a full time paid mentor for every 12 youth, after school programs, summer employment, computer learning, and comprehensive support after graduation.
The program is a collaboration between the Alternative Schools Network and the Illinois Department of Children and Family Services. The program is coordinated through 17 community based alternative high schools.

In addition to educational services, youth receive other services, which include:

- Life skills;
- Scholarship Program;
- College Preparation;
- Leadership Training; and
- Computer Assisted Learning (Extra Learning Online).

At each school site, there is a full time mentor that works exclusively with the youth in foster care in our program. Mentors build relationships with their students to ensure greater educational success. Mentors also provide:

- Attendance and retention support services;
- Coordination of school services;
- Coordination of child welfare services; and
- A caring adult to model positive behavior and relationship building.

**Transitional Jobs Program**

The Transitional Jobs Program is a one year pilot project operated by the Community Assistance Programs (CAPs), a community-based organization in Chicago and the South Suburbs. The Transitional Jobs Program is a step by step process that will help eligible youth to achieve life skills, job skills, employment training and successful job placement.

The Transitional Jobs Program will service DCFS youth 16 and over that have dropped out of high school, DCFS youth that have a high school diploma or GED and not going to college, DCFS youth that are teen parents and not in school, and DCFS youth that are involved with the Illinois Department of Correction system and seeking vocational education and employment. Priority will be given to these youth that are in Independent Living Programs and in the Transitional Living Programs.

The Transitional Jobs Program will provide comprehensive assessments, intensive case management, mentoring, support services, personal development workshops, job skills training, educational services, transitional job paid work assignment or subsidized employment, job placement assistance and post-employment case management.

**Statewide Provider Database**

In early 2008, the Department launched the Statewide Provider Database (SPD) for use by DCFS and POS caseworkers. The SPD is an easily accessible information system that identifies and locates community based services for children and families, describing the features of the specific service and the eligibility criteria. The SPD supports the efforts of caseworkers to locate
a placement and services in the same school catchment that the child attended prior to removal from the home.

Enhanced Fingerprint and Photo

The Department has selected a new vendor to provide fingerprinting and photographing services to DCFS wards throughout Illinois. Fingerprinting and photographing sessions will be scheduled at select DCFS office locations and private agency sites throughout the State. The Child Location and Support Unit mails two copies of the fingerprints and photos to the assigned case worker.

To be fingerprinted and photographed, the following information on the DCFS Ward must be provided:

- the Ward's Medical Card MUST be presented to the technician;
- current information on the child's height and weight; and
- information on distinguishing marks on the child (scars/tattoos).

DCFS-Supported Homelessness Prevention Program

The Illinois Department of Children and Family Services funds a housing advocacy program, serving families with children at risk of entering foster care or children who cannot return home from foster care due to inadequate housing, and youth under 21 who are aging out or have aged out of foster care. This innovative, community-based homelessness prevention program was presented two national awards in February, 2008.

Services Supported by Title IV-B

Title IV-B, Part 1 Services

The Department provides child welfare case management services (casework) to open child and family cases where the child is the subject of a founded abuse or neglect allegation. The services that are eligible are determined by a continual Random Moment study of caseworker time conducted according to methods approved by the federal government. Services and case administration that are eligible to be claimed under Title IV-E or Emergency Assistance are excluded. Only services not eligible to be claimed under either Title IV-E or Emergency Assistance, and eligible for Title IV-B, Part 1 reimbursement are claimed. Far more services are eligible to be claimed under Title IV-B, Part 1 than there is federal spending authority to pay. The services in excess of the level that the Department may claim are not different in quality, nature or function than the services claimed. They are just in excess of the limited amount that can be claimed.

This program has historically funded the same case management services for many years, will do so throughout federal FY 08 and will continue to do so throughout federal FY 09.
Title IV-B, Part 2 Services

This information is based on services purchased by the department. All of the Title IV-B, Part 2 services are provided through grant and purchase of service agreements with not for profit providers. These programs were improved through changes, updates and re-shaping at times through 2000-2006. Since FY 06 their service models and services have been stable, but it has taken two additional fiscal years to extend the service models to every provider. In FY08 additional adoption preservation, adoption support assessment, and older caregiver support service models were introduced, entirely from state funds. (If the Title IV-B, Part 2 grant were larger, all of these new state-funded services would be eligible for claiming.) No further changes in existing services or models are expected throughout the remainder of FFY 08 and consistency and continuity is planned and expected throughout FFY 09.

Family Support

According to the federal definition, Family Support services are “community-based prevention activities designed to alleviate stress and to promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and to create supportive networks to enhance child rearing abilities of parents and help compensate for the increased isolation and vulnerability of families.” Family Support services include Extended Family Services and LAN-Based support services.

The Extended Family Services are designed to divert families from the child welfare system who are at risk but are not abusive or neglectful to the point that placement is necessary. The children are not indicated victims of abuse or neglect and there are not open cases. The services may include safety assessments, case planning and counseling, connecting the family to short term and long term family support resources in the community, individual and group work and cash assistance within prescribed limits (using Norman Emergency Cash Assistance, not using FCS funds). Ten Extended Family Support Services programs in Cook County are funded from the Family Centered Services appropriation using Title IV-B, Part 2 funding. These involve assessment, casework services, counseling, therapy, parenting training and assistance in linking with and obtaining family support from community based programs. Downstate, 29 Extended Family Support Services programs are funded using a state Foster Care appropriation. (These downstate services would also be eligible for claiming if the federal Title IV-B, Part 2 disbursement were larger.)

Ninety-nine Local Area Network-based (LAN-based) Family Support Programs are funded, at an average of just under $50,000 each, throughout the state. These LAN-Based support services provide services to children and their families, including group and individual activities. The activities are community based and often centered in schools as the one organization that is a part
of every community. These programs offer services to prevent child abuse or neglect of children who are at risk of harm but whose families have not become open Department cases. The intent is to support the family to the degree that dependent upon continuing state intervention to maintain the safety of the child becomes unnecessary. They offer family support programs, activities for children and support groups for families with tie-ins to schools as the foremost local organization with an accepted presence in the community.

An additional 54 LAN-based programs with a somewhat more individualized form of individual and family support services are offered throughout the state through state funds.

**Family Preservation**

Under **Family Preservation**, the Department pays private agencies to meet with the family, assess their needs and provide the needed services which may include counseling, therapy, intensive casework, casework, case planning, behavioral therapy (in some programs), advocacy, group meetings, parenting training, collateral services, referrals and active family meetings with other providers of service, attendance at schools for educational/social/adjustment reasons, reporting and face-to-face liaison with caseworkers to discuss family problems, progress, and continued planning; and throughout it all, regular safety assessments and creation and revision of safety plans; cash assistance within prescribed limits (the cash assistance is not from FCS funds), etc. These contracts exist under the names Intensive Family Preservation (with an identifier of FPS on the DCFS contracting system) and Intact Family Services (IFS on the system). The intensive services focus on short-term services of 5 to 7 months with a placement prevention outcome goal. The intact family services programs focus on longer-term case management (12 months), also with a goal of avoiding placement and enabling the family to live successfully without the long-term assistance of government child welfare systems.

These programs offer services to children and families of children who are found to be abused or neglected through a child abuse/neglect investigation. The services are offered if the child is considered to be at some risk of further harm, with the intent to provide sufficient services to avoid a placement. From the Family Centered Services and Family Preservation appropriations, 67 Intensive Family Preservation and Intact Family Services programs are contracted.

**Family Reunification**

The **Family Reunification** programs offer reunification counseling, reunification planning, supervision of visitation, testimony in court regarding readiness of family to reunify, and then, after reunification, aftercare including case planning, monitoring of behavior, progress, and safety; safety assessments; counseling and therapy as needed; collateral referrals and contact with community agencies; and group work as needed. Prior to the children’s discharge to home from foster care (in other words, prior to reunification), the services are given as part of a package of services intended to assist the child to return home and are billed as part of the services to that child. After reunification, the services are billed separately and identifiably by service type and child’s ID number.
The Department contracts with over 50 performance foster care programs throughout the state, serving approximately 9,000 children and their families. Within each such program is a family reunification component. This involves casework services, counseling, frequent child/parent visitation, referral of the parents to such services as substance abuse treatment, monitoring of service results and interactions to determine further needed actions and the prognosis for safe, successful reunification, etc. This is clearly a reunification service within the meaning of Title IV-B, Part 2 but is such an integral part of the foster care service that it is difficult to count.

More easily measurable, and claimed under Title IV-B, Part 2 is the reunification services that occur after the child returns home: at home casework services, home monitoring, provision of counseling and parenting training, etc. These are billed separately, by child ID, by unit, by date and are discretely countable.

**Adoption Promotion and Support**

The Adoption Promotion and Support includes recruitment of homes, studying of homes and monitoring, adoption groups, publicity in various different ways of kids needing adoption so that matching takes place, post adoption counseling, post adoption groups, intensive adoption preservation including assessment, counseling, therapy, casework, community linkages, diversion from psychiatric hospitals through intensive services, etc. These services are delivered by private agencies. Of these many services, a portion of the Intensive Adoption Preservation services are the ones that are claimed to Title IV-B, while the many other Adoption Promotion and Support services are all delivered using state funds. If the federal grant were large enough, many of these services would be claimable from it.

Intensive Adoption Preservation –Emergency intervention, assessment, casework services, therapy by M.A. degree workers, case planning, support groups, respite, intervention and interaction with community services are offered by ten programs throughout the state. The purpose is to support the family, stabilize the adoption, prevent psychiatric hospitalization of the adopted child, and prevent the adoption from dissolving.

Ten programs offer these services throughout the state. (These are coded APS in the contracting system.) In FY08, 5 additional Adoption Preservation programs began, offering $2.3 million in expanded services, entirely from State funds. These additional state-funded programs supplement the ten programs that are partially federally funded. (They are coded MAC/MAD in the appropriations accounting system.)

**Post Adoption Outreach and Linkage** – This is a $2 million per year assessment and service program that will, over a three year repeating cycle, reach every adopted child ages 13-16, and their adoptive family, to determine if good progress is being made towards a healthy maturity, and if there are any unmet supportive service needs. Additional services will then be provided if needed. (These programs are coded PAOL in the appropriations accounting system.)

**Older Caregivers Initiative** – Three programs serving the Chicago/Cook County area and immediate surrounding vicinity have begun over the last 5 years. They provide adoption support services to older caregivers, specifically to adoptive parents 60 years old or older and to adoptive
parents who are ill and at risk of losing the ability to care for the children they have adopted. The programs, totaling $1,460,000 per year, are offered entirely from state funds by the Center for Law and Social Work – Family Matters, The Cradle, and Metropolitan Family Services. These provide added support above the partially federally funded Adoption Preservation programs. The Older Caregivers Initiative will be expanded statewide over time as funds become available.

LAN based adoption support- Several programs offer family support, interactive groups, community involvement and respite. Current service levels are about $800,000 per year.

Other supportive services (also not claimed) - Nearly $9 million is offered, almost 75% of it in post-adoption counseling and therapy. The remaining services involve therapeutic day care/day treatment for children diagnosed in need of it, tutoring services, etc.

- NOTE: Of the four major Title IV-B, part 2 program categories, Family Support is provided to those families and Adoption Support are available to children and families who are served by the Department as well as those who are not, and to those who may have never been Department clients. On the other hand, the Family Preservation services are available to those who are clients of the Department due to the presence of an abuse or neglect complaint that is either under investigation or founded. Time-Limited Reunification services are available only to children who are not only the subject of a founded abuse or neglect report but also have been taken into custody or guardianship and have been placed in foster or relative care.

Technical Assistance for Service Delivery

Technical Assistance provided by the DCFS Office of Legal Services to Regions and Field Offices

The Illinois Department of Children and Family Services has an Office of Legal Services with attorneys (Regional Counsels and Deputy General Counsels) located in all of the DCFS regions to provide technical assistance to DCFS child welfare specialists, child protection specialists, licensing personnel, supervisors, managers and other staff including the Regional Administrators. Written and oral legal advice on child welfare law, juvenile law, family and administrative law and matters related thereto (such as interpreting court orders and responding to subpoenas) insures that Departmental employees provide essential child welfare services in a timely manner consistent with Federal and State statutes, regulations and administrative rules. DCFS attorneys who are also designated Special Assistants Attorney General provide this advice to DCFS employees and also render legal advice to employees of private child welfare agencies who have contractual relationships with DCFS to provide child welfare services to DCFS clients.

DCFS attorneys also provide technical assistance to state’s attorneys and assistant state’s attorneys in Illinois concerning the Juvenile Court Act of 1987, as amended, and other applicable laws as well as advice on children for whom DCFS has guardianship or custodial responsibilities. Specific areas of focus include insuring that proper entries are made in juvenile court orders concerning reasonable efforts and other key factors to achieve compliance with the
requirements of Title IV-E of the Social Security Act and insure maximum funding to the Department from the Federal Department of Health and Human Services. Technical assistance is also rendered to DCFS staff and private child welfare agency personnel in the area of legal screening to achieve permanency for children by terminating parental rights (TPR) in expedited TPR cases of abandonment and other situations under Federal and State law as well as other TPR cases where children cannot be returned home safely so that those children can be adopted or placed in permanent homes through the DCFS subsidized guardianship program where foster parents become private guardians under the guardianship provisions of the Illinois Probate Act.

In addition, technical assistance is also rendered to various DCFS staff and private agency personnel when DCFS attorneys train these workers about the juvenile court process, testifying in court, confidentiality, new legislation, preparing court reports and other legal matters related to their employment responsibilities.
“Community-based services” are considered to be program services, situated in local accessible settings, which address resident-defined needs. These services may be provided under public or private nonprofit auspices. (45 CFR 1357.10 (c))

In the publication “Core Values of the Community Services, Operating Principles, Community Context,” the importance of community-based services is well described: “Children and families live in local communities that are their natural environment or network and means of support. Communities have responsibilities to support the children who have contact with HHS Protection and Safety partners with communities to assure that outcomes are achieved for the children who are our mutual concern. No single entity can achieve these outcomes. We must truly work as partners for the good of the child and the safety of children and communities.”

Promotion of community-based service delivery is an integral part of the Department’s infrastructure for delivering services. As a systemic factor, the community-based service delivery system facilitates the Department’s capacity for delivering services leading to improved child, family and service outcomes and, with the educational refocus of the Family Centered Services (FCS) enhancing the educational outcomes for children. Additionally, promoting community-based service delivery through the Community Based Grants for the Prevention of Child Abuse and Neglect (CBCAP) is consistent with the Department’s mission of supporting early intervention, fostering child abuse prevention activities and, working in partnership with communities.

**Promoting Safe and Stable Families (PSSF) Component of the FFY 2008 Annual Progress and Services Report**

This chapter reports on the Family-Centered Services (FCS) Initiative’s progress under PSSF and activities in FFY2008 in restructuring services for community youths and wards towards the goals of Department’s LAN Education Initiative. Based upon the envisioned needs, it also describes the FFY 2009 plans for continuing implementation of the Educational Refocus Initiative.

**Introduction: Mission and History of the FCS Initiative**

**Mission of the FCS Initiative**

The mission of the FCS Initiative, as implemented under the 1994 Family Preservation and Family Support Act, is to develop, support, and maintain a coordinated and integrated statewide network of child-centered, family-focused and community-based prevention-orientated services.
The Family Centered Services Initiative (FCS) is an integral component of a statewide community-based planning and service delivery system operating in the Child and Adolescent Local Area Networks (LANs). The network is responsive to children and families’ needs.

In 1997, the mission of the FCS Initiative was further expanded under the Adoption and Safe Families Act (ASFA) and subsequent 2001 amendments to include the development and support of services to adoptive children and families and children that were reunified with their families after being in substitute care. In September 2003 DCFS institutionalized these programs within its service structure. This allowed the FCS Initiative to focus a portion of its services to children and families that had a “brush” with DCFS but still remained outside the child welfare system. In 2005, the Department refocused the FCS Initiative towards the goal of reducing the incidence of truancy, suspension and expulsion in at-risk youth and improving educational outcomes for both community youth and DCFS wards.

**History of the FCS LAN Education Refocus Initiative**

As the Illinois Department of Children and Family services analyzed its service needs and priorities, the need for increased focus on the educational well-being of children became a priority. The Department faces several educational challenges for the children under its care. For instance, of the children in placement, almost half of all 3rd through 8th graders in care show scores in the bottom quartile in reading on the Iowa Test of Basic Skills. Twenty percent of DCFS wards are older than their classroom peers. Over 7% of students in the state’s care are enrolled in special education classes. Compounding this problem is the fact that approximately 46% of these students change schools once during the school years.

A recent Chapin Hall study entitled “Educational Experiences of Children in Out-of-Home Care” clearly indicated that many abused and neglected children placed in out-of-home care are already behind academically from the time they enter care and remain at risk for educational failure throughout their teen years. The study documented that DCFS wards were twice as likely as other Chicago Public School students in the same schools to be older for their grade and to face heightened risk for dropping out when compared with their non-ward peers.

Based upon this report and other data, the former DCFS Director Bryan Samuels announced several new initiatives and partnerships in 2004 and 2005 to improve educational outcomes for children and youth in the community and in out-of-home care in Illinois. Several of these initiatives were conducted in conjunction with the Chicago Public Schools and the Illinois Board of Education (ISBE). As Director Samuels stated in a December 2004 press conference, “Like a good parent, it’s our responsibility to be sure that our youth have every chance to be successful in school. We will now move forward in partnership with the Chicago Public Schools, State Board of Education, and the community at large to put education in the forefront of our priorities in child welfare.”

These new educational initiatives include, but are not limited to, literacy interventions for DCFS youth in special education; access to tutoring supports funded by the No Child Left Behind Act; the development of an education passport database to provide a complete profile of the behavioral needs of youth; and the FCS LANs Education Refocus Initiative.
Based upon these identified priority educational needs, the Director’s Office promoted the FCS LAN Education Refocus in a series of community meetings directly involving the FCS funded programs and the LAN participants. At these June 2005 meetings in Chicago and Springfield, the Director explained the need for the FCS refocus and answered questions from the participants. The Director also met with the FCS Steering Committee and the Department LAN liaisons. As a follow-up to these Director meetings, the LANs were surveyed online as to their response to this change, anticipated problems and suggestions for moving forward.

Towards the end of June 2005, more in-depth meetings were conducted in the DCFS regions to discuss the refocus plan and the impact of early trauma on childhood development. The Director’s office also initiated an ongoing internal work group with DCFS staff to oversee the transition and implementation of the LAN refocus. A statewide LAN coordinator was appointed to take the lead in promoting this Education Refocus Initiative in conjunction with the LAN liaisons.

As we move into the state fiscal year 2009, the FCS education refocus Initiative is being renewed in all 62 LANs. This will be the start of the fourth year of this refocus Initiative for the FCS programs providing these educational support services to at-risk youth.

**FCS Target Population and Service Description**

The FCS target population was refocused for FY06 to include any child exhibiting social, emotional, and/or behavioral problems impacting negatively on school performance as demonstrated, for example, by poor school attendance, truancy, suspensions and/or expulsions. Categories of children served include all children and youth in the community, including, but not limited to: at-risk community youth; post-adoptive families; children and youth in state care; foster families; and DCFS intact families.

The FCS services provided include educational support services that promote positive behavior and academic engagement through parent involvement and the coordination and collaboration of community, child welfare services, other state agencies and educational services. Educational support services are consistent with family support type services. All educational support services will focus on improved outcomes for increased school attendance, and/or a reduction in school suspensions, expulsion and/or truancy. Educational support services may supplement but will not supplant existing federal or non-federal funds for existing services and activities.

In FFY07, 6912 children and youth were served through the FCS Initiative. An additional 6,428 families were also provided with educational support services. The most frequently provided services for children and youth included school advocacy, behavioral intervention, social skill building and assessments. For parents and caregivers, the most frequently provided services were parenting skills, case management, counseling and social skill building. In addition to the FCS children and families served, the inter-related FLEX Initiative served 1138 children and youth and 1123 families.
Description of the FCS program activities under PSSF

All PSSF program/services are classified into the four federally defined categories detailed below. The FCS LAN Education Refocus Initiative services are classified under the family support category.

**Family Prevention/Support Services** are “community-based, preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and supportive networks to enhance child rearing abilities of parents and help compensate for the increased isolation and vulnerability of families.”

**Family Intervention/Treatment Services** typically include “services designed to help families alleviate crises that might lead to out-of-home placement of children; maintain the safety of children (and other family members) in their own homes; support families preparing to reunite or adopt and assist families in obtaining services and other supports necessary to address their needs in a culturally sensitive manner.”

**Time-limited Family Reunification Services** are services provided to children (and their parents) who are removed from their home and placed in foster care or a childcare institution to facilitate the safe and appropriate reunification with the family. These services are only available for 15 months after a child is removed from home.

**Adoption Promotion and Support Services** are defined as services and activities designed to encourage more adoptions out of the foster care system when adoptions promote the best interest of the children. Service may include pre- and post-adoption services and activities designed to expedite the adoption process and to support adoptive families.

The main FCS-funded services provided include the following: (This is not an all-inclusive listing and other community-based services may be provided or linked to.)

- Individual and family counseling;
- Intensive case management;
- Parent education and support;
- Educational support and enhancement services;
- Mentoring;
- Respite;
- After-school programs;
- Intensive home visitation;
- Crisis Intervention;
- School Advocacy;
- Assessment;
- Post adoption services;
Referral and linkage; and
Bi-lingual service capacity; and transportation to services.

Statistical data: FCS Database Development

The collection and reporting of comprehensive FCS fiscal and program data continues to be an important contractual requirement for all FCS programs. In 2005, a subcommittee of the FCS Steering Committee was organized in conjunction with the Department’s Office of Technology Support to address the data collection process for the new LAN Education Refocus Initiative. The goal was to develop a user-friendly computerized data reporting and tracking system for the FCS programs to replace the manual data tracking system. The development of the new data collection system was funded through the Department funding for the Program Improvement Plan (PIP). The computerized database system has many advantages including a considerable reduction in staff time to review and correct the reports; increased accuracy of data; and the ability to generate more comprehensive reports in a timely manner.

Upon completion of the pilot phase to 10 programs, the database was “rolled out” to the remaining 90 FCS programs. These programs were also provided with on demand technical assistance – including technical assistance during the evenings and on weekends as the FCS agencies entered their program and fiscal data from start-up to the present. By April 28, 2006, all 100 FCS agencies had been “brought onboard” with the new Education Refocus Initiative database. The feedback from the FCS agencies has been extremely positive with an overwhelming consensus that the database is very user friendly and a great improvement from the manual data collection system.

In mid-June of 2006, the newly created database “crashed”. This crash coincided with the end of the contract year for the computer developers. These computer developers did not continue employment with DCFS for FY07. This resulted in a staff vacuum with no computer development staff remaining who were familiar with and who had expertise regarding the database. In late fall, the Department was able to hire a computer analyst who reinstated the database in January 2007.

Since January of 2007, the providers had been brought back onboard to enter their fiscal and program data. This process has involved the retraining of many providers and the provision of extensive technical assistance to all FCS programs.

Currently, there is a request to the DCFS computer unit to complete the development of the reporting functions for FCS administrators and for the providers. At this time, there is still no ability to compile and print data reports from the database for the providers or administrators. It is anticipated that this will be resolved during FY09.

Despite the lack of access to hard data via the database at this time, all FCS programs were monitored during the year. The LAN liaisons conducted onsite contract monitoring reviews of their respective LAN programs during the summer and fall. These monitoring visits were comprehensive and included both client and fiscal data review.
Collaboration

The FCS Initiative collaborates on many levels, both internally with other Department staff and externally with the larger service community. On an internal level, the FCS statewide manager collaborates and consults on an ongoing basis with the recently created position of the LAN Coordinator. This year, the FCS Initiative undertook a major training project in collaboration with the Northern Illinois University education advisors – see details under program support.

Collaboration with Statewide Local Area Network (LAN) Coordinator

In conjunction with this education refocus initiative, the Director’s office created the position of Statewide LAN Coordinator in December of 2005. A veteran Department LAN liaison with 30 years experience was chosen to fill this position. The statewide LAN Coordinator serves as a conduit for communicating information pertaining to the restructuring of the FCS programs from the Director’s office to the LAN Liaisons, FCS providers and the Statewide FCS Steering Committee. The LAN Coordinator provides technical support to LAN Liaisons and FCS providers to ensure that programs are designed to address children’s behavioral problems which have an impact on school performance as demonstrated by poor school attendance, truancy, suspensions and expulsions.

Collaboration with the FCS Statewide Steering Committee

There is a close collaboration between the FCS Initiative and the FCS Steering Committee, which provides ongoing oversight.

The FCS Steering Committee has remained very active and involved in the education refocus of the FCS Initiative. The non-DCFS Committee Co-chair has continued her volunteer service of the last twelve years. The committee members meet quarterly via videoconferences in Springfield and Chicago. Members of the committee participated in several work groups including FCS LAN refocus transition committee; the data collection work group; the review committee for the FY06 FCS application process and most recently the education and trauma training subcommittee.

Six new members from the education community were recruited to serve on the FCS Steering Committee. These new members include the Director of the Illinois Educational services network; the Manager of the Chicago Public Schools Comprehensive Services; the Assistant Regional Superintendent of Schools in Vandalia, two Northern Illinois University professors who direct the DCFS education liaison project and the federal Region V Head Start Specialist. It is anticipated that the FCS statewide steering committee will continue to play a critical role in the renewal of this education initiative for FY09.

Collaboration and Linkage to DCFS Flex funds and Other Funding Streams

In FY06, the Director refocused the state flexible funding dollars to coordinate and collaborate with the FCS education refocus initiative. The flexible funding dollars support the Illinois
Wraparound Plan Program. This program was originally designed to provide seed money to support communities in their efforts to develop local systems of care. In FY06 the target population for flexible funding became the same as the FCS LAN refocus initiative. The flexible funding dollars are now used to supplement and not supplant existing community-based services for children and youth at-risk of poor attendance, and or being expelled, suspended or truant from school.

In March of 2008, the Director approved a guideline change to the flex funds. These revised flex guidelines are detailed in the programs’ FY09 DCFS contracts. This change was in response to a groundswell of support from the LANs, local community-based providers and the FCS statewide steering committee. This change will allow the LANs to spend funds on concrete services as related to educational needs and goals. Many of the children and families served by the FCS and Flex Initiatives have concrete service needs, which, if not addressed, will result in students being unable to come to school ready to learn. Improved educational outcomes for students have been documented when there is also the ability to address these concrete service needs.

The FCS education database is also used to collect data from the flex funds providers. In addition, the internal DCFS administrative structure was changed so that the manager of the FCS funds also assumes responsibility for the flex funds. The dual-focused database and the combined management of FCS and flex funds enhance the coordination and service provision of these two related funding streams.

**Program Support**

**FCS Database**

The recently developed database provides significant support to the FCS programs through the provision of regular client data reports and quarterly fiscal expenditure reports. It is a contractual requirement that the programs provide fiscal and client data via the DCFS internet based database. The summary reporting structure was not completed before the database crashed in FY06. The goal for FY09 is to develop and implement the reporting structure. The availability of summary data reports will provide the FCS manager and the LAN liaisons with additional oversight capabilities. In addition, it will provide the programs with valuable data at their “fingertips” in which to monitor their program progress and expenditures.

**Trauma and Education Training**

The FCS trauma and education training subcommittee of the larger FCS Steering Committee developed a plan to provide training to all FCS programs in the fall of 2007 in conjunction with Northern Illinois University. The purpose of this training was to equip the FCS providers with a consistent clinical understanding of the implications of trauma on education so that they may integrate this information into their programs and practice resulting in improved outcomes. This training enhances the FCS programs’ ability to reduce truancy, suspension and expulsion.

In September of 2007, a “train the trainer” phase one workshop was conducted in Bloomington Illinois for approximately 75 participants. This training was evaluated by a PhD researcher from
Northern Illinois University. Overall, the evaluation indicated that the training was successful. A majority (82.9%) of the participants stated that they had a good understanding of their role as facilitator. Over 80% of the participants strongly agreed that they felt confident to serve as facilitators in Phase II. Participants were also asked to critique the actual trauma training presentation. Feedback on this presentation was then used to modify the training curriculum prior to its “roll out”.

In November of 2007, 14 regionally based trauma trainings were conducted throughout the state. Approximately 400 participants received the one day training. The audience included FCS providers, school based personnel, LAN Co-Conveners, DCFS LAN liaisons and FCS Steering Committee members.

This training was a collaborative effort amongst DCFS, Northern Illinois University, the Prevention Resource Developers from Prevent Child Abuse Illinois and the FCS Steering Committee. This extensive collaboration afforded the participants valuable networking opportunities. The training itself was provided by the Northern Illinois University education advisors. The directors of this program at N.I.U. are also FCS Steering Committee members.

The same PhD researcher from Northern Illinois evaluated phase one and two. The phase two evaluation documented that the training was well received and met the initial goals. Approximately 75% of the training participants stated that they had an increased understanding of the nature of childhood trauma as a result of the training and now recognize the developmental and educational impact of trauma.

The phase two training evaluations also documented the need for further training related to trauma sensitive behavioral interventions. The same FCS steering committee subcommittee has been meeting to plan the phase three training for the fall of FY09 in response to this identified need.

The FCS programs’ DCFS contracts for FY09 also serve to reinforce the training requirement and to enhance the utilization of the statewide trauma training. In the FY09 contract, all FCS programs were asked to describe how the FY09 educational support services will incorporate an understanding of the impact of trauma on education and an increased awareness of appropriate interventions based upon a recognition of the nature of childhood trauma. In addition, all programs were requested to include the following language in their FY09 contract: “The provider shall participate in continued training related to childhood trauma and the implications for education and interventions as developed specifically by DCFS for the Family-Centered Services program.”

**FCS Staff Shortages**

In October 2006, contracts for the FCS contractual support and fiscal staff were not renewed. This action had significant ramifications for the FCS Initiative overall. As a result of this action, only one FCS staff person remained – the statewide FCS manager. The Department has been working on finding staff replacements and recently established a temporary half-time fiscal position. The Department will re-examine its administrative and support structure for this
Initiative in the coming year towards the goals of hiring a fulltime fiscal person for the FCS Initiative.

**Consultation**

Collaboration and consultation are hallmarks of the FCS Initiative. As detailed previously, the manager of the FCS Initiative consults on an ongoing basis with the statewide LAN Coordinator. Issues of consultation range from discussions of individual program’s progress, LAN issues affecting FCS services, internal DCFS policy, and future planning. The manager of the FCS Initiative also consults on an ongoing basis with the FCS Steering Committee members regarding emerging oversight issues and future directions.

Consultation with Indian Tribes in the State and with physicians or appropriate medical professionals in not applicable to the FCS Initiative.

**Disaster Preparedness Planning**

Many of the FCS programs that are affiliated with larger agencies develop disaster preparedness plans as a requirement of their COA certification. In the coming year, we will communicate with all the FCS agencies regarding the development of disaster plans. We will also explore the possibility of including disaster planning in the annual DCFS contract boilerplate.

The Department has also established a team/workgroup for developing its disaster preparedness plan, policies and procedures that impact child welfare. FCS related disaster preparedness planning activities will be integrated with the Department’s disaster preparedness plan.
FFY08 LAN Education Refocus Summary

FFY08 was the third year of the LAN education refocus initiative. The FCS and flex funds contract manager and the statewide LANs Coordinator continued to work together as a team to implement this education initiative. The target population of two funding streams – FCS and flex funds – was coordinated to further enhance educational support services. The DCFS director changed the flex spending guidelines to allow spending on concrete goods. By meeting concrete needs, students will be able to come to school ready to learn.

For the second year, all 100 FCS programs participated in an onsite contract monitoring review by their LAN liaisons. The LAN liaisons received training from the DCFS contract staff on the monitoring tool and process. Contract reviews are conducted annually starting in July.

The FCS database was reinstated after the termination of the computer developer. A new computer analyst was hired to reinstate the database and to provide ongoing technical support. The database is once again functioning and the FCS programs have been retrained on data entry. This year’s goal is to obtain approval to develop and implement the reporting functions of the database for the providers and the administrators.

The FCS Steering Committee subcommittee on education and trauma, in conjunction with Northern Illinois University, conducted 14 statewide regional trainings. Approximately 400 participants from the FCS agencies received training on the impact of trauma on educational and development. The training was very successful as evidenced by the training evaluations. Based upon the identified need for continued training, the subcommittee is planning trainings for the fall on trauma sensitive behavioral interventions for providers, parents and schools.

The success of the planning and implementation of the Education Refocus Initiative is evidenced by the orderly and planned transition of 100 FCS programs to a new service focus and to a new data collection system. This transition has been supported by ongoing technical assistance jointly provided to the programs by the FCS statewide manager and the statewide LAN Coordinator. These new FCS services will support and enhance the Department’s primary objectives of investing in brighter futures for the children in the community and for children under its care and in building bridges to communities to support these services.
Assurances

The State will continue to assure that the Federal funds provided to the State under title IV-B, Subpart 2 programs (Promoting Safe and Stable Families), will not be used to supplant Federal or non-Federal funds for existing services and activities.

**FFY08 Plans For Continuing Implementation of the Educations Refocus Initiative**

As the Department enters year four of the FCS education initiative, the following activities will be conducted:

The FCS programs will be renewed and will continue to provide their educational support services to children and youth in their respective LANs. Increased emphasis will be placed upon providing services to children and youth at risk of suspensions, expulsions and truancy.

The FCS programs will receive a budget cut of 1% across the board. This is the second year the programs have sustained a small reduction in their allocation.

Ongoing program technical assistance will be provided to all programs as requested or needed.

Phase three of the statewide regional training will be conducted to all FCS programs on trauma sensitive behavioral interventions. This will also be an important opportunity for FCS programs to network with local school representatives, the prevention resource developers and community resources.

The LAN liaisons will continue the annual contract onsite monitoring reviews of all FCS programs.

The Department will increase the support to the FCS Initiative through the hiring of a fulltime fiscal staff person. This will help to restore staffing levels from previous years.

The FCS database will be maintained, ongoing technical assistance will be provided to the programs, and the database will be refined based upon identified needed improvements. The summary reporting functions will be developed to offer detailed client and fiscal reports. Program data will be analyzed and will drive technical assistance and program improvements as indicated.

The FCS Steering Committee will continue to provide oversight to the education refocus Initiative and will develop subcommittees to address issues as warranted. This subcommittee will play a key role in the statewide phase three trauma trainings.
The FCS funding will continue to be coordinated with the Department’s flex funding, the Illinois State Board of Education funding, and other funding streams to enhance and expand educational support services and to avoid duplication of services.

**Community-Based Child Abuse Prevention Services (CBCAP)**

Community-Based Child Abuse Prevention

Some years ago, in order to more effectively utilize social service resources at the local level, DCFS and the State Board of Education co-sponsored the development of an effective, community-based system of 62 geographically-defined Local Area Networks (LANs). These networks were designated to promote collaboration between local child welfare, mental health, juvenile justice, youth serving agencies, parent support groups and others in planning, organizing and/or providing services to children and families. The multi-disciplinary linkages created through the LANs contribute to the success of all children, especially those who are mentally, emotionally or behaviorally in need of special assistance.

As part of and in addition to the Local Area Networks, most communities with child abuse and neglect prevention programs supported by the Department provide a wide range of services and support to families. These supports focus on service integration that address multiple needs and provide a continuum of care linking children, youth and families. The programs funded through the Child Abuse Prevention and Treatment Act (CAPTA), the Community-Based Child Abuse Prevention Grant (CBCAP) and Family Centered Services (FCS) teach effective parent communication, appropriate discipline, child development milestones and stress management techniques. Home visiting programs provide comprehensive support to parents and children and links families with additional community services. Parent support groups give parents the opportunity to share common experiences and helpful parenting strategies. These activities continue to be effective in reducing the recurrence of maltreatment and provide the needed support that keeps children safe with their families.

Historically and throughout this coming year, the programs and services supported through CBCAP, CAPTA, FCS, CJS, FLEX or general revenue matching funds, will promote the development of protective factors designed to prevent child abuse and neglect. These various funding streams will play a key role in assuring that a continuum of services will be available in our Illinois communities. The programs are in place to enhance the capacity of DCFS in strengthening a community-based infrastructure for service delivery and are responsive to the desire for continuous child welfare system improvements in Illinois. The Department strives to ensure that all regions have access to needed services and that resources be allocated to address unmet needs. Next year, DCFS will continue to initiate focus groups, planning meetings, and various needs assessments to explore and address the expansion of services.

Family-focused, community-based child abuse prevention activities that will be supported as part of this comprehensive array in FFY 2008 are:
- Public Information, Community Collaboration, Resource Development
- Child Death Review Teams
- Family Support Services
- Parent Education Classes, Home Visiting, Outreach to Families
- Early Childhood and Youth Development
- Mutual Support Groups
- Evaluation, Training
- Parent Leadership
- Respite Care and/or Shelter

To learn more about the numerous community-based programs funded through CBCAP and matching funds, please refer to the 2007 CBCAP Progress Report or the 2008 Annual CBCAP Application.

It is acknowledged that no single agency or system can successfully undertake all of the broad tasks and initiatives that encompass family welfare today. Rather these activities necessitate collaboration and cooperation. This calls upon service providers, community members, and government agencies to be creative in thinking about these issues and in designing action plans. The lead agency is dedicated to reaching out to address the unique needs of families and of communities, from rural to urban.

DCFS continues its commitment to join with agencies and organizations to expand its focus, achieve common goals and to facilitate supports to those with unmet needs, especially those in situations where the potential for abuse and neglect is heightened. This includes, but is not limited to:

- Families where parents and/or children are faced with mental, emotional, behavioral, educational, or physical challenges,
- Young children and older adolescents in need of educational supports,
- Victims of destructive relationships, neglect and abuse due to the occurrence of substance abuse, domestic violence and/or unaddressed mental health issues,
- Children formerly or currently involved with the child welfare system and
- Mothers and fathers, young and old, who want to develop healthy marriages and positive parenting skills while receiving comprehensive support

Moving forward with such a rich history of interagency coordination, DCFS will continue to collaborate with a multitude of others. Examples of such partnerships include joint efforts that require planning, service coordination, the use of cross-jurisdictional resources, joint funding of a program, and resolution of eligibility issues, interagency agreements, amended contract language, research projects, new rules and procedures and the staffing of individual cases. The purpose of these collaborative efforts will be to ensure consistency, accessibility, accountability and the efficient use of services and resources.

**Strengthening Families Through Early Care and Education Illinois Initiative**

The Center for the Study of Social Policy (CSSP), a non-profit, non-partisan public policy organization created in 1979 and located in Washington, D.C., chose Illinois as one of seven
states to participate in a Strengthening Families national pilot program aimed at reducing the number of children who are abused or neglected. Illinois, along with Alaska, Arkansas, New Hampshire, Missouri, Rhode Island and Wisconsin, was chosen from among 27 state applications based on the strength of the State’s leadership team, their commitment to dedicate the time and resources, and their knowledge of how to link the Strengthening Families Initiative with other state program efforts aimed at reducing child abuse and neglect.

Strengthening Families through Early Care and Education is a collaborative primary child abuse and neglect initiative that works through childcare centers to build protective factors around children and their families. Its main strategy is to increase the capacity of child care centers to partner with families around issues related to their children including parenting, dealing with challenging behaviors, and connecting to appropriate supports and services to meet family needs. The research-based protective factors resulting in stronger, safer families are: parental resilience, knowledge of parenting and child development, social connections, concrete support in times of need, and social and emotional competence of children. In addition, overall strategies include promoting the research based protective factors directly to parents and supporting local collaboration among child welfare and early childhood staff members.

In addition to the initiative continuing to grow nationally (with over 30 states starting some form of implementation), Strengthening Families Illinois (SFI) has been recognized as a national leader in implementation receiving an award from the Center for the Study of Social Policy in the last fiscal year. More than 40 partners, including ISBE, DHS, Head Start, Ounce of Prevention Fund, Voices for Illinois Children, Action for Children, Illinois Family Partnership Network, Children's Mental Health Partnership, Illinois Network of Child Care Resource and Referral Agencies serve on the Leadership Team and active workgroups supporting the initiative’s overall goals and strategic plan. Partners are invested in implementing the plan and in incorporating Strengthening Families activities and practices within their organizational frame.

In the next Fiscal Year, SFI will be entering its second year of implementation since concluding the pilot. The strategic vision for next year includes three primary goals that are driving the initiative overall: Deepening practice, supporting child welfare/early childhood collaboration, and parent engagement. The meet these goals, SFI with support and direction from its partner organizations will continue:

- Sustaining policies, infrastructure and funding supports to embed Strengthening Families Illinois in early childhood, child welfare, and child abuse prevention across the state.
- Working with the Early Childhood Comprehensive Systems leadership to promote a unified system of early childhood services that incorporate Strengthening Families practice and the Protective Factors.
- Deepening practice and increasing staff capacity to strengthen families within all participating centers in 6 formal Strengthening Families learning networks (60+ programs) and providing assistance to communities interested in implementing the approach.
- Supporting network programs in the development of strong collaborative relationships among early childhood staff and local child welfare caseworkers from both DCFS and POS
agencies to ensure that wards and children in intact families are enrolled in SFI learning network programs or other high quality programs

- Expanding early care and education centers and programs across the state that fully recognizes Strengthening Families practice as a key component of their quality.
- Expanding early childhood services to help families build protective factors and become more aware of and responsive to trauma.
- Expanding overall parent engagement efforts through a protective factors messaging campaign for parents, including expansion of Love Is Not Enough Parent Cafes being offered. This will include:
  - Continuing local level collaboration with All Our Kids Networks statewide to disseminate the message and offer Love Is Not Enough Parent Cafes
  - Developing regional LINE Parent Café host teams to start replicating the process locally.
  - Launching a Parent Engagement workgroup of the initiative that will promote meaningful parent involvement in both policy and program planning of the initiative.
  - Using LINE Parent Cafes as a path towards the development of ongoing parent support groups in communities such as Parents Care and Share and towards the ongoing development of parent leadership groups.

- Incorporate Strengthening Families into the child welfare system to meet five overall goals: 1) To embed the Protective Factors in all child welfare practices and initiatives; 2) To ensure children 3–5 in child welfare system are enrolled in quality early care and education; 3) To ensure collaboration at the community level among early childhood programs and agencies; 4) To advance developmentally appropriate and trauma-informed child welfare practice and; 5) To work with public and private agencies to embed Protective Factors in child- and family-serving systems.

There is coordination between DCFS and the Illinois Department of Human Services (DHS) regarding services to families who are eligible for the DHS-administered Temporary Assistance to Needy Families (TANF) program. The Department of Human Services reimburses the families for the costs associated with the relative children for whom they are caring at payment levels determined by the standards of the Temporary Aid for Need Families (TANF) program. The program is successful at enabling families to be stabilized without a long-term casework and monitoring relationship with the state. These services have been very successful at enabling children to remain together safely with caring relatives.

One of the most notable collaborations will continue to be the DCFS and DHS-Division of Alcohol and Other Drug Abuse (DHS-DASA) service effort. The DCFS and DHS-DASA collaboration that began in 1995 provides:

- Identification of Alcohol and Other Drug Abuse (AODA) issues by DCFS and private child welfare staff,
- Timely access to AODA assessment and treatment for DCFS involved families,
• Enhanced outreach and case management for families receiving AODA treatment, removal of barriers to treatment for families (e.g. childcare), and
• Improved information sharing between the two agencies.

Through the DASA/Child Welfare Integrated Services Program, DCFS staff works collaboratively with community-based Alcohol and Other Drug treatment providers to fund treatment services for individuals with active DCFS cases. Fifty-three treatment agencies in the Initiative are delivering services to DCFS-involved families at well over 100 treatment sites. Services include: substance abuse education; outreach efforts to bring clients into the treatment process; transportation for clients and/or their children to child care or to attend treatment; individual and family counseling, specialized women’s groups, skill building and self-help groups, parenting training and involvement with outreach worker services. Childcare in the DCFS/OASA Initiative program is funded by DCFS. Collaboration between DCFS and DHS with regard to this Initiative is ongoing.

Another networking success involves The Illinois Children’s Mental Health Partnership, which was created as part of the Illinois Children’s Mental Health Act of 2003. The Act ensures the development of a Children’s Mental Health Plan in Illinois that outlines a comprehensive, coordinated approach to prevention, early intervention and treatment of children ages 0-18 years. The Partnership is comprised of representatives from various agencies, including DCFS, and twenty-five members appointed by the Governor who speak for various sectors. This will continue to provide an opportunity to widely affect the provision of mental health and educational services across the state.

The Children’s Mental Health Plan is a statewide strategic blueprint or “roadmap” to promote children’s social and emotional development and improve the children’s mental health system. The Plan covers a range of recommendations and strategies necessary to reforming the children’s mental health system in Illinois that include the following:

• Promoting children’s optimal social and emotional development.
• Identifying mental health needs and intervening early.
• Ensuring that mental health programs and services meet the needs of diverse communities.
• Working with and engaging families in all aspects of the system.
• Promoting multi-agency collaboration at the state and local level to maximize scarce resources, minimize duplication of services, and make it easy for families to access services.
• Increasing mental health programs and services, especially in underserved areas of the state.
• Building a culturally-competent, qualified and adequately trained workforce with a sufficient number of professionals to serve children and their families.

Parents and families are full members of the Illinois Children’s Mental Health Partnership. In addition, the Partnership created a Family Involvement Committee to ensure substantial input by families to the development and implementation of the Children’s Mental Health Plan. Families serve a number of important roles on the Partnership including providing guidance and input to
the Plan, ensuring that the Plan is grounded in the interests and needs of families, and educating the Partnership about ways to help ensure that the children’s mental health system truly meets the needs of families.

DCFS will continue, through a major initiative, to implement its model of comprehensive Integrated Assessment (IA) to insure the safety, health and well-being needs of the children who must enter the Department's care. First launched in February 2005, the IA was designed to improve the child welfare worker's ability to evaluate and address key factors to promote permanency outcomes of children, birth through 17-years of age, upon first entering the Department's custody. The IA program provides assistance to caseworkers when evaluating critical safety and risk factors by providing a clinical lens to focus on the medical, educational, developmental, behavioral, and emotional needs of children and adults who care for them, including substitute caregivers. The IA utilizes an assessment team consisting of the assigned child welfare caseworker and a specifically trained and licensed mental health professional from the Department's Clinical Division. Using their individual and unique skills, and support from their respective supervisors, together they are better able to identify clients' strengths, their safety and well-being needs, the impact of trauma to the child's functioning as well as any obstacles to reunification and permanency outcomes.

The IA provides a comprehensive clinical understanding of the child's and family's needs from which a service plan directly related to that understanding is developed. The Department has entered into partnerships with universities and hospitals across the state to provide assistance to the caseworker and their supervisor with the clinical and professional expertise required to conduct these comprehensive assessments. An eye to the geographical distribution of this capacity has been closely aligned to state intake trends. Southern Illinois University, Northern Illinois University, La Rabida Children's Hospital and Erikson Institute are leading partners with DCFS in implementing this reform. Preliminary outcome data on the program show that children who receive IAs have an average of two placements. This data is promising, compared to the average number of placements experienced prior to IA program implementation, as one of the goals of the program is to assess the substitute caregiver placement and capacity to insure their ability to meet the child's needs. It is hoped that early assessment of the child’s and family's needs will lead to early engagement in services and ultimately higher rates of reunification.

A new and exciting collaboration has begun with the creation of our Illinois Early Childhood Community System Team. We have met to discuss ways through which all of the entities that we represent can come together to improve our System in Illinois. An initial action plan has been developed and a subsequent Team meeting is scheduled.

Outreach to others includes external and internal web sites as well. These sites are the primary method of distributing information about DCFS. The internal resource, D-NET, is easily accessed within the agency thereby facilitating child welfare staff’s access to research, quality assurance issues, and comments from the director, community information and activities. The external DCFS site can be accessed through www.state.il.us/dcfs.
Legislation underscores that the CBCAP program is to enhance networks of coordinated resources and activities. DCFS knows that working in cooperation with other human service providers we are best able to establish a network and integrate services that provide the kinds of support that families need to reduce the stressors that often lead to child abuse and neglect. DCFS’ continued vision for programs is that they be an integral part of a statewide network of community-based prevention efforts designed to improve safety, permanency and well being of children and families. Core prevention services will continue to be funded through CBCAP, CAPTA, FCS, the Child Abuse Prevention Fund state revenues, and CJS through the Illinois Child Death Review Teams (CDRT). We will continue to reflect this collaborative, multi-disciplinary approach.
DCFS Juvenile Justice Initiative for Dually Involved Youth

DCFS mission statement does not exempt the incarcerated population when it calls for providing for the well-being of children in care, providing appropriate permanent families as quickly as possible for those children who cannot safely return home, and working in partnership with communities to fulfill this mission. Some of Illinois’ youth will become involved with the criminal justice system and it is important that IDCFS continues to maintain its relationship with these youth during this period of their lives. Continued communication with these youth is paramount in building and establishing a network.

In 2006 Illinois Department of Corrections (IDOC) separated juvenile clients from adult clients, thus establishing two distinct departments for them. The juvenile component within corrections is now called the Department of Juvenile Justice (DJJ). The collaborative relationship between the two agencies (DJJ and DCFS) has continued over the past two years for serving juvenile clients. Joint training meetings have been conducted between both agencies and information is shared on a monthly basis. As a result of the joint trainings, reports were developed and are being sent between our agencies. The documentation allows both agencies to review all efforts, issues and concerns regarding youth placement needs. Initial and quarterly reports of the youth’s progress, case manager visits, and other information are shared during visits. DJJ agreed to allow youth to participate in their Administrative Case Reviews (ACRs) and CAYIT (Child and Youth Investment Team) meetings via phone. DCFS staff is instructed to CAYIT cases at least six months in advance of the youth’s release to ensure that appropriate placement and other services can be identified and secured by the youth’s release date. The communication with IDOC staff and joint planning increases the chance for a timely discharge of the youth from correctional facilities. Those youth who have remained in DJJ beyond their ARD have been “hard to place” youth (sex offenders, runaways and repeat offenders).

The Department is currently working to enhance its efforts towards reuniting families and in providing quality service to this targeted population. The use of innovation and technology are being employed to further assist in their successful transition. The development of video visits between youth in care and their incarcerated parent is being developed and will allow youth to have routine interaction with their parents when in-person visitation is not an option. These visits will be designed to act as a deterrent to high risk youth who may be poised for delinquent behaviors. Equipment will be set up at designated DCFS locations, and approved correctional facilities, allowing for monitored visitations. The Department will also be working with the DJJ to provide these same video visiting capabilities to
incarcerated youth with approved parents, family members, guardians, clergy and other relevant individuals.

The expansion of educational, vocational and job skills services are currently being planned to address the specific needs of youth with juvenile justice experience. Program models are being evaluated to offer an array of options for greater integration into productive lifestyles. Youth will be targeted to participate in certified job skills programs that will prepare them for long range employment. The development of entry level jobs will be created utilizing community, private and corporate resources. Realizing that the prospects for employment will be difficult for some of the youth, they will be exposed to entrepreneurial workshops. This will allow for the youth to create and sustain employment.

**Psychiatric Services of the P.A.C.T. Clinics**

It is estimated that approximately 50% percent of children in foster care have a psychiatric need and that children in foster care will utilize psychiatric services 10 times more often than children in similar socioeconomic background who are not in foster care. The wait time for an outpatient appointment in greater Chicago area is currently anywhere from 2 to 12 months, with even greater times for children with developmental disabilities.

With this critical issue in mind, the Department is in the process of implementing its new Psychiatry for Adolescents and Children in Transition (P.A.C.T.) program. The strategy includes the development of a mix of ambulatory and telepsychiatry services throughout Illinois in order to increase access and minimize inpatient hospitalizations. Emphasis will be on prevention and the early identification of mental health disorders, with increased coordination of medical and behavioral health services. In addition, there will be a focus on the integration of services with overall case planning in an effort to insure the delivery of quality care. Finally, a Preferred Provider Network of Illinois will also be developed and implemented.

Telepsychiatry will be introduced as a service for those wards living in rural and underserved areas of Illinois as studies have shown comparable outcomes for telepsychiatry vs. face-to-face psychiatry services as it relates to treating illnesses such as depression, with patient satisfaction equal to traditional in-person care.

**Performance-Based Contracting for Residential Care**

The Department of Children and Family Services (DCFS) in partnership with the Child Care Association of Illinois (CCAI) and the Children and Family Research Center (CFRC) of the University of Illinois at Champaign-Urbana is expanding its existing performance-based contracting initiative to private contract agencies providing residential, group care, independent living and transitional living services. Illinois has led the nation since 1997 in the implementation of performance-based contracting and quality assurance (PBC/QA) initiatives for foster care case management.
In Illinois, like many other states around the country, a smaller number of residential service providers are now serving more troubled children and youth than residential programs in the mid-1990’s. Illinois’ successful past experience with performance based contracting in foster care case management has led DCFS to believe that the expansion of performance-based contracting and its related quality assurance initiatives into the provision of residential services, independent living services and transitional living services is a worthwhile strategy for improving outcomes for children and youth.

The overarching goals of the current expansion of PBC/QA to residential care are to incentivize shorter lengths of stay in residential care while improving client stability and functioning, allowing for expanded availability of residential care beds for children at earlier stages of their need thereby increasing the likelihood of successful intervention.

The Project Steering Committee, using the existing Child Welfare Advisory Council subcommittee structure, developed proposed performance outcomes, a risk adjustment strategy, and fiscal incentives/disincentives for use in the FY 2008-2009 contracts.

The Data Test Workgroup, comprised of representatives from DCFS, the private sector providers, Northwestern University, Chapin Hall Center for Children, and the University of Illinois at Chicago developed a risk adjustment model to allow for variance in agency performance on contract performance measures.

The Department reviewed the rates for all residential providers and standardized them according to levels of care, i.e. mild, moderate and severe. Agency unique needs, such as physical plant and specialized populations served, were taken into consideration in setting proposed rates for the FY 2008-2009 contract period. Agencies were informed of their proposed rate and the number of beds to be purchased during the contract period as of the end of March.

The Child and Youth Investment Team (CAYIT) Matching Workgroup developed a new protocol to implement the Director’s centralized matching changes.

The performance of residential and group home facilities will be measured using 2 performance outcomes: sustained favorable discharge rate and the rate of treatment opportunity days.

Each residential provider will have an established predicted sustained favorable discharge rate. This rate will be determined by the number of youth who experience a positive or neutral discharge from residential care to placement that remains stable for a period of 90, 180 or 270 days, divided by the number of youth served. A positive discharge is defined as a “step down” placement to a less severe residential program classification within or outside the same agency, or to any other less restrictive non-temporary placement.

Each residential agency will have an established predicted rate of treatment opportunity days. This rate is derived by dividing the total number of bed days in the residential stay by the number of days that youth were absent from the agency due to runaway, placement in detention or corrections facilities, or psychiatric hospitalization. The performance benchmark for the agency
will be risk adjusted taking into account the characteristics of the youth served and the agency’s historic performance.

Data from the Department’s CYCIS database will be used to determine both the sustained favorable discharge rate and the treatment opportunity day rate. Client discharges from residential facilities will be reported monthly to the Residential Monitoring Unit. A quarterly report will be provided to the Department to each agency detailing its progress.

Performance-based contracting will increase the length of time that a client sustains placement after discharge and as a result will improve client stability and functioning. Performance-based contracting will shorten lengths of stay in residential care and will increase the availability of residential care beds for children at earlier stages of their need thereby decreasing psychiatric hospitalizations and increasing the likelihood of successful intervention.

Statewide Provider Database & Schoolminder

The Statewide Provider Database project was initiated in 2004 as a measure to enable gap analyses of regional availability of resources to meet local needs. At that time, the focus was on building a searchable database of community-based mental health service providers that would accomplish two goals: (1) enable caseworkers to search for services in close proximity to the homes of children and families and (2) use GIS technology to map providers along with families, to gauge community availability of resources. The first goal was reached in March of 2008 when the system, under development for four years, was released to caseworkers across the state. At that time, it contained information on over 900 agencies, over 1500 programs, and over 9000 services. Caseworkers generate reports either by specifying parameters (service type, payment type, eligibility) or by entering a child’s DCFS Case ID and using the most recent clinical assessment to automatically generate recommended nearby providers based on the needed services they offer. Over 1,500 of these individualized reports have been generated monthly in the three months since the system’s release. The cost savings potential from this work are tremendous; in addition to saving caseworkers time looking for resources, time and money are saved when workers travel a fraction of the distance they had been traveling to obtain services for children and families.

The second goal was achieved in August 2007 when the geomapping system fueled by provider data from the SPD was released. This tool enables policy makers, planners, and administrative leadership to perform analyses of the availability of resources at their desks. It can inform us about the specific clinical needs of children served in each region, subregion, and county, and about the availability of local resources to meet those needs. It also lets us observe providers who are located in areas where few youth reside, informing us about the potential for making contracting decisions that are more responsive to the needs of local communities.

Increasing collaboration between state agencies can magnify cost savings, as it can illuminate duplication in services and initiatives and increase access to services across human service systems. The current phase of development is focused on building partnerships between state agencies that offer community-based services by using the existing SPD as the data hub of an
information infrastructure that can allow other Departments to allocate resources to develop individualized front-end tools that capitalize on the work that has been already done to develop the back-end provider data system.

Both of these systems allow the Department to improve the ability of local communities to meet the needs of the wards that reside there. Along those lines, a third system, Schoolminder, increases our ability to place children coming into care in foster homes within their local school districts or within close proximity to their schools. This practice avoids the disruption of special education or school-based counseling services that are already in place, in addition to minimizing the trauma associated with separation from birth family, home and community. Schoolminder also uses GIS technology to match youth in need of homes with available homes close by, and can cut in half the average distance caseworkers must travel to place children.

**Strengthening Families Illinois**

Strengthening Families Illinois is at the center of the state’s official child abuse prevention campaign. At the kickoff of child abuse prevention month in April 2008, Strengthening Families Illinois was applauded as an example of “success in linking early childhood education with child welfare to proactively protect children.”

Strengthening Families Illinois (SFI) is Illinois’ evidence-informed strategy to prevent child abuse and neglect by strengthening families through early education programs thereby keeping more children safe in their own homes with their own families and out of the child welfare system. In 2004, Illinois was selected by the Center for the Study of Social Policy to pilot the Strengthening Families approach. With the Illinois Department of Children and Family Services serving as the lead, Strengthening Families Illinois is a collaboration among more than 40 partner organizations and agencies.

The Strengthening Families Illinois model is intended to build the following six protective factors in families, which research shows protect children from abuse and neglect:

1. Enhance parental resilience
2. Develop social connections
3. Build knowledge of parenting and child development
4. Offer concrete support in times of need
5. Foster social and emotional competence of children
6. Promote healthy parent-child relationships

Research shows that the best way to build these protective factors is by working through early childhood centers.

The primary goals of Strengthening Families Illinois it to strengthen families in ways that research shows prevents abuse and neglect, specifically by:
• Developing strong relationships between child welfare caseworkers (DCFS and private (“POS”) agencies) and preschool staff to help them see and utilize each other as a resource in supporting child welfare involved (and all) families.
• Strengthening the capacity of early childhood programs (PreK, Head Start, Child care Center) in being able to embed the approach throughout their program.
• Engaging parents directly in keeping their own families strong.

Some of the primary activities relative to implementing Strengthening Families Illinois include:

Cross-Agency Collaboration: The initiative has achieved success at bringing together the partners needed to strengthen families through early care and education and child welfare. More than 40 partners representing early care and education centers; child welfare agencies; state and local policymakers in child welfare, health, mental health, and education; child abuse prevention organizations; and others have devoted approximately 2.8 million dollars in resources over the past years to advancing the Strengthening Families approach to building protective factors around families during early childhood. The core capacity of the initiative thus far has been entirely funded through the Illinois Department of Children and Family Services.

Learning Networks and Training Statewide: SFI has created six Learning Networks of approximately 60 early care and education centers that extend across the entire state. These networks meet monthly to share best practices and receive training developed by SFI partners in several areas:

• Stronger Together: Family Support and Early Childhood Programs
• Six Protective Factors that Keep Families Strong
• Developing Collaborative Relationships (Early Childhood and Child Welfare Staff)
• Recognizing and Responding to Signs of Family Stress
• Communicating with Families
• Social and Emotional Foundations for Early Learning
• Understanding Childhood Trauma and Exposure to Violence (In Development)

In the past three years all of the above (except trauma) training sessions have been provided to the SFI Learning Network participants and other audiences including child welfare staff.

Statewide Child Welfare Policy and Practice: Since the initiative began, Illinois has become a national model for partnerships between the child welfare system and early care and education. In its role as the Strengthening Families Illinois lead agency, the Illinois Department of Children and Family Services has been embedding the protective factors in all of its practices and initiatives by activating a “protective timeline” from the moment a child comes into contact with the child welfare system. IDCFS staff have been trained in the protective factors, and numerous statewide policy shifts have been enacted to increase the quality of early care and education for wards. DCFS is moving forward on 5 strategic goals for Strengthening Families within the department:

• Embedding Protective Factors in all child welfare practices and initiatives;
• Ensuring that children 3–5 in child welfare system are enrolled in quality early care and education;
• Ensuring collaboration at the community level among early childhood programs and agencies;
• Advancing developmentally appropriate and trauma-informed child welfare practice; and
• Working with public and private agencies to embed Protective Factors in child- and family-serving systems.

Parent Engagement: Parents have been a driving force behind the initiative and developed the Love Is Not Enough to Keep Your Family Strong, parent-led public awareness campaign, which includes a process called The Parent Café that builds protective factors in families. These meaningful, intimate conversations are led by trained parent facilitators and help parents keep their families strong. To oversee and expand these activities, a Parent Engagement Workgroup has formed and will ensure that parents from all Learning Networks have ongoing input into statewide programming.

Trauma Informed Practices Program (TIPP)

The Department recognizes that the Child welfare system needs to increase its awareness of the impact of trauma on family and individual functioning, and inform its practices with current best practice knowledge. This is based on research that indicates 4 out of 10 children nationally report witnessing violence, 8% percent report a lifetime prevalence of sexual assault, and 17% report having been physically assaulted. One in four children and adolescents experience at least one potentially traumatic event before the age of 16. Among middle and junior high school students in urban school systems, 41% report witnessing a stabbing or shooting in the past year. All children entering into the child welfare system have encountered adverse life events (usually multiple episodes over long periods of time, with approximately 30% of children in custody having identified symptoms of trauma or evidence of exposure to complex trauma experiences. In response to this critical issue, the Department is in the process of its new Trauma Informed Practices Program (TIPP).

The goals of the TIPP program are to:

• Create and sustain a system that responds to the effects of adverse and traumatic events to its clients and family members throughout their involvement with the department.
• Increase the child welfare system’s awareness of impact of trauma on family and individual functioning, and inform its practices with current best practice knowledge
• Implement and integrate a state-of-the-art evidence-based trauma practice model throughout the child welfare system and the child’s community that is both family and individual focused in its framework and application.
• Develop a collaborative partnership between DCFS and its private sector partners, with the assistance of Northwestern University, Chicago State University, the Community Mental Health Council
• Develop and implement a trauma informed model of practice as central to the Department's vision.
• Develop a model of evidence-based clinical intervention to be provided by clinicians certified to serve child victims and their families.
• Develop a universal response, focusing on all its clients and families.
• Provide the necessary support, resources and reinforcements to the professional staff delivering these services in order to sustain this work over time.
• Implement and integrate a state-of-the-art evidence-based trauma practice model throughout the child welfare system and the child’s community that is both family and individual focused in its framework and application.
• Develop a process to educate, train, and support all child welfare staff, clinical practitioners, and community agents with whom the client and family interact in the principles and practices of these trauma informed services.
• Screen and identify all clients, at the earliest possible time of their involvement with the child welfare system, for the presence and/or emergence of traumatic stress symptoms and other behavioral health problems associated with adverse childhood experiences.
• Establish a network of agency and community providers who are trained and supported through on-going consultation peer support and collaboration.

The core principles and objectives of TIPP include: Universal access & response; family focused, community-individual oriented, strengths-based and evidence-based trauma approach; transfer of knowledge and competencies throughout the entire child welfare system and supporting programs and agencies; establishing close, on-going partnerships with institutions, service providers, and agencies to support and enhance these efforts; develop and implement consistent policies and standards of practices throughout the statewide child welfare system; and periodic and on-going evaluation.

Some of the current TIPP implementation activities include:

• Identify key practice principles for child welfare system;
• Develop and implement basic trauma awareness curricula targeted to internal DCFS, private child welfare service providers, community stakeholders;
• Develop and implement trauma informed services across the ecology of the client and family, including schools, religious institutions, community resources;
• Train and support DCFS and community intervention providers in the application of evidence based interventions through direct trainings by evidenced-based models’ designers and participation in national learning collaboratives;
• Implement a trauma informed assessment grid to integrate assessment and case findings; and
• Implement the Child and Adolescent Needs Assessment instrument, statewide, for service and intervention recommendations, especially around trauma domains.
Fatherhood Initiative Program

The Fatherhood Initiative Program is to serve men who are fathers of DCFS wards or those young men who are DCFS wards with children. The goal is to enable them to become positive forces in the lives of their children. The project addresses the well-documented problem that fathers and paternal relatives are often overlooked as potential resources in a child’s placement or reunification. The project focuses on fathers’ needs for service support in order to participate financially and emotionally in the lives of their families.

In June 2006, the Department of Children and Family Services and Diversified Behavioral Comprehensive Care hosted a two-day Fatherhood Forum in Itasca, Illinois. The purpose of the Fatherhood Forum was to: (1) bring organizations and agencies together who have male involvement programs or work in some capacity with fathers; (2) discuss key issues that confront this population; and (3) generate solutions and work groups/collaborations that will move from this forum and work more effectively with this population.

The first three phases of this initiative, which included an Executive Summit, Supervisor Training and Caseworker Training, were completed in June 2006. Phase Four of the initiative identifies father-specific services to address some of the unique needs of these parents. Phase Five of the initiative consists of an examination of the impact that this initiative has had on services to fathers.

Examples of the purpose, objectives and the service activities associated with three contract program plans are described below:

Diversified Behavioral Comprehensive Care

The agency’s Paternal Involvement Center is designed to assist wards of the state, who are fathers, and fathers of wards in moving them successfully through the Department of Children and Family Services system by identifying and addressing barriers of employment, education, substance abuse, and parenting. While moving fathers in through these barriers, the service delivery model is also designed to connect fathers to their children.

The Paternal Involvement Center staffers participate in all team meetings as scheduled. The staffers run the meetings to ensure the involvement of necessary participants, and to track implementation of plans for clients in the program. The services are as follows:

Employment

Employment-related assistance includes job readiness sessions, job placement, job retention/support, and career development. Sessions and workshops are provided to assist fathers to navigate job market and equip them with the skills to search, find, and retain
employment. Transportation is provided to fathers who are in need to attend employment as well as other activities related to the Paternal Involvement Center.

**Continuing Education**

Continuing Education includes identifying the educational level of fathers and placement in community-based educational programs (i.e. literacy, GED programs, etc) employment/skill based training programs, and/or college educational programs. This aspect of the model also focuses on career development for fathers in the initiative.

**Substance Abuse Education**

Substance Abuse Education includes informational workshops that address the negative impact of the use of controlled substances. Clients who identified or disclose that substance is an issue for them are offered services by the program or referred to a drug treatment facility.

**Parenting Education**

Parenting Education includes sessions and workshops that address that promote positive child development and enhancing the father/child relationship. Sessions/workshops include communication, discipline, instilling values, and role modeling. These sessions also cover issues regarding father’s rights which include legal advocacy and education to further assist in navigating the child support and child welfare systems.

**Counseling Services**

Counseling services are provided to fathers to address clinical issues that are identified as barriers to fathers’ personal development and involvement with their children. Counseling sessions occur in individual and group settings.

**Visitation Center**

The Paternal Involvement Center serves as a Visitation Center for fathers and their children to encourage bonding and building strong stable relationships.
The purpose of the program is to "engage parents, the mother and father, in the raising of their children." Services will include:

**Recruitment and Outreach**

The Chicago Area Project (CAP) has launched an aggressive recruitment and outreach strategy, which includes establishing contact with media, promoting images about fathering and disseminating information about fathering through existing media. The outreach strategies include: Public Service Announcements (PSAs), flyers, word of mouth, private agencies in DCFS with new intake cases and fathers referred with follow-up, child welfare providers refer child welfare involved fathers. CAP also relies on referrals from the Illinois Department of Children and Family Services case managers and Court officials within target services areas of Rockford, Peoria, and Chicago's Westside.

**Legal Assistance Advocacy**

Chicago Area Project (CAP) assists interested program participants in preparing the legal documents and forms to establish paternity. CAP has accessed an already created Legal Information Referral Kit, which contains the appropriate legal forms for establishing paternity. In addition, expungement services, and other legal educational workshop are provided to fathers involved with the child welfare system.

**Parenting/Life Skills—(Men only)**

Parenting for fathers includes weekly focus group sessions that 1) examine the assumptions they make about parenting; 2) provide opportunities and encouragement for reflecting on their own perspective and the perspective of others; 3) identify their own strengths and areas in which they would like to improve their parenting skills and/or their relationship with their child; 4) be exposed to alternative ways of thinking about parenting; and 5) experience support, understanding, respect and caring for others. Specific discussions might focus on controlling temper and managing anger, co-parenting with moms, legal rights of the father, advocacy, handling a baby, what to expect when the baby is first born, supporting the child’s education, child development, health and nutrition, problem solving, finding support in the community, etc.

**Advocacy on behalf of Fathers**

The Family Father Involvement Program will empower fathers to manage and negotiate service and system barriers themselves so that they are able to become viable resources to their children. Because most of the targeted fathers lack the capacity to operate within the vast social, economic and political institutions and systems of Illinois, this advocacy strategy will not only enable them
to make real-life decisions for themselves and their children, but assist them in negotiating successfully within these institutions and systems.

**Father Family Advocates**

Father Family Advocates are available to all program participants. Father Family Advocates are non-custodial fathers who serve as role models for the other fathers in the program. They also serve as links between the person seeking help and the service provider, and draw upon a wide range of unique experiences, which cannot be observed by anyone else. The primary function of the Father Family Advocates is to help fathers navigate their way through bureaucratic systems so that they can get what is rightfully theirs. Father Family Advocates are trained paraprofessionals who attend weekly classes to practice and refine basic advocacy skills and review information pertinent to successful father family involvement.

**Father-Only Support Groups**

Support Groups offer monthly meetings, social events and discussions on issues affecting fathers. The aim is to promote positive fathering by providing a safe and non-judgmental environment in which men can talk within a group about the issues they are dealing with e.g. self-worth, anger, violence, separation, etc. After completing participation in the Support Group, men are empowered to move forward, make changes, and be better partners and fathers.

**Family Group Activities**

This activity consists of quarterly planned social events for father, mother and children. This might include sports events, family/child nature walks, movie matinees and pizza, trips to the local zoo or playground, community festivals, child sports leagues or playoffs, weekend retreats, etc.

**Community Service Projects**

Each program participant is responsible for completing at least two hours of community service monthly for a total of 24 hours annually. Community service can take many forms, but the partnership requires that community service enable fathers to develop relationships with their children and families. As a consequence, we encourage fathers to volunteer with preschool programs where their children are in attendance, thus enhancing the relationship with father and child. The partnership also encourages volunteering at child/school events and local community organizations and institutions where their children are engaged.

**Referral Services**

Chicago Area Project (CAP) provides referral services to program participants who need help in locating other services not offered by the Father Family Paradigm Initiative. Program Participants are referred to community-based organizations, social service organizations and other agencies and institutions that can be of support to non-custodial fathers. Service referrals include, but not limited to substance abuse intervention, medical services, mental health services,
job skills and readiness training, job placement and retention services, housing assistance and other supports that enable the participants to have a success outcome.

**Fatherhood Involvement Policy Committee**

The Fatherhood Involvement Planning Committee provides oversight of the Father Family Involvement Program and reports directly to Executive Committee Board. The Committee is actively involved in the planning and management of the program. Responsibilities include: assessing the services available to fathers with their children.

**Fatherhood Engagement Training and Staff Training**

Fatherhood Engagement Training is designed to strengthen the relationship between fathers and their children, as well as reverse the absentee fatherhood trend. All program participants will attend Fatherhood Engagement Training Sessions. The goal of each session is to address issues of fatherhood by: promoting responsible fatherhood and holistic parenting; empowering fathers to assume emotional, moral, spiritual, psychological and financial responsibility for their children; accentuating the psychosocial development of fathers and their children; helping fathers understand the challenges of parenting; and increasing fathers' skills in building and maintaining healthy relationships and providing life-skills and job readiness development.

Components include modules of at least 10 sessions with assessments and activities on such topics as:

- Personal Development
- Life Skills
- Responsible Fatherhood
- Relationships
- Health and Sexuality

The objectives of the program are to:

- Prevent men from having children before they are ready for the financial and emotional responsibilities of fatherhood;
- Prepare men for the legal, financial and emotional responsibilities of fatherhood;
- Promote voluntary paternity establishment at childbirth so that every father and child have, at a minimum, a legal connection;
- Reach out to foster an emotional connection to and financial support of their children;
- Actively support fathers in a variety of their roles and in their connection with their children, regardless of their legal and financial status (married, unmarried, employed and unemployed);
- Improve fathers’ opportunities to become resources for custody of their children;
- Enhance parenting skills;
- Improve personal contributions to family and community;
- Increase educational knowledge; and,
- Improve parental rights and protections.
Services to be provided include:

- Intensive outreach to fathers engaging them at different entry points including at juvenile court, conducting presentations and relationship building with Integrated Assessment providers, DCFS field offices, and Chicago-based foster care agencies. This is followed by aggressive outreach to fathers recommended by these entries.
- Intensive service support including a comprehensive individual needs assessment and work to increase compliance with services identified for the fathers. This service will be provided by a veteran social service professional with specific expertise in serving fathers. This includes but not limited to intensive follow-up motivating and troubleshooting.
- Facilitate father-child visits by serving as an advocate/mentor to assist the assigned DCFS or POS case manager in enhancing fathers' ongoing involvement.
- On-site positive male identity, child development, and parenting workshops, peer support, and activities, including parent-child activities. These workshops and activities will be led by project staff as well as by other experts within Centers for New Horizons and other experts on male involvement and responsible fatherhood citywide.
- Referral to Employment Services both internally to Center's Employment Program as well as to external community-based training and job placement programs. Conducting intensive follow-up of these participants to encourage the completion of assessment of interests and aptitudes, soft skills training on-site, referral to hard skills, job search skills and assistance, job placement and monitoring, career planning.
- Referral to other community programs as appropriate, such as to HRDI (substance abuse), IDHS (for re-scheduling child support payments), and the Safer Foundation (services for formerly incarcerated fathers) and engaging fathers in mental health services.
- Networking and Collaboration with other fatherhood programs and initiatives to form a web of services available in Chicago.

Through these services, fathers will take concrete steps to become more involved, financially and emotionally, with their children, becoming an important resource to DCFS in child welfare decision making. See attached logic model.

**Objective:** The project seeks to enable fathers of DCFS wards to become positive forces in the lives of their children and a viable placement option.

During the course of the contract year, participants will:

- Gain a newly understanding of their importance in the lives of their children
• Gain new skills and insights to parent their children effectively, as measured through pre-post tests of skills and knowledge, direct observation, and participating in the progress assessment process;
• Address barriers to family involvement such as substance abuse, conflicts with children’s mothers, and child support arrears, as measured via the progress assessment process and collateral reports from referral agencies;
• Take tangible steps toward the long term goal of stable employment by becoming employed and/or involved soft skills or customized training toward employment;
• Increase their involvement with their families – financial and relational, as measured by child support data and verifiable reports of family members and caseworkers.
• Become involved in permanency planning for their children.

Decreasing the Length of Time to Reunification and Adoption

The Department has continued to invest in implementing a new Reunification and Concurrent Planning Model. The action steps and corresponding benchmarks specific to this model included enlisting the assistance of a national resource center, developing a reunification/concurrent planning framework, revising current Departmental Rules, Procedures and Policies, and training DCFS and POS staff statewide. Due to the fact that various aspects of the roll-out of this model took longer to initiate than originally planned, the positive effects from implementation are more likely to be felt later into state FY 2009.

Two key components of the Department’s new reunification/concurrent planning model are frequent caseworker contacts and ongoing Child and Family Team Meetings. Critical contacts include those held between the caseworker and child in his/her placement, the caseworker and foster parent, and the caseworker and the birth parents. The other contact that is considered key to being able to return children home in a timely basis is consistent and frequent parent-child visitation. In addition, the Department believes that the increased use of Child and Family Team meetings is an essential element in being able to truly engage families in case planning. These two key case practice areas, caseworker contacts and Child and Family Team meetings, are part of another critical PIP initiative that was successfully implemented and is anticipated to positively impact timely reunification in Illinois - the enhancement of performance contracting strategies. Specifically, the Department moved away from using only strict permanency outcome measures as part of POS agency contracts towards the inclusion of more casework and evidence based practices. Beginning in FY06, DCFS Agency Performance Team (APT) staff began conducting quarterly reviews of cases assigned to POS agencies that were open 18 months or less and that had return home permanency goals, focusing on case contacts and child and family team meetings. DCFS Quality Assurance (QA) staff began conducting similar reviews of cases assigned to Department staff in mid-FY07. While the Department conducts many case record reviews as part of various on-going QA and Continuous Quality Improvement (CQI) activities, this particular APT performance contracting review process is unique for several reasons. First, the volume of cases being reviewed each quarter via this process is significantly larger than other types of more traditional QA reviews where perhaps a percentage or sample of cases is reviewed. In this review process, all cases (not a percentage) of cases open 18 months or less with a return home goal are reviewed each quarter, which translates into literally thousands of cases. Secondly, the period of case practice that is the focus in this review process is only on
the previous fiscal quarter, therefore, only *current practice* is being reviewed and each quarter therefore always represents a new period under review – this removes the duplication that is common with more traditional QA review processes. The Department hopes that this review process will not only have positive benefits with regards to performance contracting practices in Illinois, but that data from this process can be utilized as part of CQI efforts within the Department and POS sector and also assist in the evaluation of the implementation of the new reunification and concurrent planning model.
Illinois Department of Children and Family Services

FFY 2008 Annual Progress and Services Report
Chapter: 5
Caseworker Contacts with Children in Substitute Care

DCFS continues to develop and implement strategies aimed at improving Illinois’ compliance with regards to caseworker contacts with children placed in substitute care. In keeping with Federal reporting requirements, DCFS submitted compliance data in October 2007 that was derived from one of the Department’s newer performance-based contracting review processes. Taking into consideration now, however, that annual performance goals will have to be set through 2011, the Department is submitting data from its SACWIS system for this indicator moving forward. Data results, the methodology used in obtaining results and strategies planned to improve such results are as follows.

Methodology

The methodology used in generating caseworker/child contact from the Department’s SACWIS system is as follows:

Population: The Department used the total children in substitute care population, not a sample. All CYCIS placement child cases during the FFY were pulled into the report to create the base population. Cases included must have had the child in care for at least one full month. Also, if they were not in care the entire month of either their entry, or exit month, those months were not counted. Cases were not included if they were in the system with an open case, but they were listed as not in care. So, to be clear, the child must be listed as open and in the Department’s care. The counts were based on a month per month basis. If a child was in care, then home, then back in care, only the months the child was in our care were counted and included per ACF, including children on run, and children placed out of state and youth in college.

Total Count for Visits: Using the SACWIS Contact Notes, all visit/contacts recorded by the worker with the child were counted. Data was pulled from the family case and the child case, to ensure efforts were made to look in all places where the data may have been recorded. Duplicate months were not counted. So if there were two visits/contacts within a month, only one was counted for the report. For a visit/contact to be counted, the note must have been entered as a contact note. The visit/contact must have been entered as "in person" as the type of contact. The contact note had to have the child member selected as the participant seen. The contact type of "Visit-Child/Worker" must have also been selected, and the "attempt" checkbox was NOT checked.

For each month, we counted all the children that were in care for the full calendar month. We counted the contact/visit for each child in care. If the child had one or more contact notes for the month, only one contact was counted for that child.
Total Seen in Residence:

The Department then broke it down by resident notes, if they were seen in the home of the residence. For a residence to be counted, the worker must have selected one of the following residence location types from the contact note: Substitute Caregiver Home, Parent Guardian Home, Treatment Care Facility, Residence Other than listed. The same criteria was used to count residence.

Percentage Calculation:

Once the total counts per month and per year had been obtained, in order to get percentages, the Department applied the calculation provided by ACF (Total number of visits/contacts divided by the total number of children served and multiplied by 100).

Results

FY08 results based on case contact entries by casework staff into the state’s SACWIS system are well below the 90% performance goal and are not considered to be a true representation of the state’s compliance with regards to this measure. The Department has several other monitoring methods that address this practice area, including its performance-based contracting review (APT) process, CQI peer review process, Regional PIP peer review data and finally its Outcome Enhancement Review (OER) process. Using any of these alternative review processes suggests the state’s compliance is considerably higher than data from the SACWIS system indicates. Still, the Department is committed to moving the entire Illinois child welfare workforce in a direction that ensures all staff are accurately entering their case contact notes into and fully utilizing the SACWIS system. This is why this report will be submitted as its “official” data, only SACWIS generated data in this and continued reports to the Federal government.

FY07 SACWIS caseworker/child in-person contact data reflected only 6.69% of the approximately 16,000 children that were in care at the time. Of those that were documented as having been seen in-person monthly in FY07, however, nearly 80% (79.4%) appeared to have been seen by their caseworker in their substitute care placement.

Preliminary FY08 data (10/1/07-4/30/08) suggests little change in performance using SACWIS data with only 6.5% of children in substitute care having been documented as having had monthly contact with their caseworker, with 73% of those contacts being documented as having been seen in their placements.

Strategies for improving the state’s performance in this critical practice area will be discussed later in this chapter. The following chart demonstrates, however, that the Department can assume its performance is considerably better when utilizing other review types and methodologies.
### Monthly Caseworker/Child In-Person Contact Data – FY07 and FY08 (to date)

<table>
<thead>
<tr>
<th>Tier/Level</th>
<th>Review Type</th>
<th>Review Logistics</th>
<th>FY07 Monthly</th>
<th>FY08 Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SACWIS</td>
<td>Annual data is generated directly off SACWIS system. Relies on case entries being recorded correctly into SACWIS system. Not based on case record reviews. All cases of children in care included (approximately 16,000)</td>
<td>6.69%</td>
<td>6.55%</td>
</tr>
<tr>
<td>2</td>
<td>APT Performance Contracting</td>
<td>Data is based on quarterly case file reviews conducted by DCFS QA/APT staff. Only children in care 18months or less and with return home goals reviewed (approximately 8000 annually)</td>
<td>60.9%</td>
<td>47.9%</td>
</tr>
<tr>
<td>3</td>
<td>DCFS Peer Review</td>
<td>Data is based on quarterly internal case record reviews conducted by DCFS caseworker/supervisory staff on open foster care cases. (approximately 450 annually)</td>
<td>73.8%</td>
<td>78.1%</td>
</tr>
<tr>
<td>4</td>
<td>OER</td>
<td>Data is based on case record reviews along with stakeholder interview input. Two quarterly OER’s were conducted in FY08 (approximately 150 cases total)</td>
<td>-</td>
<td>86-90%</td>
</tr>
</tbody>
</table>

The above table is intended to demonstrate the various methods the Department has available to measure monthly caseworker/child in-person contact. The table displays 4 different types of caseworker/child contact data in a tiered fashion, with each tier or level believed to have greater validity or being more representative of actual Illinois performance.

Tier/Level 1 reflects the data that is generated directly off the state’s SACWIS system and reflects the difficulties that child welfare staff have had in making the transition from a hard copy case entry process to an automated process. This data is not derived by any type of QA review process. Data is pulled directly off the system. All substitute child care cases are included. If a caseworker has not entered their case contact information in the exact manner required by the SACWIS system, their contacts will not be reflected as having occurred when data reports are run. Discussions within the Department’s CQI committee meetings as well as Regional PIP workgroups which include both DCFS and POS staff, support the fact that caseworkers do not currently have a firm understanding of how to enter their case contact correctly into the SACWIS system.

Tier/Level 2 reflects data that is generated via the Department’s APT performance-based contracting review process. This review process is conducted by APT staff on private agency managed cases and by Department QA staff on DCFS managed cases each quarter and focuses only on newer substitute care cases (18 months in care or less) and those with return home goals. The review parameters were initially developed in response to the Illinois PIP and its lackluster performance with regards to reunification. Approximately 2,000 child cases are reviewed each quarter or approximately 8,000 annually. Case entry notes are reviewed by Department APT and QA staff off the SACWIS system. However, what makes this process different than the Tier/Level 1 data is that reviewers actually go into the SACWIS system and open and then read...
each and every case entry note for the particular quarter being reviewed. In doing so, reviewers are able to give staff credit for their case contacts, even when they are not entered into the SACWIS system with absolute accuracy. The compliance rate based on this review process is considerably higher than when data is pulled (not reviewed) directly off the SACWIS system. The drop in performance from FY07 to FY08 is believed to be largely the result of this review process having been moved from being a hard copy case file to an on-line (SACWIS) process.

Tier/Level 3 displays another way in which caseworker/child data can be analyzed. The DCFS peer review process is a hard copy review process. Even though staff are expected to enter their case contacts into SACWIS, they are also expected to print off their case notes and place them in the hard copy file which is then reviewed as part of peer review. The number of substitute care cases reviewed annually is relatively small (approximately 450 each year statewide). However, because data accounts for (includes) data from hard copy case entry notes, it is considered more representative of true casework practice in the field, especially when one considers the clear caseworker SACWIS usage issues Illinois presently faces. It is worth noting that peer review data from private agencies as part of the Regional PIP workgroups is relatively comparable to the performance within the DCFS peer review process.

Tier/Level 4 is considered the most accurate and representative of what one could consider to be true case practice in the field in this area. This is because like the peer review process, the OER considers hard copy and SACWIS generated case contact notes but then also includes feedback obtained via case specific stakeholder interviews with the child, foster parent, birth parent, etc. In fact, when interviews are factored in, the data suggests that Illinois is performing at or close to the 90% federal benchmark.

**Annual Performance Goals and Strategies Moving Forward**

Based on the SACWIS generated results for caseworker/child contact as well as the various problems already discussed with regards to caseworker staff and SACWIS understanding and usage, several strategies are in the process of being implemented during FY09. The Department also needs to carefully consider its annual performance goals regarding this indicator which are as follows:

- 10/1/08: 10%
- 10/1/09: 35%
- 10/1/10: 70%
- 10/1/11: 90%

Plans are currently underway to implement the following strategies for FY09 in order to start improving performance:

1. Data clean-up: DCFS QA, APT, and Field Operations will be working with Department and private agency staff through September 2008 to ensure that any case contacts not already entered into the SACWIS system get entered by 9/30/08 in time for the next annual report to be run. Staff will also be advised to look at all their in-person child
contacts that have been entered into SACWIS already to ensure the information was entered correctly and into the correct SACWIS file.

2. Training and Technical Support: SACWIS and Training staff are currently collaborating in order to deliver web-based training to all caseworker/supervisory staff on how to accurately and completely enter their case contact information into the SACWIS system. An Information Transmittal explaining the Department’s strategy and overall support for improving its performance in this area is in the process of being improved. Finally, DCFS APT and QA staff will continue to conduct quarterly reviews in order to measure performance.
The safety infrastructures, systems, policies, practices, and outcomes of the Department are consistent with the program purpose of child welfare services defined and described by the ACF:

“The new program purpose is to: protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.”

In accordance with Title IV-B of the Social Security Act and the Adoption and Safe Families Act of 1997, the Department’s paramount concern is always for the health and safety of the children in making service, placement, and permanency planning decisions. For DCFS, child safety is the paramount goal from the initial call to the hotline until the day a case is closed. Partnerships with law enforcement, through Child Advocacy Centers, have helped ensure child safety. Timely and accurate investigations, with immediate connections to services, have also been instrumental in this regard.

Protecting children from abuse or neglect is the Department’s primary concern. The Department, along with the private child welfare agencies, has organized its staff and resources to provide an array of services that ensure a strong system of safety exists for Illinois’ children. Cooperative activities to improve child abuse/neglect investigations, early intervention services and follow-up services for the purpose of increasing children’s safety continue. Service planning and delivery is critical to assuring that families and foster families are safe and secure places for abused and neglected children.

In November of 2003, the Department created the Child Location and Support Unit. The Unit employs a computer tracking system, which greatly speeds worker and law enforcement access to vital information about a missing ward. The DCFS missing children database provides detailed background information about all missing wards, regardless of whether they are served by DCFS or a private agency. The database has been enhanced to provide instant access to photos of missing children. The system links to the Department of Healthcare and Family Services databases that can provide medical information, including names of a missing ward's medical providers. Additionally, a new 24-hour runaway help line is a key component to this model system. The Department continues to partner with the National Center for Missing and Exploited Children (NCMEC) to provide training for staff to prepare them to swiftly investigate reports involving missing and abducted children.
**Instant Access to Fingerprints and Photos**

Accurate Biometrics provides fingerprinting and photographing services to DCFS wards throughout Illinois. They provide this service using select DCFS office locations, private agency sites and Accurate Biometrics offices throughout the State. The Child Location and Support Unit mails two copies of the fingerprints and photos to the assigned case worker.

To be fingerprinted and photographed, the following information about the DCFS Ward must be provided to the fingerprint technician:

- The Ward's Medical Card;
- Current information on the child's height and weight; and
- Information on distinguishing marks on the child (scars/tattoos).

**Improving the Quality of Safety Casework**

For the first time in nearly 11 years the agency has made a significant investment in revising the Child Endangerment and Risk Assessment Protocol, a key tool for assessing child safety. In addition, the revision of criminal background protocol will improve information and coordination among the State Police, the Office of Inspector General and the Department.

In FY07 and FY08, the Department instituted several new policy guidelines relative to improving case management function. These guidelines are discussed in detail in the *CAPTA Basic State Grant Activities Report for FY08*.

A Safety Workgroup was established as a result of the need to develop solutions and enhancements to clarify critical issues that had been identified by an outside review committee. This workgroup reflected management levels of DCFS staff representing investigations, intact family services, placement services, quality assurance, legal, training and policy. The workgroup continues to meet and develop the implementation of safety enhancements to all levels of staff within the agency. It is expected to be a multi-year implementation that will include skill building, training, evaluation and monitoring of Illinois’ safety assessment process. A full description of the Safety Intervention Workgroup activities can be found by referencing the *CAPTA Basic State Grant Activities Report for FY08*.

**A Better Trained Workforce**

The Department can assure safety and quality of child welfare services by constantly upgrading the training made available to private agency and DCFS child protection investigators, child welfare caseworkers, supervisors, foster caregivers and adoptive parents. There has been a significant initiative to assure that training is made available to direct service staff and caregivers. Through major revisions in the training protocol the Department has invested significant effort in improving the management knowledge base for all supervisors in the Departments direct care system.

- Effective 2/28/08, the Foundation “Core” pre-service training course for new child welfare caseworkers has been updated with a new blended learning training model that includes a nine consecutive week course of classroom, on-line and field-based training.
  Curriculum and instructional updates reflect DCFS program improvement initiatives that
include (but are not limited to) child trauma-informed casework practice, family reunification, screening for alcohol and other drug abuse, strengthening families early intervention and prevention program, diligent search, employee and workplace safety, domestic violence screening, subsidized guardianship, client case record, documentation, and SACWIS.

- Effective 6/4/08, the Foundation “Core” pre-service training for new child protection investigation specialists has been revised and updated, with a new blended learning training model that includes a nine consecutive week course of classroom, on-line and field-based training. This new blended learning model updates course content on safety and risk assessment in cases of physical injuries (e.g. cuts, welts bruises), screening for mental health, screening for alcohol and other drugs, screening for domestic violence, case record keeping and documentation, and scene investigation.

- Effective July 1, 2007, the Foundation “Core” pre-service training course for new DCFS and private agency managers and supervisors was implemented. The course is a blended learning training model that includes a nine consecutive week course of classroom, on-line, and field-based training. This course will continue to be offered through FY’09 to enable all veteran DCFS and private agency program managers and supervisory staff to be trained in child welfare management and supervision. The course content includes a module on casework supervision that is specific to child protection and child welfare supervisory staff, but to which other program managers may also complete.

- Effective 4/30/08, the Department completed an in-service training program on family reunification for all DCFS and private agency caseworkers and casework supervisory staff. Approximately 3,300 veteran staff completed this re-training workshop in support of Department goals to increase the number and percentage of children who are reunified with their family within 12 months of placement. Effective 6/1/08, the Department will implement statewide in-service training for foster caregivers on their role in supporting family reunification.

- Effective 4/30/08, the Department completed an in-service training program on child trauma-informed casework practice for all veteran DCFS and private agency casework and casework supervisory staff. Approximately 4,100 veteran staff completed this in-service training program in support of Department goals of screening and referring children for treatment that have been traumatized as a result of maltreatment or other adverse childhood experiences. Effective July 1, 2008, the Department will implement statewide in-service training for foster caregivers on their role in helping children who have experienced trauma.

- Effective September 30, 2007, the Department implemented a series of in-service training courses for staff, foster caregivers and adoptive parents that are taken on-line through the new web-based Virtual Training Center (VTC, located at www.dcfstraining.org). Using a personal account in the VTC, staff, foster caregivers, and adoptive parents may enroll in and complete a number of on-line training courses. These include Mandated Reporter (Reporting Child Abuse or Neglect), Early Childhood Intervention, Burgos Compliance,
Working with Individuals that are Deaf or Hard of Hearing, Child and Family Teams for Caseworkers and Casework Supervisors, Child and Family Teams for Foster Caregivers, Using Genograms and Ecomaps in Casework, Subsidized Guardianship, Guardianship and Advocacy, New Employee Orientation, Working with Children with Sexual Behavior Problems, and Employee and Workplace Safety. These courses are awarded credit for veteran staff, and are part of the pre-service training requirements for new clerical, casework, and supervisory staff. Foster caregivers and adoptive parents may enroll in and complete any one of these courses for in-service credit.

- Effective December 3, 2007, the Department implemented on-line training tutorials for all staff on use of one or more computer software programs. These self-paced, self-instructional tutorials are branded as “How Tools”, to show staff how to use a specific computer software program. They are published for access on both the DCFS Intranet (D-Net) and Internet. They include how to use personal computer software such as How to use the DCFS e-mail program, How to add a network printer to a personal computer, how to use the Diligent Search Service Center, How to Use the on-line Unusual Incident Reporting system, and How to use the Administrative Case Review on-line system.

- Effective January 7, 2008, in cooperation with Governor’s State University, the Department implemented use of Computer-based training CD’s for training caseworkers, supervisors and foster caregivers and adoptive parents on Nine Digital PRIDE training modules. Each module requires access and use of personal computer with a CD or DVD drive, and is offered to foster caregivers and adoptive parents as an alternative to classroom training courses on the same subject matter. In-service credit is given for completion of each module for which a foster caregiver or adoptive parent may enroll.

- The Department will also implement in FY’09 an on-line leadership function for all managerial and supervisory staff within the Department’s Virtual Training Center (VTC). By use of a personal training account, all managerial and supervisory staff will be able to access specific training and professional development information and training courses through this new leadership link on the VTC. This leadership function will enable managerial and supervisory staff to track employee training information, create professional development plans, and access and view staff information for all clerical and professional staff that they supervise. The Department will also be able to publish on-line training information and bulletins to this leadership page on each manager’s personal account, providing a standard uniform means to communicate new training program requirements, policy requirements, and related information.

**Rules, Policies and Procedures**

The Department regularly communicates changes in policy and improvements in practice, including those based on DCFS Inspector General’s investigations and the Child Death Review Teams’ recommendations.

**Safe Placements**

Licensing standards for foster homes require a background check that includes the National Crime Information Databases and the state central registries for any other states the prospective
foster parent lived in during the past five years. The Department’s placement clearance procedures ensure safe, nurturing homes for children in its care by requiring workers to obtain placement clearance authorization from a centralized office, the Placement Clearance Desk, when placing a child in a licensed foster home or in a relative home. The Placement Clearance Desk will not authorize placement if the home would exceed its license capacity and requires criminal and child abuse/neglect background checks on all members of the household 13 years or older. Background checks are also conducted for youth 13 years old or older who are being placed in the home. Respite and pre-placement visits are included in these requirements. Placement Clearance Procedures also allow the Director to place a hold on admissions to the home for up to 60 days without notification to the caregiver.

**Medically Complex Children Policy and Procedure**

Medically complex children have extraordinary healthcare needs as a result of respiratory disorders, diabetes, cerebral palsy, organ failure, paralysis or other severe health conditions or disorders. They are at risk of permanent damage, significant suffering, or even death when appropriate medical interventions are not implemented in accordance with the child’s medical care plan. Procedures for medically complex children are intended to address their extraordinary needs by:

- Identifying medically complex children, understanding their needs and the responsibilities required of parents or caregivers;
- Collecting medical information and records;
- Having DCFS nurses assess the parent or caregiver’s ability to care for the child and the safety of the home;
- Consulting with healthcare providers and reviewing medical care plans;
- Monitoring compliance with scheduled health appointments;
- Requiring the use of advance life support vehicles to transport medically complex children who are ventilator dependent; and
- Visiting weekly for the first 45 days when the child is returned home.

**Water Safety**

Licensed day cares homes are required to have a fence or a barrier around pools, ponds, fountains or other water hazards. This requirement is extended to all licensed childcare facilities. In response to a recommendation from the Child Death Review Teams Executive Council, DCFS promotes the statewide public awareness campaign on child drowning, *Get Water Wise – Supervise*. The posters and brochures have been written in both English and Spanish. The campaign carries a powerful message to parents and caregivers about the importance of adult supervision at all times when children are in and around water.

**Curfew Violations**

The same behaviors that cause youth to violate established curfews are ones that may also cause them to become crime victims. The Department has procedures to address curfew violations, including the development of an action plan to monitor the youth’s compliance with curfew regulations.

**Administration of Medication**
The Department’s previous rules addressed only the administration of psychotropic medications. Policies have been amended to establish requirements for the administration of all medications, require notification of adverse medication reactions, require caregivers to maintain tracking logs and report any missed doses of medications, and provide instructions regarding medications when a child travels or changes living arrangements. The revised policies address the administration of medication in foster homes, group homes, childcare facilities, independent living and the self-selected placements of older youth.

**Rule 402 Licensing Standards for Foster Family Homes**

The Adam Walsh Child Protection and Safety Act of 2006, signed into law on July 27, 2006, requires each state to institute new and revised procedures for criminal background checks and child abuse and neglect registry checks of prospective foster and adoptive parents and their adult household members. These procedures require each state to:

1. Effective immediately, the Department and POS licensing units shall obtain and assess the following information before issuing a foster or adoptive home license in order to determine whether a child may be safely placed in the prospective licensee's home:
   
   2. Results of a fingerprint search of the Illinois State Police and the Federal Bureau of Identification for all prospective foster or adoptive parents and adult members of the household age 17 or older;
   
   3. Results of the Illinois Child Abuse And Neglect Registry and those of other states in which the prospective foster or adoptive parents and members of the household age 13 or older have resided in the last five years;
   
   4. Results of the Illinois Sex Offender Registry for all prospective foster or adoptive home applicants and members of the household age 13 and above; and
   
   5. Results of a fingerprint-based check of the National Crime Information Database (NCID).

A license shall not be issued when an applicant or other adult household member has been convicted of committing child abuse or neglect; spousal abuse; any crime against children (including child pornography); any violent crime including rape, sexual assault, or homicide; or physical assault, battery or a drug-related offense in the last five years.

**Revised Procedures 302, Section 302.240, Reports Involving Sexually Aggressive Wards**

The purpose of this Policy Transmittal is to issue revised Procedures 302.240 Reports Involving Wards with Sexual Behavior Problems. Procedures 302.240 are being revised to establish procedures that are clinically-based, individualized and developmentally appropriate for children or youth who have sexual behavior problems and to develop interventions that promote well-being by building on the child or youth’s strengths and take into account the social, emotional, developmental and environmental needs of each.

**Rule and Procedures 315, Permanency Planning Caseworker Contacts**
The purpose of this Policy Transmittal is to issue revisions to Procedures Section 315.110, Worker Contacts and Interventions, regarding the frequency of a worker's contacts with children placed in out-of-state residential facilities. Changes in Title IV-E regulations now require caseworkers to visit children who are placed out of state in a foster or relative home or in a residential facility every six months, instead of every twelve months.

 Amendments to Administrative Procedures #16, Staff Safety
This Policy Transmittal issues amendments to Administrative Procedures #16 to address the spread of communicable diseases, and precautions DCFS staff should take to avoid contracting and spreading such diseases. The Statewide Quality Council identified a need for additional guidance for staff regarding communicable diseases. In addition, new standards issued by the Council on Accreditation require policy regarding exposure to communicable diseases and require staff knowledge of Universal Precautions.

 Procedures 401 Licensing Standards for Child Welfare Agencies
Disclosures - Section 401.510 contains guidelines and procedures for monitoring adoption agency’s disclosure policies as required by law. Appendix B and C contain information that the adoption agency must provide to each birth and adoptive parent prior to signing any contract. These documents CFS 435-A, Birth Parents’ Rights and Responsibilities Related to Adoption In Illinois and CFS 435-B, Adoptive Parents’ Rights and Responsibilities in Illinois have to be read through, out aloud in their entirety, with the birth and adoptive parents and provided to them in writing in their preferred language. Each page must be initialed by the adoptive parent and witnessed by the agency staff.

   • The information in these documents is an overview of the rights of birth parents and adoptive parents and does not cover all situations or facets of the law pertaining to adoption in Illinois.

   • These documents are to be utilized in all agency-assisted adoptions in Illinois, except in cases in which there is a pending Juvenile Court case relating to the child being placed for adoption.

   • Training - Section 401.520 clarifies the guidelines for providing the 6 clock hours of training to adoptive parents and a minimum of 4 additional hours training when the child has special needs. Adoptive parent training curricula must be approved by the Department’s Office of Training and each agency must submit a CFS 574-2, Adoptive Parent Curriculum Reporting Form on or before December 1, 2007, a curriculum outline, and a summary of the curriculum content and resources for each training, to the Department’s Office and Development of Training.

This purpose of this Information Transmittal is to issue the CFS 1016, Special Immigrant Juvenile Referral Form, to ensure that DCFS and POS caseworkers identify any child who is an immigrant to the Department’s Immigration Services Unit.

 Rule 406 Licensing Standards for Day Care Homes
Rule 408 Licensing Standards for Group Day Care Home
(Both at 2nd Notice with JCAR)
The proposed amendments provide that:

1. Carbon monoxide detectors are to be installed in day care homes and group day care homes as mandated by law [PA 094-0741].
2. Infants should sleep only on their backs unless prescribed otherwise by a doctor as recommended by the American Academy of Pediatrics.
3. Swimming pools, ponds and other safety hazards near outdoor play areas must be fenced or otherwise enclosed to protect children from drowning or other accidents.
4. The Department may extend the period for renewing a license for 30 days, and may extend it again ‘with good cause’ for a second 30 day period. The day care home license remains in effect during such an extension.

**Licensing Standards for Day Care Homes and Group Day Care Homes**
Licensed day care homes may provide care for up to 12 children on a daily basis. Safety changes in licensing requirements require the provider to maintain a daily list of children present and enable the local fire prevention authorities to inspect day care homes.

**Licensing Standards for Youth Transitional Housing Programs**
Although Youth Transitional Housing Programs (YTHP) do not serve those for whom the Department has placement and care responsibility, standards exist to provide services and shelter to homeless minors. YTHP are intended to keep youth safe, decrease juvenile crime and prevent youth from becoming crime victims. Youth served in these transitional facilities must be between the ages of 16 and 18 and partially emancipated.

**Licensing Enforcement**
The Department has authority to immediately rescind an agency’s or facility’s license if violations are found that jeopardize the health, safety or well being of children or youth.

**Protecting Children from Abuse and Neglect: The Department Record**
Illinois abuse and neglect rates continue to decline. The percent of indicated child abuse/neglect reports that resulted in a foster care placement has declined from 21.4% in FY 2000 to 15.5% in FY 2007 and to an estimated level of 15% in FY 2009.

Repeat abuse and neglect while in substitute care has remained steady. The statewide percentage of all children in care with no indicated/substantiated maltreatment from a foster parent or facility staff member remained relatively unchanged at 99.48% in FY 2007 and 99.51% in FY 2008.

From FY 2000 to FY 2008, the percentage of children entering care who came from Intact Families has averaged about 25% of all entries into care.

**Key Child Protection Indicators**
The following five indicators identify important trends in promoting the safety of children:

- In FY 2007, Child Abuse Hotline staff responded to 258,563 calls involving possible abuse or neglect, a 0.4% increase from the 257,481 calls in FY 2006.
- Hotline calls in FY 2007 resulted in 67,775 family reports, an increase of .02% from the previous year total of 66,929.
- FY 2007 reports resulted in 4,386 children taken into protective custody, a decrease of 8.7%, or 418 children, compared to 4,804 taken into protective custody in FY 2006.
- There were 16,890 indicated family reports during FY 2007, an increase of .07% from the 15,792 indicated family reports during FY 2006.
- There were 28,438 indicated child victims during FY 2007 compared to the 26,495 indicated child victims in FY 2006, an increase of 1,943 or .08%.

**Serving Children Safely: Program Highlights**

Child safety permeates every aspect of service delivery within the Department of Children and Family Services. Recent improvements have targeted better decision-making during investigations, addressed staffing concerns for investigators and workers serving families in the home and provided a rich mix of services to support families encountering difficulties. Specifically, these improvements meant crafting, testing and implementing new service models for investigating abuse and neglect cases and the assessment of future risk. The Department has displayed its commitment to supporting at-risk families by targeting funding for family preservation and intact family programs that are designed to permit children to remain safely in the home. Work with at-risk families is also supported through the federally funded Title IV-B, Part 2 program, along with other federal grants, which are part of the protective service and family maintenance systems. As the age and the geography of the children served by the Department changes, the agency continues to shift resources and look for providers of services in regions of the state where growth in numbers is increasing.

**Children’s Advocacy Centers**

The percentage of indicated child abuse/neglect reports involving sexual abuse dropped to 9.7% in FY 2007. There were 31,484 indicated cases of harm of which 3,067 were for allegations of sexual abuse. Children’s Advocacy Centers are supported to meet the special needs of this population. These Centers are county-based programs established to coordinate the activities of various agencies (particularly DCFS, law enforcement, and States Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases.

**Working to Assure Child Safety**

The success of an investigative and child protection system in Illinois depends on a strong system of screening reports, effective use of investigative tools, and a properly assessed “front end” service delivery. The constant departmental strive for change has resulted in an improved safety record for the Illinois child welfare system.

The Department has invested significant time and resources in developing the best approaches in child protection practice to ensure child safety. As part of these efforts, child protection managers adhere to established policy and practice that redefines each allegation of child abuse/neglect. The new definitions provide detail as to what constitutes a comprehensive
investigation for each particular allegation, specifically, what medical input needed; the role, if any, of law enforcement; the collateral contacts that must be interviewed; and the documentation necessary to “indicate” the investigation.

The Department is refining the Child Endangerment Risk Assessment Protocol (CERAP) system, whose use has resulted in more precise determinations regarding the safety of children, which has been followed by declines in foster care placements. While the use of CERAP supports greater use of intact family services, incidents of repeat abuse and neglect declined, demonstrating that more precise and accurate screening of child risk, coupled with targeted interventions, reduce recidivism.

Finally, the Department continues to build on this record by investing resources in the “front end” of the service delivery system. Intact Family Services efforts will continue to have a significant impact in the number of new child cases placed into substitute care. Illinois expects to reduce the number of children removed from their homes. These remarkable gains will be secured while, at the same time, ensuring children are more safely served in the home. We believe our child safety protocol, enhanced LEADS and other background check systems will improve the safety of children in the state.

Since 1987, 38 Children's Advocacy Centers have been developed in Illinois. Five of 38 centers are in Cook County. Some centers are located throughout the state and serve multiple counties. The current system provides services to 82 out of Illinois' 102 counties. Most centers receive locally-based funding through appropriations of the county or townships. The Department, other state agencies, and national organizations supplement the local funding.

**Treatment of Alcoholism and Other Drug Abuse**

**Substance Affected Families**

Abuse of alcohol and other drugs are frequent accompaniments to incidents of child abuse or neglect. The Department’s intervention with substance-affected families (SAF) is a collaborative effort between DCFS and the Division of Alcohol and Substance Abuse (DASA). Major revisions were made in the Department’s policies and procedures describing intervention and services to substance affected families, establishing the following requirements:

- Child protection investigators must complete a substance abuse screen for all adults in a household when child abuse/neglect is reported. The screening instrument describes for workers physical signs and symptoms that may indicate substance abuse.

- Child protection and child welfare staff must refer parents or caregivers for assessment and treatment when indicated.

- Enrollment of preschool children that are members of an intact family in protective day care.
• Collaborative monitoring of progress by the DCFS and DASA staff, including weekly home visits.

• Urine and toxicology testing when clinically appropriate.

• The provision of education and treatment services to the individual’s children and other family members.

• Back up child care plans.

• Ongoing risk assessment, including for families who are making satisfactory progress in treatment.

• Completion of the AODA Recovery Matrix.

Program Innovation: Title IV-E Waiver Supporting Services
A successful Title IV-E waiver project in Illinois has been renewed by the Federal Department of Health and Human Services. This waiver allows the Department to test whether providing enhanced alcohol and other drug abuse services to substance affected families will improve child welfare and treatment performance, particularly increased safe, successful reunifications for families served by DCFS and partner agencies. The demonstration has expanded to Cook County, Madison and St. Clair counties.

The waiver incorporates two important programmatic components outlined below.

Juvenile Court Assessment Program (JCAP)
JCAP provides on site assessment and referral services at Cook County Juvenile Court. Juvenile Court personnel or child welfare staff can refer involved parents to JCAP for an assessment. Results of the assessment are shared with the parent and worker immediately at the conclusion of the assessment.

Treatment Support Services for Parents (Recovery Coaches)
The Treatment Support Services is administered by Treatment Alternatives for Safe Communities (Illinois TASC). Because of the research-based nature of the IV-E waiver project, eligibility for this program is determined on a random assignment basis through the JCAP program. The program provides a “Recovery Coach” for DCFS-involved parents to engage and support them throughout the treatment and recovery process. The overarching priority for the Recovery Coach is to connect with the substance-abusing parent early in the life of the case and stay engaged with the parent’s case throughout the treatment and recovery process.
The Department provides the services to address and alleviate the problems that lead to child maltreatment. The most damaging of these are alcohol and other drug abuse. Surveys indicate that at least one of the parents involved with DCFS have a presenting substance abuse problem in over 70% of the Department's child welfare cases.

Specific program efforts designed to meet the needs of substance abusing biological parents are as follows:

**DASA/DCFS Initiative**

One of our most notable efforts will continue to be the DCFS and DHS-Division of Alcohol and Other Drug Abuse (DHS-DASA) service effort. The DCFS and DHS-DASA collaboration that began in 1995 provides:

- Identification of Alcohol and Other Drug Abuse (AODA) issues by DCFS and private child welfare staff,
- Timely access to AODA assessment and treatment for DCFS involved families,
- Enhanced outreach and case management for families receiving AODA treatment, removal of barriers to treatment for families (e.g. childcare), and
- Improved information sharing between the two agencies.

Through the DASA/Child Welfare Integrated Services Program (formerly Project SAFE), DCFS staff works collaboratively with community-based Alcohol and Other Drug treatment providers to fund treatment services for individuals with active DCFS cases. Fifty-three treatment agencies in the Initiative are delivering services to DCFS-involved families at well over 100 treatment sites. Services include: substance abuse education; outreach efforts to bring clients into the treatment process; transportation for clients and/or their children to child care or to attend treatment; individual and family counseling, specialized women’s groups, skill building and self-help groups, parenting training and involvement with outreach worker services. Childcare in the DCFS/OASA Initiative program is funded by DCFS. Collaboration between DCFS and DHS with regard to this Initiative is ongoing.

**Substance Abuse Services to Intact Families**

The Intact Family services model provides an array of services to cases opened to the Department but remaining intact and without protective custody of the children. The comprehensive casework services include substance abuse treatment and child welfare services to families who have a drug exposed infants. The families selected to participate in this program will come to the attention of the Department following the birth of a substance exposed infant. This program is intended to assure the safety of children for whom no placement decision has been made by assisting the families to meet minimum parenting standards.

This program reflects another partnership between child welfare providers and providers of substance abuse services. The expectation is that shared case responsibility and improved communication around all aspects of a client’s life will support child safety, as well as recovery from drug addiction.
FACT Program
The Female Addicts & their Children in Treatment (FACT) Program is similar to the Intact Family/Recovery program, but is located in suburban Cook County. Family Support Teams provide comprehensive child welfare and AOD services to intact families. The FACT model addresses barriers to services and is responsive by meeting the clients need, following her through detox, treatment and two years of support programming, education and aftercare.

Programs that Assist Family Stability

Emergency Cash Assistance and Housing Locator Service
Families facing environmental issues (i.e. inadequate food, inadequate shelter, clothing, and environmental neglect) can access Emergency Cash Assistance and Housing Locator Services to ensure a child is not unnecessarily placed in care or prevented from returning home. The final decision to provide these services is made by a supervisor or regional manager using standard criteria. Any cash payments are coordinated with other cash programs to eliminate duplication.

Housing advocacy includes the housing locator service, which is provided through 16 private agencies. Providers locate housing, develop relationships with landlords, train parents to locate housing and negotiate with landlords, and advocate for entitlements and other assistance. As a valuable adjunct to this program, the Department of Housing and Urban Development (HUD) has made available Section 8 Housing Vouchers to permit payment for environmentally safe housing.

Family Centered Service Initiative
In FFY 2008, Illinois will spend approximately $17 million toward Promoting Safe and Stable Families (PSSF) activities. Approximately 30% of those services comprise Family Centered Services (FCS) within the LANs. Remaining services are facilitated through contracts with private providers for a variety of PSSF services, including family preservation services and an Illinois subtype: intact family services, Adoption Support Services (principally adoption preservation), and extended family services.

A one-hundred service provider network comprises the Family Centered Services Initiative (FCS), whose mission it is to develop, support, and maintain a coordinated and interconnected statewide web of child-centered, family-focused and community-based prevention-oriented services. These service providers are charged with improving outcomes for all at-risk children in their communities, including but not limited to: at-risk community youth, post-adoptive families, children and youth in state care, foster families and DCFS intact families. Through this initiative, the state is able to continue its successful efforts to transform the child welfare system (public as well as private components) into a child-centered, family-focused, community-based system that is integrated with local resources and is responsive to community needs. These
programs support families regardless of their legal relationship to the Department, and thereby strengthen both the families and the social fabric of the communities in which they reside.

**Family Preservation Services**

Family Preservation Services include services provided to intact families, families being reunified, and adoptive and subsidized guardianship families. They include crisis intervention, counseling, home-based services, family and individual risk assessment/risk monitoring, family and individual service assessment, service/treatment planning, casework and case management services, parenting training, day care services, partnered service linkage with public agencies (including the Department of Human Services, the Department of Healthcare and Family Services, school districts, public health and medical services), referral and linkage to continuing community services, and limited emergency cash assistance. These services are offered only when the child’s safety can be assured in the home. If the child’s safety is in question, the child is placed into a foster home or the home of a relative who can assure the child’s safety. Services are directed toward ensuring the child's development, safety and well being in his/her home, preventing placement, or reducing the time a child is away from the family.

**Extended Family Support Services**

Extended Family Support Services are provided for relatives caring for children whose biological parents are unable to care for them, but who exhibit no signs of abuse or neglect. These services stabilize families and deflect them from long-term involvement with the Department. If no abuse or neglect is detected during provision of these services, the Department does not remain involved with the family. The Department of Human Services reimburses the families for the costs associated with the relative children for whom they are caring at payment levels determined by the standards of the Temporary Aid for Need Families (TANF) program. The program is successful at enabling families to be stabilized without a long-term casework and monitoring relationship with the state. These services have been, and will continue to be, very successful at enabling children to remain together safely with caring relatives.

**Continuing Challenges for the Department to Improve Children’s Safety**

DCFS will always face constant challenges to ensure that we are providing appropriate services to families, protecting children in their home and preventing their removal. Our continued improvement in the implementation of a comprehensive risk and safety assessment will result in the delivery of services that are appropriate to ensure the child’s safety and reduce any risk of harm to them. As part of the priorities of the agency, an extension of these services will provide for the improved monitoring of children’s safety while they are in residential and group care facilities.

Safety Indicators and Measures of the Child and Family Services Plan (CFSP) Strategic Plan Objectives

The CFSP objectives from the DCFS Strategic Plan to guide the design and implementation of our infrastructure and system that promotes the safety of children.
• Respond to calls without “call-backs”
  The Department is now tracking this as part of the combined measure below.

• Minimize abandoned calls
  Performance with respect to call abandonment has dipped slightly. In SFY 2007, 96.2% of calls were handled prior to abandonment. At the end of April 2008, this figured stands at 95.4% of calls were handled without abandonment.

• Initiate investigations within 24 hours
  In SFY 2007, 99.5% of all reports were initiated within 24 hours. At the end of March 2008, 99.5% of reports were initiated within 24 hours. Even though we anticipate that our performance will continue to hold steady or be slightly higher through the remainder of this year, we are always striving for the 100% compliance.

• Complete investigations within 60 days
  During SFY 2007, 93.1% of investigations were completed within 60 days. At the end of March 2008, 93.8% of investigations were completed within 60 days.

• Minimize case openings for at-risk families needing only prevention services or emergency interventions
  In SFY07 96% of intact families served remained intact for at least 6 months. At the end of March 2008, 95.2% of intact families opened remained intact for at least 6 months.

• Percentage of all children in care with no indicated maltreatment from a foster parent or facility staff member
  Repeat abuse and neglect while in substitute care has remained steady. The statewide percentage of all children in care with no indicated/substantiated maltreatment from a foster parent or facility staff member remained relatively unchanged at 99.48% in FY 2007 and 99.5%FY 2008.

• Percentage of children who do not experience subsequent indicated/substantiated abuse/neglect from any perpetrator within six months of a prior indicated report
  Data collected for SFY 2007 indicated that 92.2% of children served by DCFS had not experienced subsequent abuse or neglect within 6 months of a prior report. This compares to 92.2% in the previous fiscal year. At the end of March 2008, 92.3% of children indicated for maltreatment did not experience a subsequent indicated maltreatment within 6 months of a prior indicated report.

• Implement use of SACWIS to document safety assessment statewide
  Please refer to the Information Services chapter.

• Partner With Community Resources for Education and Prevention of Child Abuse
  Please refer to the Collaboration chapter.
### Measures for Protective Services

<table>
<thead>
<tr>
<th>Units of Service</th>
<th>FY07 Actual</th>
<th>FY08 Estimated</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse/Neglect Hotline Calls</td>
<td>258,563</td>
<td>266,400</td>
<td>274,400</td>
<td>8,000</td>
<td>3.0%</td>
</tr>
<tr>
<td>Family Reports of Abuse or Neglect</td>
<td>67,775</td>
<td>70,862</td>
<td>71,890</td>
<td>1,028</td>
<td>1.5%</td>
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<tr>
<td>Child Reports of Abuse or Neglect</td>
<td>111,742</td>
<td>115,085</td>
<td>118,540</td>
<td>3,455</td>
<td>3.0%</td>
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<tr>
<td>Indicated Family Reports</td>
<td>16,934</td>
<td>17,772</td>
<td>17,973</td>
<td>201</td>
<td>1.1%</td>
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<tr>
<td>Indicated Child Victims</td>
<td>28,516</td>
<td>29,347</td>
<td>30,228</td>
<td>881</td>
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<tr>
<td>Intact Family Caseload</td>
<td>5,505</td>
<td>5,500</td>
<td>5,500</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Family Cases Closed</td>
<td>7,693</td>
<td>7,900</td>
<td>8,000</td>
<td>100</td>
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<td>Families receiving Emergency Cash Assist.</td>
<td>3,150</td>
<td>3,050</td>
<td>3,000</td>
<td>-50</td>
<td>-1.6%</td>
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<tr>
<td>Families receiving Housing Locator Services</td>
<td>936</td>
<td>1,100</td>
<td>1,050</td>
<td>-50</td>
<td>-4.5%</td>
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</table>

### Expenditures

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY07 Actual</th>
<th>FY08 Estimated Exp.</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Regions. (GRF)</td>
<td>70,757.5</td>
<td>80,021.2</td>
<td>81,557.3</td>
<td>1,536.1</td>
<td>1.9%</td>
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<tr>
<td>Children’s Advocacy Centers (GRF)</td>
<td>2,066.3</td>
<td>2,069.5</td>
<td>2,069.5</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Children’s Advocacy Centers (CSF)</td>
<td>1,505.4</td>
<td>1,505.4</td>
<td>1,505.4</td>
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<td>0.0%</td>
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<tr>
<td>Purchase of Children’s Services (CSF)</td>
<td>1,003.0</td>
<td>1,328.2</td>
<td>1,355.3</td>
<td>27.1</td>
<td>2.0%</td>
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<td>Child Death Review Committee (GRF)</td>
<td>103.5</td>
<td>120.0</td>
<td>120.0</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Cash Asst. &amp; Housing Locator Service (GRF)</td>
<td>1,304.5</td>
<td>1,342.0</td>
<td>1,432.0</td>
<td>90.0</td>
<td>6.7%</td>
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<td>Cash Asst. &amp; Housing Locator Service (CSF)</td>
<td>2,104.9</td>
<td>2,162.6</td>
<td>2,162.6</td>
<td>0</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Federal Child Protection Projects (FPF)</td>
<td>3,211.0</td>
<td>5,292.6</td>
<td>5,292.6</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Child Abuse Prevention (CAP)</td>
<td>8.2</td>
<td>600.0</td>
<td>600.0</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Protective/Family Maintenance. Day Care (GRF)</td>
<td>22,231.9</td>
<td>25,528.5</td>
<td>25,928.5</td>
<td>400.0</td>
<td>1.6%</td>
</tr>
<tr>
<td>Total</td>
<td>104,296.2</td>
<td>119,970.0</td>
<td>122,023.2</td>
<td>2,053.2</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY07 Actual</th>
<th>FY08 Estimated Exp.</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Centered Services Initiative (CSF)</td>
<td>16,063.1</td>
<td>16,549.7</td>
<td>16,999.7</td>
<td>450.0</td>
<td>2.7%</td>
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<tr>
<td>Family Preservation (CSF)</td>
<td>17,409.0</td>
<td>18,528.3</td>
<td>18,528.3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>33,472.1</td>
<td>35,078.0</td>
<td>35,528.0</td>
<td>450.0</td>
<td>1.3%</td>
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</tbody>
</table>
The U.S. Administration for Children and Families has provided the following description of the new program purpose of child welfare services since FFY 2007:

“The new program purpose is to: protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.” (See Section 421 of the Act.)

The permanency infrastructures, systems, policies, practices, systems and outcomes of the Department are consistent with the new program purpose of child welfare services defined and described by the ACF.

**Permanency Infrastructure and Systems of the Department That Facilitate and Promote Permanency**

Permanency is the realization of safety, stability, sense of belonging, and emotional security for the children, which are essential to the mastery of developmental tasks that lead to mature adulthood.

Illinois has defined "permanency" as a lifetime commitment to a child in a setting where he or she is safe, can have a sense of belonging and well-being, and can live healthily to adulthood. Ordinarily a child best accomplishes permanency when his or her safety can be assured while remaining at home or returning home. It is only after ruling out safe preservation of, or safe reunification with, the child's own family that other permanency options should be considered.

Many families in our society take permanency for granted. Most children grow up in safe, secure families and are never subjected to the trauma of abuse or the subsequent separation and loss experienced by children in the child welfare system.

The trauma of abuse and neglect coupled with the loss and separation issues experienced in out-of-home placement can impede a child's social, intellectual and emotional growth. Children who move from place to place and who may not know where they will live today, tomorrow or next year or on whom they can rely for emotional support cannot concentrate on the developmental
tasks they need to master to be successful. The lack of consistency, predictability and stability in their lives takes a tremendous toll on their everyday functioning and adjustment.

The pursuit of permanency for children serviced by the child welfare system is not new. Social work research and attachment theory clearly describe the harm that multiple moves can have on children. Nationally, the growing numbers of children in foster care and the increasing length of foster care stay has required child welfare professionals to examine the reasons that children languish in the foster care system. In Illinois, this examination has resulted in major changes to child welfare service delivery resulting in greater permanency, declining numbers of children in foster care, and a reduced length of stay. Court consent decrees, legislation, ongoing research and accreditation have helped shape these changes.

Permanency also has a legal component. Even in placements where children have achieved social and emotional permanency, it is important for legal closure to occur through returning home or finalizing adoption or guardianship. Transfer of legal authority from the child welfare system to the caregiver completes the permanency commitment. In many instances this represents the end of the intrusion of the state in the child and family's world.

Improving practice to better focus on permanency requires the uniform implementation of permanency principles and practices across all DCFS divisions and by all DCFS staff - intake, investigation and follow-up. Good permanency practice begins with the first contact made with a family and lasts throughout the life of the case.

All permanency efforts are founded on the following principles:

- Decision-making based on the child's sense of time and urgency
  
  Permanency decisions must be based on the child's sense of time and his or her urgent need for a stable, caring and permanent family.

- Respect for the family and valuing family connectedness regardless of the outcome of the case
  
  It is critical to maintain as much continuity as possible for the child with his/her parents, siblings and extended family.

- Ongoing, thorough and complete assessments of the child and family
  
  On an ongoing basis, assessment provides opportunities to develop an accurate prognosis of the family's ability to complete required tasks in the time available. Thus, continuous assessment is critical to decision-making throughout the life of a case.
When planning for permanency, the following additional principles apply:

- The health and safety of the child is paramount;
- Children should remain in their own homes whenever possible, provided their health and safety can be assured;
- Permanency planning begins at the time of first contact with a family; permanency, along with the child's safety, should remain a priority concern throughout DCFS involvement;
- Caseworkers effect positive change through use of self in the relationship with the client;
- Planning with families is most effective when a strengths-based approach is used; and
- Selection of the permanency goal and decision-making must be based on thorough assessments of the child and family.

To be effective and timely, permanency planning requires that three key decisions be addressed throughout the life of the case:

1. Has the family made sufficient change so that reunification can be safely accomplished? If required change has been shown, the decision is to proceed to reunification and the action is to accelerate all efforts and supports for reunification immediately.
2. If progress toward change is being made and the required benchmarks met, when can the child be reunited and what post reunification services are needed?
3. If sufficient progress toward reunification has not been made, how will the concurrent plan (alternative permanency goal and plan) be implemented?

The essential tool of permanency planning is the goal-focused plan itself. The individualized assessment helps the family understand their role in the child neglect or maltreatment and defines the specific behaviors and conditions that must be resolved before the child may return home.

- The open and inclusive planning process defines what needs to occur, clarifies roles and responsibilities, and identifies services.
- The frequent and regular review process provides the road signs to guide and direct the family.
- With a goal-focused plan tailored to the parents’ strengths and needs, clinical intervention and social services provide the means to reach the destination within a timeframe consistent with the child’s sense of time and in compliance with federal law.

Whether early reunification with willing and able parents, concurrent planning with families facing more difficult struggles, or expedited planning for the child-victim of egregious maltreatment, all assessment, planning and intervention activities focus on the goal of permanency for the child.
Goal-focused planning allows the caseworker to tailor planning strategies according to the needs of the child and family.

- Plan **sequentially** with families whose assessment indicated sufficient strength and willingness to achieve early reunification;
- Plan **concurrently** with families demonstrating chronic or critical issues, significantly limiting their ability or willingness to meet their child’s safety needs;
- Plan for **expedited termination** for the child-victim of egregious maltreatment defined under state and federal law

- Define the goal of permanency as joining the child with the family most appropriate to meet the child’s needs, now and over time.

- Balance safety with continued family membership, parental commitment, minimum parenting standards and cultural, racial and community association.
  - If the family is willing and able to achieve reunification within the child’s sense of time, the permanency goal is reunification.
  - If the family is unwilling or unable to participate in the work of reunification and fails to demonstrate reasonable progress, the permanency goal should not be reunification, but a life-long commitment and legal relationship with a permanency resource family.

DCFS is committed to the permanency provisions of PL 96-272, PL 105-89 (the Adoption and Safe Families Act of 1997), and other federal laws and regulations. Achieving permanency for its wards in substitute care is a key component of the Department’s mission. DCFS makes all reasonable efforts to prevent placement when a child can be kept safely at home. When placement is necessary, DCFS provides time-limited family reunification services or plans a new permanent living arrangement for the child. Children are brought into substitute care when their safety and well-being cannot be maintained within their birth families. Once children are in substitute care, the challenge faced by the Department and its private partners is to reestablish a permanent family environment for children as quickly as possible.

When each child has an individual permanency goal, the Department has focused increased attention on the three permanency options, reunification, adoption and guardianship. The three options are described below:

**Reunification**

Reunification is the preferred goal for every child coming into out-of-home care when it can be safely accomplished. Reunification means the planned process of reconnection of a child living in out-of-home care with his or her family, in a timeframe that meets the unique demands created by the child’s age, developmental stage and sense of time. Reunification may occur at any time the child’s primary parent and family members demonstrate the ability to manage their child’s
safety, attend to their child’s well-being, and reduce risk of harm in the family environment now and over time.

The need for out-of-home placement as the principal or sole safety intervention must be balanced against the trauma of removal, prolonged separation from the family with whom the child shares family membership, tradition and identity. The child's attachment to his/her family, even in the face of maltreatment, must be understood as an essential component of the child's emotional security. The purpose of casework intervention is to strengthen the family through frequent parent-child visitation and opportunities for meaningful parent-child involvement while the child is placed outside the home.

**Family Reunification Principles**

All reunification principal efforts are based on the following principles:

- The child’s health and safety is always paramount;
- The goal of family reunification services is to reunify families in a timely manner and, while children are in placement, to provide for their well-being and strengthen their connection to their family;
- Efforts to reunify families must take into account the child’s sense of time; and
- Family reunification is a dynamic process, based on the child and family’s changing needs.

As a form of preserving families, reunification encompasses:

- A belief that most families can care for their children if appropriately assisted; and
- An attitude that welcomes the involvement of any and all members of the child’s family, when the child’s safety can be assured. (Family is defined as any person or persons who are considered by the child and/or the family as family.)

Family reunification practice is guided by an approach that emphasizes the importance of improving the interaction between people and their community, promoting family empowerment and engaging in advocacy and social actions that enhance family functioning. This approach builds on the strengths and potential of parents and other family members.

**Concurrent Planning**

Concurrent planning, the process of working toward reunification while at the same time establishing an alternative plan, is the preferred approach for families demonstrating critical problems, chronic dysfunction, or unwillingness to change, modify or resolve the behaviors or conditions that placed their child at risk of harm. Concurrent planning allows the caseworker, the
child’s caregiver, and the family to work toward reunification, while at the same time establishing an alternative permanency plan with the appropriate permanency resource family. A family assessed for the concurrent path to permanency receives the full array of reunification services, including frequent visitation and shared parent involvement. The caseworker and the resource family work in cooperation to support the family’s efforts. However, a child of a family assessed for concurrent planning should be placed with a resource family willing to assist in the work of reunification while at the same time willing to commit to legal permanency should reunification not occur.

Adoption

When permanency cannot be safely achieved through reunification of children with birth or legal parents within a reasonable timeframe, permanency planning efforts should focus on adoption as the preferred alternative. The legal and emotional commitment potentially afforded by adoption generally makes it the child’s next best opportunity for permanency.

Adoption requires the termination of parental rights, either by parental surrender, or by ruling of the court. Subsidies are available for children age three and older, children with mental, emotional and physical disabilities, and sibling groups, when at least one of the siblings meets the above criteria.

Guardianship

Under guardianship, an individual or couple assumes legal responsibility for a child until the child is 18 (21 when need merits it; for example, if the youth has physical, mental or emotional disability) but parental rights may remain intact. Guardianship without subsidy had always been a permanency option for DCFS wards. However, in October 1996 the federal government granted Illinois a waiver to allow subsidized guardianship. Subsidies are identical to the adoption subsidy available for the same child. To be eligible, return home and adoption must be ruled out. The child must be 12 years or older, unless with a relative, and have been in state custody for one year or more and in the same foster or relative caregiver home for at least one year immediately prior to establishing subsidized guardianship. Siblings of eligible children are eligible for guardianship with the same family. Adoption remains the preferred permanency option when reunification is not possible, since it creates a lifelong relationship. As this is a demonstration project, children assigned to a cost-neutrality group (control group) are not eligible for guardianship status.
The Growth of Substitute Care in Illinois from 1990 to 1995 and Its Impact on Permanency; Improvements in Subsequent Years

In 1990, Illinois had 20,753 children in substitute care, which was a rate of seven children in care for every 1,000 children in the state’s child population. By December 1995, there were 49,156 children in substitute care, a substitute care rate of 17.2 per thousand children in the total state population, which was the highest in the nation. During the same time period, the national median rate of substitute care only increased from 4.8 to 6.3 per 1,000 (Statistics: Child Welfare League of America). The number of children that entered substitute care increased each year from SFY90 to SFY95 and peaked in SFY95. For example, the number of children who entered substitute care increased from 11,162 in SFY93, to 13,853 in SFY94, and to 15,254 in SFY95. Subsequent system improvements, discussed below, addressed and corrected this problem.

A number of factors contributed to the growth of the DCFS caseload. For example, a series of high profile abuse and neglect cases accentuated the growth of intake by creating a climate of fear among caseworkers and other professionals in the child welfare system. Another factor that contributed to this growth was the practice of bringing children into care when parents were absent, even if the child was living safely with relatives. Additionally, the decline in permanency achievement also explains why the caseload in Illinois grew so rapidly between 1990 and 1995. This growth in caseloads consumed human and financial resources that otherwise would have gone toward moving children to permanency. During this time, the permanency crisis was hidden because the raw number of children leaving the system increased slowly. However, the rate of permanency achievement fell significantly. In 1990, 35 percent of DCFS wards reached permanency. By 1995, the permanency rate dropped to 17 percent statewide, with Cook County wards moving to permanency at yearly rate of 8 percent. As a result, the average child in foster care stayed in care longer. In SFY97, downstate children remained in substitute care an average of 30 months and in Cook County, the average was 60 months – twice as long as any other major metropolitan area in the United States.

The growth in the substitute care population continued until SFY96 at which point the number of children who entered substitute care began to decline. The number of children who entered substitute care in SFY96 was 11,195, which subsequently declined to 8,949 in SFY97, to 7,405 in SFY98, to 6,685 in SFY99, and to 5,736 in SFY00. In FY 01 the number of children who entered substitute care further declined to 5,454, and in FY 02 to 4,956. In FY 03, 4,786 children entered substitute care and in FY 04 the number was 4,633. These declines were a result of a number of progressive service reform measures and federal and state legislation outlined below. Home of Relatives Reform (HMR) reform, implemented in 1995, ended the practice of bringing children into care who were safely living with relatives. Other changes at the “front end,” along with partnership with the juvenile courts have brought the intake of new foster cases under control. However, even at the peak of intake in 1995, Illinois placed children in substitute care at a rate comparable to the national median.
The DCFS Response to Permanency Crisis

The following table details the total number of children in foster care and relative placement at the end of each fiscal year from FY 96 onwards, compares it with the number of children in adopted/subsidized guardianship status, and thereby demonstrates the improvement in permanency rates. At the same time, the rate of reunification with biological families substantially improved.

<table>
<thead>
<tr>
<th>End of Fiscal Yr.</th>
<th>Paid Foster Care/ Relative Placements</th>
<th>Adoption/Guardianship Subsidies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>45,346</td>
<td>9,736</td>
</tr>
<tr>
<td>1997</td>
<td>46,489</td>
<td>11,539</td>
</tr>
<tr>
<td>1998</td>
<td>42,165</td>
<td>17,123</td>
</tr>
<tr>
<td>1999</td>
<td>34,164</td>
<td>25,645</td>
</tr>
<tr>
<td>2000</td>
<td>27,229</td>
<td>32,378</td>
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<td>2001</td>
<td>23,394</td>
<td>35,764</td>
</tr>
<tr>
<td>2002</td>
<td>20,336</td>
<td>38,599</td>
</tr>
<tr>
<td>2003</td>
<td>18,018</td>
<td>40,432</td>
</tr>
<tr>
<td>2004</td>
<td>16,686</td>
<td>40,872</td>
</tr>
<tr>
<td>2005</td>
<td>15,978</td>
<td>40,637</td>
</tr>
<tr>
<td>2006</td>
<td>15,154</td>
<td>39,919</td>
</tr>
<tr>
<td>2007</td>
<td>14,149</td>
<td>39,318</td>
</tr>
<tr>
<td>2008</td>
<td>14,041</td>
<td>38,675</td>
</tr>
</tbody>
</table>

The success of Illinois and its move from the “worst to first” state child welfare agency in the United States was a result of a comprehensive set of reforms and legislation including:

- In 1995, DCFS instituted Home of Relative reform, which required that a child be in imminent risk of abuse or neglect before they would be taken into care.

- DCFS developed and instituted the use of the Child Endangerment Risk Assessment Protocol (CERAP), which required a more careful assessment of risk factors and family problems and targeted service needs to allow children to remain safely in their home.
• In 1997, the Illinois General Assembly passed comprehensive legislation (Permanency Initiative), which among other things, eliminated long-term foster care as a permanency goal, reduced permanency planning timelines to one-year, and directed the Department to engage in concurrent planning to help achieve permanency at the earliest opportunity.

• The Courts also played a major role in supporting the objectives outlined in the Permanency Initiative by identifying and resolving barriers to permanency for children for whom reunification is not an option. Increased efficiency in termination of parental rights, in cases in which reunification had been ruled out, allowed more children become free for adoption.

In addition to adoption, shortened permanency timeframes meant opening up additional pathways to permanency. Over half of the children in the Illinois foster care system are placed with kin. Adoption may not always be the best option for relatives who indicate a desire to assume long-term responsibility for the children in their care. Acknowledging this reality, the Department applied for and received IV-E waiver authority to mirror its subsidized adoption program and extend subsidies to families who assume private guardianship for children who otherwise would have stayed in long-term foster care.

• In SFY98, the Department implemented Performance Based Contracting, which is a nationally recognized program and winner of the 2000 Harvard Innovations in American Government Award. Under this program, financial incentives were aligned with securing permanency for children.

Promoting Permanency

The move to greater numbers of foster children in permanent settings reflects a combination of strategies that include state and federal permanency legislation passed in 1997, performance contracting, subsidized guardianship and court reforms—particularly in Cook County. In FY00, the percent of children moved to adoptive settings reached an all-time high of 18.4 percent of the foster care population. This dramatic increase in the movement of children to adoption was recognized by the state’s receipt of the National Excellence in Adoptions award two years in a row. Not surprisingly, with the increase in adoptions and guardianships, the Department has also faced a substantial increase of requests from adoptive families for support services.

Addressing these issues along with the growing number of troubled children in foster care has become a challenge for the Department’s permanency planning process.
The Department’s Record – Securing Permanency for Children

During the period FY 1999 through the end of FY 2008, over 42,000 wards will have moved to permanent placements via adoption and guardianship. In FY 2008, the Department put a new emphasis on another aspect of permanency; reunification of children taken into “temporary” custody. In FY 2009 the agency will strive to exceed estimates that 2,001 will be reunited with members of their biological family.

Key Permanency Indicators

The following indicators identify the most important trends representing the Department’s performance in promoting permanency:

- The number of new adoptions and guardianships is expected to remain constant decreasing slightly from an estimated 2,011 in FY 08 to 2,006 children in FY 2009.

- The number of reunifications is expected to increase in FY 2009 to 2,001 children returned home from an estimated 1,948 children in FY 2008. These numbers reflect an increased rate at which children are returning home out of substitute care from 13.8% to 14.1%.
Adoption and Guardianship Preservation Services

The single largest challenge for the Department in the coming years is the changing nature of the children and families in the Adoption and Guardianship population. As the ward population in Department has aged so have the 39,000 children now in the Adoption and Guardianship population (38,675 or less by June 30, 2008). With a median age of 13.5 years for subsidy cases there has been increasing pressure for services never envisioned when the decision was made to make a large investment in a post adoption program.

To further enhance the progress and efforts made by the adoption preservation programs, the agency developed 2 additional types of programming supports for adoptive/guardianship families in FY08.

The first, titled the Adoption Preservation, Assessment and Linkage (APAL) Programs provide an outreach to adoptive and guardianship homes that have a 13 and or 16 year old in their home. The adolescent population has been targeted due to the often troubling challenges that parents face in these years and the fact that many youth in this age group are living with older caregivers whose own frailty may be increasing. The outreach effort includes an in-home assessment of how well post adoption services may have assisted the family in the past as well as determines what additional services and resources may be of assistance to them currently. These programs then make referrals to either community resources, the Department post adoption staff or to a series of other post adoption programs.

The second type of new post adoption supports are the Maintaining Adoption Connections programs that were developed to provide on-going stabilization services to families that may be referred by the APAL programs or by the Department post adoption staff. The MAC programs provide an additional range of services to post adoption/guardianship families from crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy.

This 2 tier program structure begun in Cook County in the fall of 2007, is expanding to the Central and Southern Regions of the state in 2008 and plans are underway to further develop and refine these supports in FY09.

The Department will also streamline the administrative systems that are now reaching a point where improvement in responsiveness to families needs is a new priority. Current Preservation Services provided by the Department represent intensive, clinically oriented support offered to children and legal families whose child is experiencing behavioral and emotional difficulties. Services provided consist of casework, planning, counseling and therapeutic interventions resulting from mental health problems. Adoption and Guardianship Preservation services are the most intensive in home services offered by the Department to preserve families at risk of dissolution. In FY 2009 initiatives and improvements will continue which were begun in FY 2008:
• Adoption and Guardianship preservation services to minimize the number of adoption disruptions
• Adjust services to recognize the preponderance of adolescents in the subsidized adoption and guardianship services
• Improve services to senior caregivers to assist in helping them deal with the dual issues of parenting and increasing frailty
• Streamline and improve administrative systems to be more responsive to adoptive family needs

Permanency Program Details:

Service Measures for Permanency

<table>
<thead>
<tr>
<th>Units of Service</th>
<th>FY07 Actual</th>
<th>FY08 Estimated</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunifications</td>
<td>1,985</td>
<td>1,948</td>
<td>2,001</td>
<td>53</td>
<td>2.7%</td>
</tr>
<tr>
<td>New Subsidized Adoption Cases</td>
<td>1,682</td>
<td>1,560</td>
<td>1,540</td>
<td>-20</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Total Subsidized Adoptions</td>
<td>33,354</td>
<td>33,000</td>
<td>32,628</td>
<td>-372</td>
<td>-1.1%</td>
</tr>
<tr>
<td>Families receiving Adopt/Guard. Pres. Services</td>
<td>1,111</td>
<td>1,150</td>
<td>1,175</td>
<td>25</td>
<td>2.2%</td>
</tr>
<tr>
<td>New Private Family Guardianship Cases</td>
<td>563</td>
<td>451</td>
<td>466</td>
<td>15</td>
<td>3.3%</td>
</tr>
<tr>
<td>Total Subsidized Guardianships</td>
<td>5,822</td>
<td>5,675</td>
<td>5,493</td>
<td>-182</td>
<td>-3.2%</td>
</tr>
</tbody>
</table>

Adoption and Guardianship

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY07 Actual</th>
<th>FY08 Est. Exp.</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption &amp; Guardianship (GRF)</td>
<td>175,967.2</td>
<td>202,384.1</td>
<td>199,584.1</td>
<td>2,800.0</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Adoption &amp; Guardianship (CSF)</td>
<td>101,571.4</td>
<td>75,854.8</td>
<td>75,854.8</td>
<td>0</td>
<td>-27.8%</td>
</tr>
<tr>
<td>Total</td>
<td>277,538.6</td>
<td>278,238.9</td>
<td>275,438.9</td>
<td>2,800.0</td>
<td>-0.1%</td>
</tr>
</tbody>
</table>
Permanency Indicators and Measures of the Child and Family Services Plan (CFSP Strategic Plan) Objectives

- **Place Siblings Together Whenever Possible**

  At the end of March 2008 the percentage of sibling groups placed all or partially together had risen to 81.8%. This compares to 81.1% at the end of March in FY07.

- **Ensure That Children Are in Permanent Homes Within 24-Months**

  At the end of March 2008, 53.9% of children were reunited with their families within 12 months of their removal. This compares with 51.0% of children reunited with their families within 12 months by the end of March FY07. The average time in care for all children returning home has decreased in the past fiscal year. The number of days between establishing a reunification goal and actual return home was 471.8 in March of FY08 as compared to 513 in March of FY07.

  At the end of March 2008 the percentage of children moving to finalized adoption within 24 months in FY08 was 14.5%. This compares to 12.2% at the same point in FY07. The average time in care for all children being adopted decreased in the past fiscal year. The number of days between establishing a goal of adoption and finalizing the adoption was 409.9 in March of FY 08 as compared to 446 days in March of FY07.

- **Foster Caregiver Support for Reunification**

  DCFS has developed two new programs to more fully involve foster caregivers in supporting the return home of the children in their care. These programs support the quality, frequency and continuity of family visitation and imbue it with a goal of increasing parental involvement with and responsibility for the well being of their children in foster care.

  The first program “Guided Caregiver Self-Assessment for Reunification Support” is a discussion and self-assessment tool to be administered by all foster care licensing staff, public and private, with the caregivers on their caseload. The completed assessment is used to identify caregivers prepared to work directly with parents and their children in the home of the parent or the foster home at least twice weekly. These caregivers are given priority for placement of children entering the child welfare system in their geographic area, optimizing the number of children and families receiving strong support for family reunification from day one.

  The second new reunification program is the Family Reunification Support Special Service Fee. The program provides financial reimbursement to caregivers for their efforts to support reunification. It is available to all caregivers for children with a return home goal and a parent who is available to work toward that goal. Caregivers involve
parents in the daily tasks of parenting their children in the home of the caregiver, the parent or a relative. Caseworker approval and guidance of the work is required before the fee begins. Parents must demonstrate progress toward return home for the fee to continue. A benchmark for progress is the achievement of unsupervised visits within 6 months. The goal of the program is return home within 12 months of the initiation of the Family Reunification Support Special Service Fee.

- **Decrease placement disruptions**

At the end of March 2008, 86.3% of children who had entered foster care in the previous 12 months had had no more than two placements. This compares to 85.9% of children who had entered foster care in the 12 months previous to March 2007.

The number of lateral foster care moves was on a steady decline for three quarters after March 2007, from 12.2% to 11.9% to 10.6% to 10.4%, but has increased markedly in the last reported quarter, ending March 31, 2008, to 16.2%. This number bears watching to determine if it is an aberration or an indication of a new problem area.

At the end of March 2008 93.6% of children had remained home for at least 12 months following discharge. This compares to 94.2% of children had remained home for at least 12 months following discharge from care at the end of March 2007.

The rate of unplanned residential discharges has also improved in the past year. At the end of March 2008 the rate of unplanned residential discharges was 44.9% This compares to a rate of 51.2% at the end of March 2007.

- **Utilize cash assistance programs and housing locator services for youth, as appropriate**

The Youth Housing Assistance Program was created to assist youth who are aging out of, or have aged out of, DCFS’ foster care system and who are under 21 years of age obtain or remain in adequate housing. The program provides housing advocacy services, cash assistance and a small housing subsidy to help youth remain stable in housing.

The housing advocacy services are provided by private agencies around the state that have a contract with DCFS to provide the following services:

- Educating clients on obtaining housing;
- Conducting a housing search;
- Educating clients on their rights and responsibilities as a tenant;
- Budget counseling;
- Crisis intervention services
- Advocacy to obtain entitlements
- Referrals for community services
- Follow-up services to ensure that the family is stable in their housing.
• **Preserve Family Relationships and Community Connections as Placement Decisions are Made**

As of May 16, 2008, 43.6% of children were placed in their home school district, 43.2% in the home LAN, and 46.2% were in their home community (defined as community area in Chicago and as county downstate). This compares to 45.9% of children placed in their home school district; 42.6% in the home LAN; and 46.1% in their home community at the end of March 2007.

• **Analyze placement stabilization, intensive therapeutic and other support services to improve their success in stabilizing placements**

The System of Care (SOC) program is designed to children in home of relative and traditional foster care placements who are at risk of placement disruption. The primary goal of the SOC program is to stabilize these foster care placements through the provision of home and community based services that are wrapped around the child's strengths.

Since the program's inception (FY03), the program has served approximately 11,000 children and has demonstrated success in three key areas: functional improvement and risk reduction, improved stability and a high level consumer satisfaction. Selected program findings include:

For FY'08, an average reduction of 1.53 in traumatic stress symptoms, 1.59 reduction in functioning challenges and a 2.36 increase in children's strengths.

For FY08, 95% of the children reported that SOC had helped them and 89% of the children reported that they were doing better after SOC intervention.

For FY08, 95% of the caregivers rated SOC as good or excellent and 93% of the respondents rated SOC's understanding of their child as good or excellent.

The FY08 caseworker survey is currently being analyzed but in FY07, 90% of the caseworkers rated the quality of the SOC services as good or excellent and 85% of them rated SOC's impact on the child's relationship in the home as good or excellent.

The FY08 stability data is still being analyzed, but the overall program performance shows an improvement in stability from 1.58 in the 30 days prior to SOC to .84 during the first 30 days of SOC and a decline to .59 for children who are enrolled in SOC for one year or more with an eventual reduction to .37 at 12 months post SOC. There is no indication that the trend has changed for FY08.

• **Establish the specialized unit to oversee the efforts to locate runaways and other missing children**

DCFS launched the Child Location and Support Unit in November 2003. Caregivers, DCFS and POS workers, as well as Child Protective Service Workers, and their supervisors, are required to make immediate notification to the unit, perhaps best known as the Missing Kid Unit, upon learning that a child is missing from care. Caseworkers
must follow up with written notifications of reporting requirements, location efforts and, finally, recovery information.

The CLSU provides 24-hour accessibility to support and document workers’ efforts to locate and return every child missing from care. In addition, the CLSU provides child specific information to law enforcement officials, the National Center for Missing and Exploited Children (NCMEC), workers, and supervisors. Assistance is also provided to any child who is requesting advocacy intervention services.

Again, as its primary function, the Unit oversees all procedural mandates to report, locate, and recover children missing from care; however, monitoring compliance is only one aspect of the work performed.

The Unit provides guidance and/or information to a wide array of professionals, to include: child welfare workers, (both public and private) juvenile justice and law enforcement officials, authorities with interstate compacts, the National Center for Missing and Exploited Children, and all other agencies who work to locate and recover missing children.

Understanding that a child’s caseworker, supervisor, and caregiver may frequently change, the unit is a storehouse of current cumulative information for children who are, or have been, missing from care. Child Location and Support workers have access to a database containing the profiles of each child with whom DCFS has a legal relationship.

Each profile has the following information:

Child’s name, date of birth, vital statistics, picture, placement history, missing date, police report number, LEADS number, medical claim history, names of family members, supervising agency, caseworker’s name and phone number, supervisor’s name and phone number, legal status, date of case opening, and information that a child is pregnant or parenting. Accurate Biometrics has been selected as the new vendor to provide fingerprinting and photographing services to DCFS wards throughout Illinois. Accurate Biometrics will provide this service using select DCFS office locations, private agency sites and Accurate Biometrics offices throughout the State.

Caseworkers are required to report weekly on efforts to locate a child missing from care. All tracking efforts are reported on a CFS 1014 form – the forms are e-mailed to DCFS staff and faxed to POS staff. When a child is located, a 1014 form must be submitted with recovery information.

**Challenges for Promoting and Enhancing Permanency Planning by the Department**

The linchpin of the Illinois Child Welfare system is to create options that will provide for children in or threatened with protective custody to achieve permanent settings. Since FY 2000 when the percent of children moving into adoptive settings reached an all-time high of 18.4% of
the foster care population, the Department has increased other options. An increased effort is being made to reunify families after temporary protective custody. With improved services, training of foster families and better domestic problem solving efforts, we are looking to increase the number of children that can safely be returned to their families. Foster home recruitment for families who are willing to both assist in working with the biological family and to have a child join their family as a son or daughter when reunification is not possible increases the Department’s ability to assure a permanent and loving family for each child in its care.

Addressing these issues along with the growing number of troubled children in foster care has become a challenge for the Department’s permanency planning process.
Illinois Department of Children and Family Services

FFY 2008 Annual Progress and Services Report
Chapter: 8
Well-Being Infrastructure, Systems and Outcomes

Since the FFY 2007, the U.S. Administration for Children and Families has provided the following description of the new program purpose of child welfare services:

“The new program purpose is to: protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.” (See Section 421 of the Act.)

The well-being infrastructures, systems, policies, practices, systems and outcomes of the Department are consistent with the new program purpose of child welfare services defined and described by the ACF.

Department’s Infrastructure, Systems and Outcomes Promoting Well-Being

The Illinois child welfare system is recognized nationally as one of the strongest child welfare systems in the country, and is also the largest accredited child welfare agency. The past decade has seen many improvements in Illinois public child welfare, resulting in the number of children in substitute care dropping from 51,596 to 16,311. Investigations of child abuse and neglect have resulted in fewer children being taken into protective custody. Advances in safety assessment and family support have resulted in fewer children being removed from their homes and family, and more children are being maintained safely in their own homes. Innovations such as performance contracting and subsidized guardianship have resulted in more children leaving foster care for permanent custody with adoptive parents or legal guardians. The number of children in long-term foster care is declining. Caseloads in both the Department and private sector have been reduced, resulting in improvements in service delivery. With very few exceptions, caseload sizes are similar throughout the state.

However, the Illinois child welfare system still faces challenges. Children in foster care are older and less likely to be adopted or discharged to private guardianship than their younger peers. The Department has prioritized spending in FY 09 to ensure that the needs of these older youth are met. With limited funding, the Department provides services to thousands of wards and former wards between 18 and 21 years of age as they age out of the system to help them develop the skills necessary to live independently and locate the resources to help them as they enter adulthood.
The Department has made system changes to address its aging population of youth in foster care articulated in the recent comprehensive Federal review. As specified in the Performance Improvement Plan and these system changes, the Department is concentrating its efforts on strengthening the identified weaknesses in the State’s child welfare system. Several reforms and initiatives, such as Integrated Assessment and Trauma-Informed Treatment, should positively impact the children and families served by the Department and facilitate enhancement of their well-being.

In the coming fiscal year, the Department will be carefully monitoring the effects of these changes on the foster care population.

**The Department’s Progress in Substitute Care**

Illinois has reduced the number of children in substitute care for the eleventh consecutive year, from a peak of 51,596 in mid-FY 97 to 16,311 children at the end of FY 07. As the number of children in care declines, the needs of the remaining population of children have changed. Nearly 37% of the children in care today are 13 years of age and older. Few of these children and youth likely to achieve permanency, and many require intensive physical and/or mental health services.

While the overall capacity of the residential care system in Illinois is generally adequate, the Department continues to work to identify and license placement resources for those youth who are hardest to place and who are currently underserved by existing resources. The youth in need of these more specialized resources include those with:

- behavioral health challenges and concomitant medical complications;
- chronic mental illness that likely will require transition to adult services through the Illinois Department of Human Services system;
- pregnant and parenting teens with behavioral health challenges;
- dual diagnoses involving mental illness and developmental disabilities; and
- severe conduct.
The chart below illustrates the shift in the types of residential programs available to support the changing needs. The days in care for youth requiring treatment for severe conditions increased over 21% in the four years ending with FY 07, while the days in care for youth receiving treatment for mild or moderate conditions decreased by 29%.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chronic</td>
<td>Medically Complex</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>30,000</td>
<td>60,000</td>
<td>90,000</td>
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**Child Well-Being – Lifetime Approach Program Highlights**

When a child enters substitute care, the Department assumes legal responsibility for the child which includes the responsibility to ensure the child’s health, safety and well-being. The child’s caseworker must advocate and manage services to ensure that the child’s needs are met, including education, physical and emotional growth and development, medical care, mental health, social skills, access to recreational activities, and spiritual development. When a child’s permanency goal is “return home”, the caseworker may also include in the service plan steps to improve the well-being of the child’s family. To accomplish all of this, the caseworker must manage relationships with the child and family, foster parents, school and medical personnel, and others, and keep all members of the child and family team involved and fully informed.

For too long, child welfare systems have treated children and families as if a child’s stay in substitute care would be short, when in fact the average length of foster care in Illinois is 4.5 years. In response to this reality, the Department introduced a “Lifetime Approach” in FY 05 that alters and strengthens the direction of child welfare in Illinois. The infusion of this approach is being accomplished through a series of reforms, which are listed below.

**Integrated Assessment:** Each child coming into care, and his/her family, is provided with an initial assessment to determine whether a case should be opened and to identify the services to be delivered. This is followed by a comprehensive assessment to determine the needs of the family to provide the appropriate intervention and services, and ongoing assessments conducted
throughout the duration of time that the children and family are receiving services. Initial assessment provides a baseline of family strengths and needs by which a caseworker and supervisor can evaluate subsequent progress. Research indicates that the quality of the initial assessment followed by the application of relevant and timely clinical intervention and social services directly impacts the quality of life for a child in care, the length of time the child spends in care, and the achievement of the preferred permanency plan and goal. The statewide implementation of the Integrated Assessment process is expanding to serve not only children coming into care, but also other Department populations.

**Trauma Treatment:** Each component of the child welfare system must recognize and respond to the comprehensive impact that trauma has on the life of children in care. FY 08 is the second year for statewide implementation of the Trauma Program. Key goals of the Child Trauma-Informed Practice Program for FY 09 are:

- integration of principles of trauma-informed practice into the broader child welfare system;
- early identification and assessment of trauma-related symptoms and adverse life events (using tools such as Integrated Assessment, CANS);
- timely referrals to qualified providers;
- consistent applications of emotional behavior treatment services; and
- providing information and training to child welfare staff and community providers.

**Psychiatric Services.** The need for psychiatric services, particularly among youth in substitute care, is high and the availability of expert providers is low. Illinois has 5.25 providers per 100,000 children, well below the national average 8.67. The wait time for an outpatient appointment in the greater Chicago area averages 2 to 12 months. Mental illness is associated with school failure, high-risk behaviors, suicides and runaway behavior. In addition to the emotional costs, there are serious financial costs to consider. The cost for a psychiatric hospitalization averages $23,000 (based on a 12.5 day stay).

The Department established the Office of Psychiatric Services to provide quality, timely psychiatric healthcare to children in substitute care and their families. The goals of the Office of Psychiatric Services are to:

- improve access of children and their families to psychiatric care;
- insure delivery of quality care;
- minimize in-patient hospitalizations of children in care; and
- control costs while maximizing outpatient services.
The Office of Psychiatric Services has established Psychiatry for Adolescents and Children in Transition (PACT) Clinics in Cook County, which serve children with acute psychiatric needs by offering initial evaluations, medication monitoring and assessments. The PACT-South Clinic was established in February 2006 and has provided 553 appointments (as of July 2007). PACT Clinics-Cook North and PACT Clinic-North in Northbrook will come online in FY 09.

The Office of Psychiatric Services is also developing a Preferred Provider Network for the State of Illinois, and a tele-psychiatry program for rural Illinois.

**Intensive Stabilization Services.** This initiative has established a series of targeted strategies to stabilize older youth with a history of multiple placements and runaway behavior. Traditional responses have typically not worked for these youth. The new strategies will provide innovative, informed approaches to engaging a youth and stabilizing his/her life and relationships before the youth ages out of the system. Currently, four programs have been developed and are operational.

**Child and Youth Investment Teams (CAYIT).** Child and Youth Investment Teams are full-time, regionally based, multidisciplinary teams that are responsible for assessing a child or youth’s service needs, identifying the resources required to meet them and assisting the worker in accessing these services. CAYIT staffings are convened whenever a child or youth’s health or well-being is compromised or a less restrictive placement setting is required. The events that require a CAYIT staffing are often evidence that the child or youth’s needs are changing or are not being met.

A CAYIT is required before placing children or youth in residential settings, group homes, specialized foster care or independent living/transitional living. A CAYIT staffing may also be convened for children or youth in emergency shelters, placed in detention or a Department of Corrections facility or for those who require additional services.

**Centralized Matching Teams.** In response to provider concerns that placement referrals from the CAYIT teams needed to be more streamlined, timely and appropriate, the Department established the Centralized Matching Team process. The purpose of the Centralized Matching Teams is to match waiting children and youth with the most appropriate placement program. Centralized matching began for all children in the Cook County shelter system in Spring 2007 and was expanded to include additional CAYIT teams until its full statewide rollout in March 2008. Centralized Matching Teams review all placement referrals into the following levels of care: residential, group home, transitional living, independent living and all specialized home based programs. Training for agency staff for all affected levels of care has been provided and a policy guide is forthcoming.

Centralized Matching Teams are comprised of full-time multi-disciplinary staff who meet daily to review and match all placement referrals coming from CAYIT staffings. Team members review available information about both the youth to be referred and current providers, and make placement recommendations through a case presentation process. Materials reviewed include the child’s most recent CANS, the CAYIT clinical summary, the Residential Program Matching Checklist, and the Placement Database (including provider vacancy reports).
The referral process for the Centralized Matching Teams is electronic and confidential. For most children and youth, referrals are sent to two placement providers, both of which receive the referrals simultaneously. This electronic process is also used to report status and progress on referrals as well as to identify concerns or information that may arise throughout the referral, interview, decision-making and placement process.

Caseworkers, providers and managers report improvement in the timeliness, completeness and accuracy of placements referrals since the Department started using the Centralized Matching Teams.

Redesign of Transitional Living (TLP) and Independent Living (ILO) Programs. As a result of an extensive collaborative effort between the Department and the provider community, the Department has developed a seamless continuum of services for transitioning youth to adulthood. Several of these redesigned transitional living and independent living programs became operational and were implemented in 2008.

The TLP programs offer a mix of services and resources wholly dependent on the needs and capabilities of the youths they serve. These direct and indirect services include:

- academic support (school involvement, tutoring, GED programs);
- vocational/employment preparation (employment readiness, job coaching, trade programs, mentorship);
- mental health services (psychiatric monitoring, professional counseling, group services, substance misuse services);
- kinship reconnection (outreach to kin to develop long-term relationships, visitation);
- juvenile justice-related services (gang intervention, specialized community re-engagement, specialized employability services);
- parenting (education, support, child care, preparation);
- linkages with the Department of Human Services’ Division of Mental Health and the Division of Rehabilitation Services; and
- housing advocacy (assisting the youth over the age of 19 in locating and maintaining a community based apartment as they demonstrate readiness).

The Independent Living Program offers prepared youth the opportunity to practice living autonomously with a “safety-net” of supports while they progress toward adulthood and full independence. Youth in an ILO program move into and live in the apartments that they are expected to remain in after their involvement with the Department ends. Initially they receive financial assistance to pay for housing, but they are required to make an increasing contribution
to the costs associated with their apartment and to save money earned through their employment
to cover post-emancipation expenses.

**Family Supported Adolescent Care.** This work involves the selection and training of a new
cadre of foster parents who are singularly committed to serving older adolescents during their
transition to adulthood. With the permanency goal for 80% of youth age 16 and older changing
from permanency to independence, these youth need mentoring from their foster parents to
prepare for adulthood and independence. During FY 08, seventeen Foster Supported Adolescent
Care programs were developed and are currently operational, including one program designed
specifically for youth leaving the juvenile justice system, one for youth with developmental
disabilities and one for youth with medical complexities.

**Keeping Children in their School Area.** For many years the Department has faced the
challenge of helping children in substitute care progress in school as they move from the family
home to a foster home (or from one foster home to another), and often from one school district to
another. To help stabilize the child’s life and enhance his/her educational outcomes, the
Department’s placement selection criteria were changed to require selection of a foster home
within the child’s school catchment area whenever possible. The results of this change have
been dramatic. Many more children are able to stay in the same school, thus enabling continuous
education even as the children move from one home to another.

**Child Well-Being – Other Initiatives and Division Highlights**

The “Lifetime Approach” is only one of several steps in a new direction, that requires new
thinking about the policies, practices and public understanding of how the Department fulfills its
mission. Other Department initiatives are set out below:

**Redesign the Cook County Shelter System.** When the Department’s population of children in
care peaked in 1996, Cook County had 588 emergency and diagnostic shelter beds. The Cook
County shelter programs were operated by 17 private agencies in 31 distinct locations. By 2002,
the Department reduced capacity such that only one shelter operated by provider remained. This
remaining shelter was comprised of two large facilities with a combined capacity of 140 beds. As
the Department improved the management of the shelter system, utilization continued to
decline. In FY 07, the average census in the shelter ranged from 78-109 children and youth.
This smaller population allowed the Department to take a closer look at the types of children that
were entering the system through the shelter system. After an in-depth analysis, the shelter
system was redesigned to include a central “hub” that works collaboratively, six “specialty
shelters” designed to address the needs of specific populations, and an Intensive Youth
Stabilization program. The new shelter design serves children and youth in smaller settings with
a more nurturing environment. This allows staff to more effectively address the feelings of
trauma and loss experienced by children removed from their parents or whose prior child welfare
placements have been disrupted.

**Counseling and Other Supportive Service.** The Department’s Counseling and Auxiliary
Services appropriations provide general counseling services to children in care, and their
families. This counseling is designed to support children during their stay in substitute care and
to support families indicated for, or at risk of, abuse or neglect. Examples of specific, targeted counseling include counseling for trauma associated with abuse, children with mental health diagnoses, sexual abuse counseling, sexual abuse victim treatment, and therapy for sexually aggressive children and youth.

**System of Care.** The System of Care (SOC) program is designed to help promote the Department’s goals of safety, permanency and well-being for the children and youth it serves. To accomplish this, the System of Care program provides short-term services, interventions and support to children and youth with emotional and/or behavioral problems who are identified as being at risk of placement disruption. The length of SOC intervention is determined by the needs of the individual child/youth and his/her placement.

An SOC provider’s primary responsibility is to deliver, organize and/or coordinate services and interventions to stabilize a placement. An SOC provider may deliver the services/interventions through its own staff, by contracting for services, or by linking a child/youth to existing community resources. System of Care services are a supplement to enhance services provided by the Department and should be requested as soon as the assigned worker or caregiver determines that the placement is at risk of disrupting.

The goals of the System of Care program are to:

- Increase the number of children and youth who safely remain in their current placements.
- Increase the number of children and youth who successfully transition from a more restrictive to a less restrictive placement.
- Decrease the number of children and youth in traditional or home of relative foster care placements that subsequently need more restrictive and intensive services such as residential care.

**Pre-Admission/Post-Discharge Screening and Assessments.** The Department and the Illinois Departments of Healthcare and Family Services and Human Services have developed the Screening, Assessment, and Support Services program (SASS) as a common system of care for children in psychiatric crisis. When caseworkers or residential care staff have cause to believe that a child or youth needs psychiatric hospitalization, the child or youth is referred for SASS screening, which is a pre-admission screening for psychiatric hospitalization. SASS operates 24 hours per day/365 days per year. SASS has been strengthened to provide more intensive hospitalization monitoring and follow-up services. The SASS system has resulted in fewer inappropriate psychiatric hospitalizations.

**Children’s Personal and Physical Maintenance.** Children’s Personal and Physical Maintenance is used to purchase necessary supplies and services for children in foster care. Expenditures include, but are not limited to, transportation services, first-time placement clothing, replacement clothing when original clothing is damaged and medical devices and equipment not covered by Medicaid.
Improving Education Outcomes. The Department is commitment to helping children do well in school, stay in school and find the best schools available for their emerging skills. Studies indicate that many abused and neglected children placed in substitute care are already behind academically when they enter care and remain at risk for educational failure throughout their teen years. From early childhood through college-level training, the attention of caseworkers, caregivers and other Department staff to educational progress of children is critical.

Based on studies completed within the last two years, some of the challenges the Department faces are:

**Academic Performance.** Of children in substitute care, almost half of all 3rd through 8th graders in care are scoring in the bottom quartile in reading on the Iowa Test of Basic Skills. Moreover, 20% of children in care are older than their classroom peers. Only 40% of all children in care are scoring above the bottom quartile on reading and are in the appropriate grade for their age. Of 17 year olds, 35.4% have repeated a grade and 17.9% have been expelled from school.

**Enrollment in Special Education Programs.** Nearly 7% of students in care are enrolled in special education schools, over one third of 3rd through 8th graders in care receive special education services, and more than one in ten students in care are classified as having an emotional behavior disorder. Of 17 year olds in care, 45.6% had been placed in a special education classroom at some point in their academic careers.

**School Mobility.** Children are extremely mobile during the year they enter substitute care. On average, approximately 46% of children in care change schools once during the school year while more than 10% change schools two or more times. Of 17 year olds in care, 27.4% had missed at least one month of school at some point due to a foster care placement change.

**Educational, Vocational Training and Employment Attainment.** In a study of 19 year olds, including youth still in care and youth recently emancipated, 39.6% had neither a high school diploma nor a GED. Only 38.6% of these youth were enrolled in a postsecondary college or vocational training program, while 30.3% were neither in school nor employed. Of the 33.9% who were currently employed, 79.4% earned $5,000 or less in the past year. The source of these figures is Chapin Hall's "Midwest Evaluation of the Adult Functioning of Former Foster Youth from Illinois: Outcomes at Age 19."

There are national comparison numbers available from a representative sample of 19-year-olds in the National Longitudinal Study of Adolescent Health. Nationally, 9.4% of youth had neither a high school diploma nor a GED; 56.4% of the national sample of youth were enrolled in a postsecondary college or vocational training program; and 58.2% of the youth were currently employed.

To meet these challenges, the Department has developed several education-related programs:

**Early Childhood Education.** Children who start school ready to learn are far more likely to succeed academically and to stay in school until graduation. The converse is
also true: if a child falls behind early, it is very difficult to catch up. This is why the Department believes that the most important investment that can be made for the youngest children in care is to ensure that they are prepared for kindergarten—physically, emotionally, socially and cognitively. The Early Childhood Program Unit is focused on preparing children for kindergarten, promoting placement stabilization, and advocating the needs of young children to each division across the Department. The unit provides and monitors developmental screens for children under age five in foster care statewide. From their screen, each child receives a referral that is tracked to enrollment by the Early Childhood staff. Additionally, the Department has embarked on the following initiatives:

**School Readiness Initiative.** For over a year, a team of Department staff worked to develop a school-readiness plan with the goal of enrolling all children 3-5 years old in substitute care in a quality early care and education program and keeping those educational placements as stable as possible for as long as possible. Initially, it was determined that only half of wards 3-5 years old were in an early learning program for at least part of the day.

In May 2008, the Department launched the School Readiness Team. The team consists of a Statewide School Readiness Team Administrator, Supervisor and six Social Services Program Planners who are assigned within the six DCFS regions throughout the state. The primary focus of their work will be to assure all children, ages 3-5, in the custody or guardianship of the Department are enrolled in quality early learning programs. The team will also support Strengthening Families Illinois by collaborating with partners of the early learning communities including: Headstart Grantee Agencies, Strengthening Families Learning Networks, All Our Kids Early Childhood Collaborative Networks and other early childhood providers throughout the state.

**Illinois Joint Cooperative Agreement.** All children in substitute care qualify for Head Start. One of the major resources for providing quality early learning programs is Head Start. The Department is working collaboratively with the Illinois Head Start Association, the Department of Human Services’ Bureau of Child Care and Development’s Head Start Collaboration and Programs Unit, the U.S. Department of Health and Human Services (Region V) and the Chicago Department of Children and Youth Services to maximize the benefit of Head Start for our children and their families.

**Strengthening Families through Early Care and Education Illinois.** Research has shown a positive impact of center-based early childhood education on preventing and reducing the impact of child abuse and neglect on young children. Early childhood programs work effectively with high-risk children and their families. This means that child welfare systems could partner with high-quality center based childcare programs to significantly improve their services to both children and families. Illinois was one of seven states chosen for a CSSP pilot project aimed at enhancing the capacity of child care centers to work with families and keep children safe, and to foster collaboration among these agencies.
to serve the comprehensive needs of children. In FY 07, the Department received an award for demonstrating the impact of Strengthening Families.

**Educational Resources.** The Department’s educational access project with Northern Illinois University offers technical assistance related to children’s educational issues. A system of educational advisers in each region provides ongoing support for staff and foster parents. Caseworkers as part of their work are required to visit the schools of children on their caseloads and actively participate in educational planning particularly when there is an Individual Education Plan and when transition planning begins as the youth reaches the end of high school.

In FY 2005, the Department developed the "education passport" database, which offers comprehensive student profiles to ease school-to-school transition for youth in out-of-home care. These passports assist in academic planning for students and outline specific academic and behavioral needs of children and adolescents in out-of-home care. Data collected from the passports also help to provide a complete picture of the academic and behavioral needs of youth in substitute care for future planning by education and policy experts.

In Fall 2007, the Department implemented the Annual High School Academic Planning Meetings where the youth, caseworkers, caregivers and other relevant participants develop an Annual High School Academic Plan. The Planning Meetings occur each year of the high school career with the primary focus areas of the junior and senior year meetings to be on the youth’s post secondary plans, including but not limited to, participating in college tours, registering for and taking the ACT and/or SAT, completing financial aid forms, etc.

**Scholarship Program.** The Department annually provides 48 college scholarships to youth who are currently in the Department’s guardianship or who have left Department guardianship through adoption or other private guardianship arrangements. Scholarship recipients receive up to four consecutive years of tuition and academic fee waivers to be used at any Illinois state colleges or universities, a monthly stipend and a medical card.

**Youth in College Program.** Under this program, youth are provided assistance that will enable them to attain economic independence while completing their college education. Benefits include a monthly stipend and payment for book fees not covered by financial aid.

**“Find Your Future.”** College students looking to begin a career need focus, dedication, and education. They also need contacts to help them find their first on-the-job experience through internships or entry-level positions. For many college students, family and friends provide a ready-made network to help them get started on a career path. The Department cares for nearly 700 students enrolled in two- and four-year colleges throughout the nation. For most of these youth, the Department is their family. Accordingly, to make connections for students, the Department launched Find Your
Future, a summer internship program. The goal for the program is to assist 30 students during the summer of 2008.

**Partnerships.** The Department has dedicated funding with a provider for alternative education options that help youth obtain their high school diploma or GED when regular public school options are not effective for a particular child.

The Department has several initiatives in partnership with Chicago Public Schools and the Illinois State Board of Education. The Chicago Public Schools agreed to maintain and support a child's school of origin when that child's placement is disrupted and the child is temporarily placed in a shelter in the City of Chicago. This effort improves a child's academic and social experience while the child is transitioning to a new home. The Chicago Public Schools have also agreed to use literacy interventions for Department youth in special education, and support that work with strong positive behavior models. These specific interventions will proactively assist children that have fallen below grade level because of trauma and mobility. The Chicago Public Schools will also expedite the enrollment and Individual Education Plan process for special education services for youth transitioning into residential treatment centers in Chicago and will ensure that qualified Department youth have access to tutoring supports funded by the No Child Left Behind Act.

As previously mentioned the Department, working with the private foster care agencies, has developed a plan to assure that as many foster care placements as possible stay within the same educational catchment area. This ensures more educational continuity. The history of foster care has been to hinder the educational development of the child; this new policy should reverse that tradition.

**Supporting the Transition of Youth from Substitute Care.** Children in foster care that are age 13 or older are far less likely to be adopted or discharged to private guardianship than their younger peers. As a result, the Department is increasingly dealing with an older ward population that needs to be prepared for independent living. There are approximately 5,942 children ages 13 and older in paid substitute care (approximately 36.6%).

One of the Department’s goals is to significantly improve the number and quality of services available to adolescents. To accomplish this, the Department needs to ensure that every youth in the Department’s care receives appropriate life skills assessments, transition planning and supportive services until self-sufficiency has been achieved. As part of the Lifetime Approach, the Department has redesigned the existing Transitional Living (TLP) and Independent Living (ILO) Programs. The result of this redesign is now a seamless continuum of services transitioning youth to adulthood. A youth may enter a transitional living program at one of four levels depending on his or her age, educational attainment, behavior and level of functioning. A youth may progress to an Independent Living Program only after having spent time in a transitional living program. Even when a youth is admitted to an ILO, he or she will not be completely on his/her own. The new program has been designed to support progressive responsibility with the expectation that
by the age of 21, the young adult will be well prepared to pay his or her own rent and maintain himself/herself in an apartment.

Transition planning begins when a child reaches age 14 and includes formal assessment and transition planning. The nationally recognized Ansell Casey Life Skills Assessment is completed for all youth in care at ages 14 and 16, and again six months prior to discharge. Life skills are taught within the substitute care environment. Community support is being identified for the youth early in the process. Volunteer or vocational experience is to be arranged for youth every year upon entering high school. Efforts are made to provide drug counseling and treatment immediately to youth who need these services.

The Department receives a Federal grant through the Chafee Foster Care Independence program. The current Federal administration has been restricting the amount of this grant even though national child welfare policy suggests that there is a significant demand for the types of services funded by this resource. The purposes of the program are:

- helping youth make the transition to self-sufficiency;
- helping youth receive the education, training and services necessary to obtain employment;
- helping youth prepare for and enter post-secondary training and education institutions;
- providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults; and
- providing financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.
The following charts provide comparative data for FY 07 (actual), FY 08 (estimated) and FY 09 (projected) for selected programs and services and expenditure requests.

### Substitute Care Services

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<th>Units of Service*</th>
<th>FY07 Actual</th>
<th>FY08 Estimated</th>
<th>FY09 Projected</th>
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<td>3,900</td>
<td>500</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

* Units of service measured on last day of indicated State Fiscal Year

### FY 2009 Request

($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY07 Actual</th>
<th>FY08 Est Exp.</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Foster Care (All Funds)</td>
<td>305,618.2</td>
<td>334,259.9</td>
<td>339,776.2</td>
<td>5,516.3</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total Institutions/Group Homes (All Funds)</td>
<td>208,295.7</td>
<td>220,406.3</td>
<td>227,955.1</td>
<td>7,548.8</td>
<td>3.4%</td>
</tr>
<tr>
<td>Foster Care (GRF)</td>
<td>143,096.8</td>
<td>184,143.7</td>
<td>189,660.0</td>
<td>5,516.3</td>
<td>3.0%</td>
</tr>
<tr>
<td>Foster Care (CSF)</td>
<td>154,122.2</td>
<td>141,570.5</td>
<td>141,570.5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Institutions &amp; Group Homes (GRF)</td>
<td>102,508.7</td>
<td>121,231.8</td>
<td>128,780.6</td>
<td>7,548.8</td>
<td>6.2%</td>
</tr>
<tr>
<td>Institutions &amp; Group Homes (CSF)</td>
<td>105,787.0</td>
<td>99,174.5</td>
<td>99,174.5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Foster Care Initiative (GRF)</td>
<td>6,804.3</td>
<td>6,812.2</td>
<td>6,812.2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Foster Care Initiative (CSF)</td>
<td>1,594.9</td>
<td>1,733.5</td>
<td>1,733.5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Reimbursing Counties (GRF)</td>
<td>338.5</td>
<td>338.5</td>
<td>338.5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Federal Compliance/Program Improvement Plan Implementation *</td>
<td>29,273.3</td>
<td>3.7</td>
<td>0.0</td>
<td>-3.7</td>
<td>-100.0%</td>
</tr>
<tr>
<td>County Reimb. of Juvenile Justice Programs</td>
<td>88.7</td>
<td>5,000.0</td>
<td>5,000.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total Substitute Care</td>
<td>543,614.4</td>
<td>560,008.4</td>
<td>573,069.8</td>
<td>13,061.4</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

* Program Improvement Plan shifted almost entirely to other substitute care lines
### Counseling and Other Supportive Services

<table>
<thead>
<tr>
<th>Clients Served</th>
<th>FY07 Actual</th>
<th>FY08 Estimated</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Services</td>
<td>7,042</td>
<td>7,050</td>
<td>7,050</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Children receiving Personal &amp; Physical Maint.</td>
<td>5,536</td>
<td>5,550</td>
<td>5,550</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>System of Care</td>
<td>3,425</td>
<td>3,600</td>
<td>3,600</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

#### FY 2009 Request

($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY07 Actual</th>
<th>FY08 Est Exp.</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling &amp; Auxiliary Services (GRF)</td>
<td>12,862.1</td>
<td>12,893.0</td>
<td>14,028.5</td>
<td>1,135.5</td>
<td>8.8%</td>
</tr>
<tr>
<td>Counseling &amp; Auxiliary Services (CSF)</td>
<td>11,504.3</td>
<td>12,568.9</td>
<td>12,568.9</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Psychological Assessments (GRF)</td>
<td>3,151.4</td>
<td>3,160.0</td>
<td>3,200.0</td>
<td>40.0</td>
<td>1.3%</td>
</tr>
<tr>
<td>Pre Admiss/Post Disch. Psych. Screening (GRF)</td>
<td>8,645.3</td>
<td>8,671.8</td>
<td>8,671.8</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Children’s Personal &amp; Physical Maint. (CSF)</td>
<td>2,729.3</td>
<td>3,198.1</td>
<td>3,198.1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>MCO Tech. Asst. &amp; Prog. Development (GRF)</td>
<td>1,647.8</td>
<td>1,650.0</td>
<td>1,650.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40,540.2</td>
<td>42,141.8</td>
<td>43,317.3</td>
<td>1,175.5</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

The FY 09 increase in Counseling covers the cost of compensating an increasing number of providers as Medicaid certified programs, making their services partially federally reimbursable. The $1.1 million increase in costs will result in $4.6 million in increased federal reimbursement.

The divisions within the Department that have primary responsibility for promoting the well-being of children are as follows:

#### Field Operations

**FY 2009 Request**

($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY07 Actual</th>
<th>FY08 Est Exp.</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare (GRF)</td>
<td>110,050.7</td>
<td>118,628.2</td>
<td>120,891.3</td>
<td>2,263.1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Targeted Case Management (GRF)</td>
<td>8,285.4</td>
<td>9,257.7</td>
<td>9,307.7</td>
<td>50.0</td>
<td>0.5%</td>
</tr>
<tr>
<td>New Frontline Staff (GRF)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Federal Child Welfare Projects (FPF)</td>
<td>343.2</td>
<td>2,775.0</td>
<td>2,775.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>118,679.3</td>
<td>130,660.9</td>
<td>132,974.0</td>
<td>2,313.1</td>
<td>1.8%</td>
</tr>
</tbody>
</table>
Field Operations is responsible for administering the delivery of child welfare services to children and families and provides permanency services to children who are placed in substitute care.

Clinical Practice and Professional Development

FY 2009 Request

($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY07 Actual</th>
<th>FY08 Est Exp.</th>
<th>FY09 Projected</th>
<th>08-09 Change</th>
<th>08-09% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Services (GRF)</td>
<td>3,411.1</td>
<td>4,320.4</td>
<td>4,360.4</td>
<td>40.0</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

The Division of Clinical Practice and Professional Development promotes optimum standards of professional social work practice and service delivery. Through both professional training and work with all regional clinical staff, the Division supports management and direct service staff to advance the state of clinical practice at each local office. Specifically, the Division supports a variety of specialized services, including:

- comprehensive assessment of children in care;
- Parental Assessment Teams, which assesses the mental health of parents and their ability to appropriately care for children;
- services for children with sexual behavior problems (CSBP);
- early childhood services; and
- case management for children with AIDS.

This Division is the lead unit for the Integrated Assessment Initiative and in addition oversees the Office of Child and Family Policy, Employee Licensure, Foster Parent Support, and the HELP Unit.
The Office of Training and Professional Development provides training and staff development throughout the Department by:

- striving to design and carry out education, training, field support and professional development strategies that enhance the quality performance of Illinois child welfare staff.
- enabling comprehensive and competent services to children and families and helping to bring about the safety, well-being and permanency for all children served.

The Division of Service Intervention is made up of five main areas:

- **Education and Transition Services**, which ensures that children in care are maximizing their education potential and that adolescents are being properly prepared for independent living. Programs operated in this area include:
  - independent living program;
  - services to pregnant and parenting teens;
  - Youth in Employment;
  - Youth in College;
  - Education Advocacy; and
  - Life Skills Assessments and Training.
• **Health Policy**, which is primarily responsible for oversight of health care services provided through a contracted statewide, comprehensive health care delivery system for children in foster care. Health care services are designed to ensure that all children in the Department’s custody or guardianship have access to quality health care and that they receive health services whenever necessary.

• **Mental Health Services**, which will be responsible for making sure the mental health needs of children in substitute care are being met in a timely manner. This group is also the lead unit for developing a training curriculum for identifying and treating the effects of trauma on children in the Department’s custody or guardianship.

• **Substance Abuse Treatment Services**, which oversees the provision of all services offered under the alcohol and other drug abuse waiver and those offered jointly by the Department and the Illinois Department of Human Services’ Division of Alcoholism and Substance Abuse.

• **Post-Adoption and Guardianship Services**, which provides services to assist in assuring maintenance of safe, stable and healthy homes in which youth may grow to adulthood.

**WELL-BEING INDICATORS AND MEASURES OF THE CHILD AND FAMILY SERVICES PLAN (CFSP) STRATEGIC PLAN OBJECTIVES**

Information on additional well-being measures and indicators has been incorporated in the addendum document “Safety, Permanency and Well-Being Measures.”

**Address the Disproportionate Number of African-American Children within the Child Welfare System.** At the end of FY 07, 59.3% of the children in substitute care were African American. At the end of March 2008, the percentage was 58.6%. Census 2000 data indicated that 15.1% of the general Illinois population was African American. The Department will ensure that its policies and practices do not reflect racial biases and will report additional information in the future Annual Progress and Services Reports.

**Screen Children for and Ensure Provision of Early Intervention Education Services.** Research suggests that early identification of developmental delays in very young children, and providing those children with early intervention services, can greatly increase their ability to make developmental gains.

The purpose of early intervention services is to provide therapeutic services to children who have developmental delays of 30 percent or more in any developmental domain.

The Department’s Early Childhood Unit screens approximately 1,800 children each year to identify children in the Department’s custody or guardianship with developmental delays. All children five and under are referred or scheduled for a developmental screening within 30 days of entering substitute care. Usually, more than 30 percent of all children screened are referred for early intervention services. When a child is identified as being developmentally delayed,
participation in early intervention is mandatory. Caseworkers are responsible for ensuring that each identified child in their caseload received early intervention services, and that caregivers understand the importance of the child's participation in these services. Neither the caregiver nor the birth parent can refuse services on behalf of a child in substitute care who has been identified for these services.

**Fiscal Year 08 Screenings Total as of April 30, 2008**

- # of children screened by Early Childhood Staff: 1267
- # of children screened (Southern, Northern, Central Regions, Cook County 3-5 year olds) as a result of referrals made by Early Childhood Staff: 2259

**Clinical Consultations.** Early Childhood staff also participate in clinical staffings for children 0-5, and provide recommendations and referrals in each staffing. Many of the staffings involve children who have serious medical and mental health needs. Because of Early Childhood staff participation, foster parents and caseworkers are better able to understand behaviors and service needs. Early Childhood staff participated in 140 staffings in FY 08 as of April 30, 2008.

Administrative case reviewers are able to identify those children who should have, but have not been screened, or children requiring early intervention services that are not yet in place. Early Childhood staff are available to help reviewers and caseworkers address these children’s needs. In FY 08, Early Childhood staff provided consultation during 73 administrative case reviews.

**Integrated Assessment: Ensuring That Children Entering Substitute Care Are Screened to Identify Mental Health, Developmental, and Behavioral Healthcare Needs.** In recognition of the need for comprehensive family assessments, and in response to the concerns raised by the Child and Family Service Review (CFSR), the Department developed the Integrated Assessment Program to provide systematic assessments of and responses to the needs of foster children and their families. The goal of the Integrated Assessment Program is to provide better information about the functioning of children entering foster care and about child and family strengths, support systems, and service needs in order to link children and families to appropriate services.

Since 2005, the Integrated Assessment Program has provided casework staff with front-end assistance for coordinating information gathered through health evaluations, collaborative comprehensive record review, and interviews/screens with the child and family members, guardian, and substitute caregivers. The information is used to complete the integrated assessment report/social history, health history, and health recommendations; to identify the strengths and needs of each child and his or her family system; to address risk and safety factors; and to develop precise and comprehensive service plans for permanency and well-being. The integrated assessment report serves as the foundation of the service plan and is continually reviewed and revised as necessary to reflect the developing needs of the child and family.

As of May 2008 a total of 5,282 families with 8,246 children have been assessed within the Integrated Assessment Program. In FFY 2008, the Department continued to expand the Integrated Assessment Program beyond standard placement cases to include those cases in which
the children entering care are siblings of children already in Department custody and who were previously screened within the Integrated Assessment Program as well as a portion of children who are brought into care after short-term intact family services were opened for the family. (Standard placement cases include: a new case for which a child needs out-of-home placement at the time of case opening; adoption disruption cases; or a closed case that is re-opened based on new findings and for which a child requires a new placement.) This continued expansion moves the Integrated Assessment Program closer to achieving the Department's long-term goal of providing comprehensive Integrated Assessments for all children entering substitute care. In addition, in FFY 08 the Department received a 5 year federal demonstration grant from the Administration for Children and Families in cooperative agreement with the Children's Bureau to conduct Integrated Assessments for an identified population of intact families. The attached report documents FFY 2008 comprehensive program data.

As part of the Integrated Assessment Program, licensed clinical screeners complete the Child and Adolescent Needs and Strengths (CANS) tool. The CANS was developed to provide a structured understanding of children along a set of dimensions relevant to service planning and decision making. The CANS domains are the following:

- Trauma Experiences;
- Traumatic Stress Symptoms;
- Child Strengths;
- Life Domain Functioning;
- Acculturation;
- Child Behavioral/Emotional Needs;
- Child Risk Behaviors;
- Children under 5 years old or when relevant;
- Children 17 years-old and older or when relevant; and
- Caregiver Needs and Strengths (parents, relatives, and prospective adoptive parents).

The CANS also provides information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. (Information on the development, use, and psychometric properties of the CANS is available at: http://www.buddinpraed.org/cans.)

**Continued Development and Maintenance of the Statewide Healthcare Network for Children in Care; Increase the Proportion of Children in Care Who Are Enrolled in HealthWorks with a Primary Care Physician.** The benchmark for the number of children in substitute care who are enrolled with a primary care provider (PCP) is 95%. As of March 2008, the number of children enrolled with a PCP was 98.2%, which is an increase over the percentage last reported. The Department's Division of Service Intervention, Office of Health Services staff continues to work with the HealthWorks Lead Agencies to maintain this high level of enrollment.

**Improve Documentation of Immunizations and EPSDT Examinations; Percentage of All Children in Care Who Have Received Required Immunizations and Health Examinations.** Compliance data for health requirements are based on Administrative Case Review data. The
compliance data as of June 11, 2008 for children in the custody or guardianship of the Department that received an ACR was: 86.3% immunization compliance for all ages; 90.4% EPSDT exam compliance (ages 0-3); and 83.3% Annual Exam Compliance (ages 3 and over). These levels reflect an increase over data previously reported. The data are based on children in care who have received an ACR, and compliance percentages are based on responses given at the most recent ACR.

The Office of Health Services provides feedback through quarterly mailings to Department and purchase of service agency staff regarding compliance with children’s health services requirements based on data from ACR reviews. Aggregate data are also provided to Department management and administrative staff for their reference in monitoring performance in these areas.

The Department’s Reminder/Recall Project is continuing to focus on children in Cook County who are in substitute care, are under six years of age and are out of compliance (based on Illinois Department of Human Services' Cornerstone information data) with the Department's requirements for immunizations and/or well-child examinations. Data are provided on a quarterly basis to five community-based medical case management agencies, along with letters for their use to notify the identified children’s caseworkers, caregivers and primary care providers. The letters are tailored for the specific audience and include immunization and well-child examination data for each child identified as being out of compliance.

A strategic plan has been developed for improving health services, focusing on several priority areas including health services to adolescents and information systems. In the past year, activities in these areas have included:

- conducting “Healthy Youth” workshops at four Regional Youth Summits and the Statewide Youth Advisory Board;
- soliciting input from youth (at the workshops and through surveys) regarding their concerns and issues which impact health care compliance as well as their ideas on how to better emphasize to older youth the importance of preventative health care;
- incorporating input where appropriate in work to update Department procedures for health care services;
- developing interagency agreements with other Illinois state agencies regarding the exchange of health data. Ultimately, the information would be downloaded into the Department’s SACWIS system for service planning and compliance monitoring. An agreement with the Illinois Department of Healthcare and Family Services has been signed by both parties; another is in the process of being developed with the Illinois Department of Human Services; and
- creating an electronic Health Passport functionality in SACWIS. A format has been drafted and work is progressing to develop requirement specifications and health screen layouts for capturing information.
Identify and Address Healthcare Shortages and/or Deficiencies in Specific Healthcare Problem Areas. The Department continues working with the Department of Healthcare and Family Services and Department of Human Services to ensure that the health needs of children in care are addressed. Healthcare exams are an important part of the integrated assessment process.

During the past year, the Department has continued its work on a number of health-related issues.

The Department amended Administrative Procedures #16, Staff Safety by added a section entitled Communicable Diseases. This new section requires the Department to be proactive in identifying areas within the State where the Illinois Department of Public Health has noted outbreaks of communicable diseases. The Department’s Chief Nurse will communicate periodically with staff at the Illinois Department of Public Health to identify areas within the State where there high incidences of communicable diseases (e.g., tuberculosis) have been noted. A Regional Nurse will be assigned to contact the local public health department for specific recommendations on how to minimize the transmission of the identified disease, and this information will be shared with staff in the affected region.

The amendments to Administrative Procedures #16 also include general information for staff about exposure to and spread of communicable diseases, Universal Precautions and good hygiene practices that can reduce exposure to and spread of diseases.

The Department has been developing medication administration policies for residential programs, independent living (ILO) and transitional living (TLP) programs, and foster care. Based upon feedback received from caseworkers and private sector staff through the Department’s review and comment process, the draft documents have been edited or rewritten to better focus on issues addressing children and youth in each particular living arrangement. The policy for residential settings is completed and awaiting adoption. The ILO/TLP and foster care drafts were recently posted for additional review and comment.

Staff of the Office of Health Services are updating Department procedures for health care services. The new procedures will be comprehensive in scope and will include information and instructions to caseworkers in areas such as: HealthWorks; initial health screening and comprehensive health evaluations; the Department’s immunization requirements; school health examinations and immunization requirements; well-child physical examinations; dental examinations; vision and hearing screening; lead and TB screening; family planning services and pregnancy testing; sexually transmitted diseases; HIV and AIDS; food allergies; asthma, required medical records; medical card coverage; medical requirements for reunification; chronic health issues and long-term physical disabilities.

Ensure That the Physical and Behavioral Healthcare Needs of Families are Met by Qualified Provider. The Department has established standards for providers of primary health care services, initial health screenings and comprehensive health evaluations who serve children in the Department’s custody or guardianship. These standards are in addition to those required
by the Illinois Department of Financial and Professional Regulation and the state's Medicaid agency, the Illinois Department of Healthcare and Family Services, for the particular health professional and service involved. Specialty health services must be provided in accordance with standards promulgated by the Department of Financial and Professional Regulation and the Department of Healthcare and Family Services for the particular health professional and service involved.

In the draft revision to procedures for health care services, several clarifications regarding health care providers will be added, including certain expectations for providers (e.g., older youth will have the right to choose their own primary care provider; a private agency shall not require a child or youth to use a specific primary care physician or clinic solely because the primary care physician or clinic is affiliated with that agency, etc.).

In March 2008, the Department launched a new Statewide Provider Database, which is a tool for staff in the Department’s network to identify and to locate community based services for children and families. The Statewide Provider Database can be searched using a child's CYCIS ID for select services within a given area, or to obtain details about programs and services. Current Program Types in the Statewide Provider Database include:

- **Mental Health.** Counseling programs that offer a standard set of outpatient behavioral health services along with other types of services.

- **Substance Abuse.** The entire program is focused on treatment of substance abuse

- **Parenting Programs.** Designed to meet the needs of families working on reunification, or of intact families who are improving parenting skills through training or coaching. Programs for teen parents are often listed as “mental health programs” if their primaries focus is delivering mental health services to teen parents.

- **Domestic Violence.** Offer a range of services to help families cope with domestic violence.

- **Nonclinical.** Includes a variety of after school or recreational programs, in addition to tutoring, mentoring, or vocational services.

Staff of the Office of Health Services plan to add a sixth program type, General Health Services, in the near future which will include information on HealthWorks primary care providers.

**Develop a Full Spectrum of Mental Health Services and Substance Abuse Services; Coordinate with DHS/DASA to Ensure Access to Substance Abuse Programs for Persons Served by the Department; Improve the Timeframe for Screening, Referral, and Access to Treatment for Alcohol and Other Drug Abuse; Increase the Number of Clients Successfully Completing Substance Abuse Treatment Who Are in Need of Such Service.** DCFS continues to work with the Department of Human Services’ Division of Alcohol and Substance Abuse (DASA) to expand access to alcohol and other drug abuse treatment services. The Department and DASA agreed to reallocate existing funds to add Recovery Home beds for males
involved with the child welfare system in the East St. Louis area. This service provided supported living services for men recovering from alcohol and other drug abuse in an area of the state where these services were not previously available. The Department has also committed new funds to expand Recovery Home services for women and their children in Cook County. This funding increase provided 25 additional beds for Department-involved women and their children.

Additional services for Department-involved families in Cook County are being provided through the AODA Title IV-E Waiver Project. The project provides substance affected Department-involved families with standardized substance abuse assessments and Recovery Coaches to supplement and enhance existing child welfare and AODA services. An evaluation conducted by the Children and Family Research Center at the University of Illinois in Urbana indicated that the support of Recovery Coaches enables clients to access treatment faster and to complete more levels of care. These treatment outcomes positively impacted reunification and permanency outcomes for children whose parents worked with a Recovery Coach, resulting in a larger proportion of children returning home in a shorter amount of time. The project served approximately 1,500 parents from April 2000 to 2005 and will strive to serve as many parents in the next 5 years. In January 2007, the HHS approved a 5-year extension of the project in Cook County and expansion into Madison and St. Clair counties. This extension and expansion enabled additional enhancements to be added to the program’s efficacy and client service delivery capacity in order to address key barriers to reunification such as housing, mental health, and domestic violence. The AODA Waiver Project expansion began serving parents in July 2007 in St. Clair and Madison Counties and to date have received approximately 90 referrals and have conducted over 50 assessments. The Department and Recovery Coaches have partnered with substance abuse treatment providers, child welfare agencies, and the courts to promote awareness of the project in the two counties by meeting with court personnel and providing trainings and workshops where all entities are present.

The Department continues to work with its partners in southern Illinois to provide substance abuse treatment to Department-involved families impacted by methamphetamine abuse and production. The program is funded through a three year federal grant from the U.S. Substance Abuse and Mental Health Services Administration. Since the program began serving clients in February 2007, 121 individuals have been served. Franklin Williamson Human Services operates the Matrix of Hope treatment program that implements the evidence-based Matrix Model of substance abuse treatment. The project evaluators at Southern Illinois University at Carbondale have reported encouraging outcomes based on their follow up interviews with program participants. For the individuals interviewed at six months following admission the following data were compiled:

- 97.8% were abstinent from methamphetamine
- A 100% increase in employment
- 95.7% were arrest free
- 70.5% had a stable living environment

The Department is also one of the partner agencies participating in the Moving Families Forward project, a five year demonstration funded by the Administration for Children and Families.
Moving Families Forward is a collaborative effort between the Department and the Children’s Research Triangle, Southern Illinois Healthcare Foundation, Chestnut Health Systems. The program is designed to promote the permanency and stability of children and families affected by methamphetamine and other substances of abuse. Moving Families Forward is designed to promote the development of strategies to improve collaboration between substance abuse treatment providers and the child welfare system in order to improve safety, permanency and stability of children and families affected by methamphetamine and other substances of abuse. Moving Families Forward was developed to meet gaps in service allocation in southern Illinois.

As part of Moving Families Forward, all children affected by prenatal or environmental exposure to methamphetamine or other substances of abuse are eligible for participation in clinic based services, which include comprehensive medical, psychological and developmental evaluations, individual/family therapy, and group treatment. Referrals can be made by community agencies and include biological, adoptive and foster families. Community based trainings will be conducted by Moving Families Forward staff to educate community members and treatment providers about the effects of prenatal and environmental substance exposure on children, as well as how to identify families at risk and refer them to appropriate treatment services. The Regional Work Group, consisting of community and state agencies concerned with child welfare, will regularly meet in order to address community needs and help facilitate systems integration.

The Department continues to make regional directories of DASA providers available to staff on its intranet site (D-Net) and the Department’s website (www.state.il.us/dcf). The directories list contact information for the DASA providers and a list of the services provided to adults and/or youth.

The DASA providers funded to serve Department referrals are required to conduct an intake appointment within two days of a referral being made. Data available from the most recent IV-E waiver provider profile report (through December 2007) show that providers met this requirement 95% of the time.

Ninety-nine per cent of the Department clients that attended an intake interview were accepted for treatment services.

The established benchmark for entry into treatment following the intake appointment is seven days. For Department referrals 100% were admitted into treatment within the seven-day timeframe.

During FY 06 there were 8,022 discharges of Department clients from DASA funded treatment programs. According to data from the DASA reporting system a total of 3,363 were discharged as successfully completing treatment (42%). This is an improvement over the 39% successful discharges reported in FY 05.
DCFS Disaster Preparedness Plan

The DCFS Disaster Preparedness Plan is being submitted as a separate document at this time. After review and approval of the entire FFY 2008 Annual Progress and Services Report by the Children and Families Program Specialist in the ACF Region V in Chicago, this plan will be integrated with the APSR.
Collaboration Across the Entire Spectrum of the Child and Family Service Delivery System

According to Child Welfare League of America, the child welfare system was created to help children attain a safe and secure home life. Public child welfare agencies at the state, county, and city level across the United States have the responsibility to ensure the health and safety of children in their communities. However, the public agencies cannot perform this function without assistance from the private sector. Children and families that come to the attention of the public child welfare systems can be better served by partnering with private agencies and other governmental entities/organizations including, but not limited to, the court system, private child welfare agencies, mental health agencies, substance abuse agencies, health services, educational facilities, domestic violence programs and youth services.

Elsewhere in the child welfare literature, the following theme underscores the importance of collaboration: “The fundamental purpose of any child welfare system (public or private) is to ensure the safety, permanency, and well-being of all the children. This mission is exceedingly broad, and effectively impossible for any one agency or system to accomplish. In other words, the child welfare system can never function in isolation. It is but one integral part of a social support network that includes schools, neighbors, community institutions and the entire human services sector.”

The National Child Welfare Resource Center for Family Centered Practices describes the factors necessitating collaboration and it necessity. “The lives and needs of families coming into the child welfare system today are complex and challenging. Almost without exception, no one set of services will be adequate to restore families to a level of functioning that ensures that their children are safe, have permanent homes, and the well-being of family members is enhanced. These families’ needs cut across service areas and frequently include services needed for mental health and/or substance abuse issues, economic support, housing, and a variety of others.” It continues “Over the past decade, we have come to realize that ensuring the safety, permanence, and well-being of children in child welfare is beyond the capacity of any one agency. While the public child welfare agency retains responsibility for child safety, this mandate cannot be accomplished today without all community stakeholders sharing that responsibility and participating in supporting these families.”
According to the U.S. Department of Health and Human Services, the importance of developing collaborations with other systems is emphasized as follows:

“The ability of a State child welfare system to attain outcomes related to child safety, permanency, and well-being is significantly affected by the functioning of many other State and local service systems. Child welfare systems are dependent upon the operations of juvenile or family courts, juvenile justice systems, law enforcement agencies, health and mental health service systems, and substance abuse treatment systems. Even public agencies responsible for housing have an impact on child welfare operations because the availability of safe housing for low-income families often affects whether children can be maintained safely in their homes.”

Consistent with the preceding tenets, DCFS collaborates with other State or public agencies: the Illinois Attorney General; the Illinois State Board of Education; the Department of Public Health; the Department of Public Aid; the Department of Human Services – Division of Disability and Behavioral Health Services, Community Operations, and Office of Alcoholism and Substance Abuse; the Illinois State Police; the U.S. Department of Health and Human Services; state’s attorneys, local school districts, county and local police departments, the private child welfare sector, child and adolescent Local Area Networks, local service initiatives, schools of social work at the Illinois universities, local school and special education districts, and various advisory or advocacy groups in the development, delivery, and evaluation of services. Examples of such collaborations include joint efforts – that involve planning, service coordination, the use of cross-jurisdictional resources, joint funding of a program, the resolution of eligibility issues, interagency agreements, amended contract language, research projects, new rules and procedures and the staffing of individual cases. The purpose of these collaborative efforts is to ensure consistency, accessibility, accountability and the efficient use of services and resources.

The Department coordinates its services with the benefits and services of other public and private child welfare agencies to better serve children and families. Over eighty percent (80%) of the Department’s wards receive services through the three thousand (3,000) contracts with private human services agencies throughout the State. These contractual relationships enable the Department to identify and meet the needs of the Illinois child welfare community (clients and service providers) and to identify and develop resources to meet future needs of all stakeholders.

Collaboration for Educational Services With Public Schools

Educational services are offered through Northern Illinois University under the “DCFS Educational Access Project.” The purpose of this project is to assist DCFS involved children and youth in obtaining quality educational experiences. Central to the project are Education Advisor offices that are located throughout the state and offer the following services:
• Collaboration - work proactively with individual school districts, early intervention providers and communities to build collaborative relationships regarding educational issues such as academic performance, truancy, discipline and appropriate services.

• Training - provide training for DCFS and POS staff, foster and adoptive parents, POS Educational Liaisons, and school personnel regarding educational issues, including implementing DCFS educational policies, procedures and educational advocacy.

• Technical Assistance - assist with individual cases that are particularly problematic such as: disciplinary issues, appropriate special education services, enrollment and placement issues, school fees, transition and other areas such as tutoring, transportation and accessing school records.

• Volunteer Education Advocates - responsible for coordinating a cadre of volunteer education advocates within the region to support foster and adoptive families in obtaining special education or early intervention services for children in their care.

Local DCFS Community-Based Coordination

Some years ago, in order to more effectively utilize social service resources at the local level, the Department and the State Board of Education co-sponsored the development of an effective, community-based system of 62 geographically-defined Local Area Networks (LANs) to promote collaboration between local child welfare, mental health, juvenile justice, youth serving agencies, parent support groups and others in planning, organizing and/or providing services to children and families. These multi-disciplinary linkages created through the LANs, contribute to the success of all children, especially those who are emotionally disturbed.

Collaboration with Early Childhood Programs

In delivering services there is an emphasis on collaboration of the Department with the service delivery systems. For example, Illinois has been recognized as a national example for its success in establishing collaboration between child welfare and early childhood programs to strengthen families and ensure the safety of children. The Department achieves this collaboration through the Strengthening Families Initiative. This initiative is based on research showing that abuse and neglect are prevented when early childhood programs strengthen five protective factors in families:

• Parental resilience
• An array of social connections
• Adequate knowledge of parenting and child development
• Concrete support in times of need
• Children’s healthy social and emotional development

Illinois innovations have included the identification of sixth protective factor: promoting healthy parent-child relationships.
Collaboration for Addressing Parent's or Caretaker's Methamphetamine or Other Substance Abuse Problems

Moving Families Forward (MFF) is a collaborative effort between Children’s Research Triangle, Southern Illinois Healthcare Foundation, Chestnut Health Systems, and the Illinois Department of Children and Family Services. The program is designed to promote the permanency and stability of children and families affected by methamphetamine and other substances of abuse. MFF is funded through a five year grant from the Administration for Children and Families, Children’s Bureau (ACF) designed to promote the development of strategies to improve collaboration between substance abuse treatment providers and the child welfare system in order to improve safety, permanency and stability of children and families affected by methamphetamine and other substances of abuse.

MFF was developed to meet gaps in service allocation in southern Illinois. The three main program components include:

1. Clinic based evaluation and treatment services for children and families affected by prenatal and environmental exposure to methamphetamine and other substances of abuse.
2. Community based trainings for individuals directly affected by, or working with, the methamphetamine epidemic and substance abuse.
3. A Regional Work Group to address issues related to systems integration and service delivery in southern Illinois.

As part of MFF, all children affected by prenatal or environment exposure to methamphetamine or other substances of abuse are eligible for participation in clinic based services, which include comprehensive medical, psychological and developmental evaluations, individual/family therapy, and group treatment. Referrals can be made by community agencies and include biological, adoptive and foster families. Community based trainings will be conducted by MFF staff to educate community members and treatment providers about the effects of prenatal and environmental substance exposure on children, as well as how to identify families at risk and refer them to appropriate treatment services. The Regional Work Group, consisting of community and state agencies concerned with child welfare, will regularly meet in order to address community needs and help facilitate systems integration.

MFF has a strong program evaluation component, driven by outcome-based measures. As part of this, goals for the program include:

1. Public/private agencies in southern Illinois will deliver collaborative services within an integrated system of care for children and families exposed prenatally or environmentally to methamphetamine or other substances of abuse. Biological/foster/adoptive families will be educated on the effects of prenatal and environmental exposure to methamphetamine and other substances of abuse and learn how to access family-based services.
2. An increased number of professionals in southern Illinois will demonstrate improved knowledge about the impact of prenatal or environmental exposure to methamphetamine or other substances of abuse.

3. DCFS caseworkers and substance abuse treatment providers will refer prenatally or environmentally exposed children to MFF for a full assessment of cognitive, behavioral, developmental and mental health functioning and for specialized therapeutic services.

4. The physical and behavioral health status of prenatally and environmentally exposed children in southern Illinois will be improved through the delivery of specialized, comprehensive assessment and treatment services at MFF.

5. The permanency, stability and safety of children who have been prenatally or environmentally exposed to methamphetamine or other substances will be increased.

Successful completion of this 5-year project will result in:

- An overall improvement in the permanency, stability, safety, developmental functioning and mental health of children who have been prenatally or environmentally exposed to methamphetamine or other substances of abuse.

A sustainable system of care for children and their families who have been affected by prenatal or environmental exposure to methamphetamine or other substances of abuse.

**Community Collaboration and Support for Community-Based Child Abuse Prevention Agencies**

Please refer to the “Community-Based Services Delivery” chapter where this information has been addressed.

**Improving Collaboration Between the Department as the State Child Welfare Agency and the Courts**

There were two key initiatives implemented relative to improving court relationships and therefore improving permanency performance for children in care during FY08. These initiatives included the continued implementation of regional court forums throughout the state as well as the hosting by the Administrative Office of the Illinois Courts (AOIC) of a statewide Juvenile Court Summit.

Regional Permanency Symposiums were first unveiled in DCFS’ Central Region in the Spring of 2007. The African American Family Commission, DCFS African American Advisory Council and the DCFS Central Region worked together to plan and host a two-day event that included judges, attorneys, DCFS and POS casework and supervisory staff, foster/adoptive parents, birth parents and community providers and advocates. Speakers, panels and workshops offered to attendees focused on a variety of permanency related topics and action teams were later formed in order to provide collaborative opportunities for improvement activities. During FY08, Southern, Northern and most recently Cook county regions hosted similar symposiums. A great deal of renewed energy and attention has been generated as a result of these forums.
In October 2008, the AOIC worked collaboratively with DCFS to plan and host a large statewide permanency focused child welfare summit in Chicago. Supreme Court Justices, District and Circuit Judges, attorneys, DCFS and POS child welfare staff and community providers were invited to participate. Action teams were also formed during this summit with members taking the opportunity to work on local/regional court and case practice issues.

Additional Information on Collaboration

Additional information on collaboration is included in the program chapters of this APSR.

Compliance with the Indian Child Welfare Act (ICWA): The Department’s ICWA Advocacy Program and Services to Indian Children and Families

a. The ICWA Advocacy Program

The Department’s ICWA Advocacy Program was developed to serve Indian children and their immediate family members. ICWA Advocates and caseworkers identify Indian children in the child welfare system who are eligible for tribal membership or are enrolled members of federally recognized tribes and, together, the ICWA Advocates and caseworkers work to ensure appropriate services to the children and their families in compliance with ICWA. ICWA Advocates work with caseworkers to ensure that the names and whereabouts of the child’s parents/Indian custodian and tribe are identified in a timely manner. The ICWA Advocates focus particularly on enrollment of children who are eligible for membership in their tribes, ensuring that active efforts are made to ensure appropriate services, and attaining placements and permanency for Indian children in compliance with ICWA.

ICWA Advocates provide a wide array of services, which include:

- giving informational presentations to Department and private agency caseworkers regarding the requirement to inquire about possible Indian heritage of child throughout the life of a case, and the special needs of Indian children and their families. To date, ICWA Advocates have made 43 presentations to public and private sector caseworkers across the state;

- identifying resources serving Indian children and families. When service gaps are identified, ICWA Advocates contact Indian community members and service providers to determine whether culturally appropriate services can be developed to fill the gap;

- maintaining a database of all children in the Illinois child welfare system who have been identified as being Indian children and whether those children are eligible for tribal membership or enrolled members of federally recognized tribe;
• along with the assigned caseworker, ensuring that an Indian child’s parents/Indian custodian and tribe receive proper notice when the child is involved in a Juvenile Court proceeding, and that the Bureau of Indian Affairs is notified if the identity or location of the parents/Indian custodian and the tribe cannot be determined;

• encouraging caseworkers to complete a diligent search for extended family members of an Indian child, and exhausting all tribally-appropriate family preservation alternatives;

• gathering information from an Indian child’s family members and caseworkers to accurately identify the child’s tribe and create a family tree;

• developing a relationship with tribal social workers, and contacting social services programs within the child’s tribe to coordinate services throughout the life of the case;

• encouraging caseworkers to develop service plans that involve tribal/Indian community resources (including tribal services, Urban Indian Programs, and individual Indian caregivers, such as medicine people and ministers);

• helping to identify and provide information to the child’s family concerning community resources that may be able to offer housing, financial and transportation assistance and actively assisting the family in accessing the community resources;

• updating the tribe on status of the child’s juvenile court case;

• identifying and recruiting Indian foster home and adoptive placements; and

• making presentations in the community regarding the Department’s ICWA Advocacy Program.

b. Placement Preferences for Placement of Indian Children

The Department updated Rule 307, Indian Child Welfare Services, to comply with ICWA’s placement preference requirements when making a foster care or adoptive placement of an Indian child. ICWA advocates ensure that caseworkers are aware of and comply with these requirements by attending and sharing information at Child and Youth Investment Team staffings, child and family meetings and other case related meetings, including Administrative Case Reviews and court hearings involving Indian children.

When an Indian child is placed in a non-Indian foster or adoptive home, an ICWA advocate will provide the foster or adoptive parents with referrals and resources to address the unique needs of the Indian child and his/her family. Resources have included information about scheduled cultural events, including traditional ceremonies, drumming and storytelling.
The Department is currently developing a plan for recruiting Indian foster parents, based upon information that has been gathered from other states.

c. Engaging the Indian Community

The Department is developing an Indian Community advisory circle, and will draft by-laws for this advisory group. Currently, representatives from Indian Communities throughout Illinois and a Department staff review and have input into policy, procedure and services to Indian children and their families who are involved in the child welfare system. ICWA Advocates network with and visit agencies that provide services to the Indian community in Illinois, and have created an opportunity for discussion of the need for various Indian child welfare services.

ICWA Advocates also participate in alternate monthly conference calls with Indian Child Welfare Specialists facilitated by NICWA. Although Illinois has Indian children within our child welfare system, the state has no federally recognized tribes within our borders. This conference call allows the ICWA Advocates to consult with tribal entities and Indian Child Welfare Specialists in bordering states that do have recognized tribes. In the future, ICWA Advocates may also participate in various national workgroups that address ICWA advocacy and compliance.

d. Updating DCFS Procedures 307, Indian Child Welfare Services

In 2007, the Department adopted a new Rule 307 that addresses ICWA requirements in casework practice. This year, a workgroup is developing procedures that will accompany the Rule. The Procedures will provide specific instructions for Department and purchase of services staff to follow when an Indian children is identified in their caseloads, and will provide instructions for ICWA Advocacy Program staff that assist caseworkers in order to ensure compliance with ICWA during the life of the case.

Consultations with Physicians or Appropriate Medical Professionals

Children and youth have access to Medicaid-enrolled physicians, dentists, optometrists, opticians, other relevant professionals/specialists and medical/dental treatment throughout the time they are in the care and custody of DCFS.

A physician examines them within the first 24 hours of coming into protective custody at an Initial Health Screening. At this time the physician looks for signs of abuse, neglect, current medical conditions and contagious or infectious disease. The examining physician can make referrals to other specialists or medical services as warranted.

Within the first 21 days of temporary custody, a child/youth receives a Comprehensive Health Exam that is usually conducted by a physician specifically trained to perform this service. A more complete health history has been gathered and provided to the physician completing the
Comprehensive Health Exam. The physician again has the ability to make additional referrals to medical specialists for medical services as a result of the Comprehensive Health Exam.

Within the first 45 days of coming into DCFS care and custody, a primary care physician is selected for the child/youth. The primary care physician becomes the “medical home” and has the ongoing responsibility for coordinating the medical care of the child/youth. The primary care physician is expected to identify the need for specialists and additional medical services and to make the referrals for these services.

Children and youth in the custody are provided ongoing preventative health care. EPSDT schedules for examinations are followed for younger children and older children and youth are required to have annual exams, which is more frequent than the EPSDT standards. This preventative health care includes at a minimum a physical and vision, hearing and dental screenings.

DCFS has a health care system called HealthWorks with 20 Lead agencies throughout the state. One of the responsibilities of a lead Agency is to develop a network of physicians that will serve as primary care physicians and specialists for DCFS children and youth. The Lead Agencies may assist caseworkers and foster parents in identifying specialist when referrals are made.

The Office of Health Services has a database of Medicaid-enrolled physicians and medical services. The data is provided to DCFS by the Department of Healthcare and Family Services and updated on a monthly basis. This database allows the Office of Health Services to identify medical provider resources by county, city and specialties.

In addition, DCFS has a Medical Director, Chief Nurse and Regional Nurses that are available for consultation and assistance in securing services for DCFS children and youth.

The Illinois Department of Healthcare and Family Services (HFS, formerly the Illinois Department of Public Aid) contracts with Doral Dental Services of Illinois, Inc. to refer Medicaid recipients to dentists that accept the medical card and to expand upon the network of Medicaid-enrolled dental providers. Caseworkers and foster parents may contact Doral directly to request information. Doral provides the caller with information on enrolled providers. Doral provides the same service when specialty dental services are needed.

OHS staff continue to participate on the HFS Medicaid Advisory and dental policy committees that meet quarterly to review issues such as policy changes, access to services for all Medicaid recipients and expansion of Medicaid enrolled providers.

Over the past year, the Department has expanded its work in this area, including:

- The Department issued a new policy, Nursing Consultation Services for Children with Special Health Care Needs. The new procedures address the risk and safety issues specific to this population of children through nursing consultation services and enhanced continuity of intervention and oversight services.
• The DCFS Medical Director and Associate Deputy Director for Health Services participated in an EPSDT Summit for Young Children. Hosted by the Ounce of Prevention, the EPSDT Summit brought together experts from a variety of community, state and professional organizations to discuss ways to improve health care for children. One of the six priority areas identified was the need for consultation from specialists and subspecialists. A final report from the Summit is in the process of being developed. Once the report is issued, committees for each of the six priority areas will be convened; participants for each committee were identified as part of Summit discussions.

DCFS is now participating in quarterly meetings of the DHS Maternal and Child Health (MCH) Advisory Board. Representatives are drawn from public health agencies, community-based organizations, government agencies, legislators, consumers, etc. Its task is to provide oversight and direction for provision of MCH services in DHS funded programs.
The Department of Children and Family Services’ rules and procedures play a critical role in creating a common understanding of its mission and the standards of practice required by the Department to address:

- The needs of children and families when abuse or neglect are present and the Department’s responsibility to keep them safe;
- The services to be delivered to mitigate the presenting problems; and
- Achieving permanency for the child outside his or her biological family when appropriate.

Policies may be developed or revised in response to changes in federal or state statutes, research findings, efforts to improve outcomes, identification of unmet needs or the recognition of the need for change, based on identifiable successes or shortcomings in the delivery of services.

The Office of Child and Family Policy (OCFP) has primary responsibility for developing and distributing the Department’s policy documents as well as maintaining the public website where Department policies can be accessed by the general public. OCFP also completes a portion of the Title IV-E State Plan and assists in completing the Annual Progress and Services Report. Other functions of the OCFP include developing policy interpretations; responding to questions regarding policy from the child welfare community and the general public; evaluating requests for a waiver of licensing standards; providing training in the regions on topics such as confidentiality; and serving as a repository for the Department’s policy documents.

The Department is deeply committed to creating policies that advance its efforts to effectively improve outcomes for children and families in a timely manner. The policy development process mirrors public rulemaking. Prior to promulgation, draft rules or procedures are distributed to Department staff, private agencies, child care institutions, professional associations (foster and adoptive parents and child care institutions) and other stakeholders such as Guardians ad Litem, soliciting comments. Comments have proved to be an effective tool in gauging whether the proposed policy will accomplish what is intended and whether it can be implemented ‘in the field’ as described. Comments are referred back to the primary division e.g. Child Protection for consideration. The proposed policy may or may not be amended in response to public comments. Draft policies are also posted on the DCFS website for public comment.
In FFY 2007, an increased number of policies were developed or amended in response to changes in federal or state regulations, all aimed at achieving the goals of child welfare services. Some of last year’s most significant new or revised policies related to:

- Reunification
- Implementation of the Adam Walsh Child Protection and Safety Act
- Interstate Placement of Children
- Permanency Hearings
- Children with Specialized Health Care Needs
- Home Safety Checklists
- Caseworker Contacts
- Home Studies
- Case Assignment
- Transition Services
- Licensing Enforcement
- Case Counting
- Independent Audits Requirements
- Periodic Review of Licensing Standards

**FFY 2008 Policy Development:**

**SAFETY**

**Children with Special Health Care Needs**

The needs of children with specialized health care needs raise critical concerns for child welfare systems. In this reporting period, the Department has refined its procedures for investigating a report of child abuse or neglect involving children with special health care needs, assessing the risk of harm to the child, identifying families who require child welfare services and determining whether or not child maltreatment occurred. Child protective service workers are provided with information and instructions about the steps that must be taken to safely take such a child into temporary custody. Revised investigative requirements for allegations of medical neglect include information concerning missed medications, non-compliance with treatment/management plans, medical documentation, notification of findings, and nursing consultation services.

Service provision requirements for children with special health care needs (i.e., referral for nursing consultation services, assessment of medical needs, compliance with treatment plans, worker/family contacts) have also been established. Child protection and child welfare staff are provided with a list of diagnoses and medical conditions that may warrant nursing consultation services. The required notifications to parents and the Department’s role in concurrent or parallel investigations are also described.
Pre-Employment Drug Testing

Prospective job applicants must submit to a drug test as a prerequisite for employment with the Department or any of the private agencies with which it contracts. Any applicant whose drug test is positive for illegal drugs is not eligible for employment. Refusal to submit to a drug test, attempts to tamper with or adulterate the specimen, or positive test results that cannot be justified by a legitimate medical explanation shall be considered a positive finding.

Home Safety Checklists

Home safety checklists for investigators, caseworkers and caregivers were amended to include the replacement of the four response options (i.e. Observed, Literature Given, Instructed/Showed and Not Applicable) with Yes and No answers. Other changes require workers to separately note whether the home has a working smoke detector and whether there are separate cribs for infants in the home. The revisions were made to the checklists to promote consistency in their use and completion.

Home Day Care

Licensing standards for day care homes and group day care homes have been amended to require:

1. THE PARENT OR GUARDIAN TO PROVIDE A COPY OF THE CHILD’S BIRTH CERTIFICATE WITHIN 30 DAYS OF ENROLLING THE CHILD IN A DAY CARE HOME OR GROUP DAY CARE HOME; AND
2. THE DAY CARE PROVIDER TO FLAG THE RECORD OF A CHILD ENROLLED AT THE DAY CARE HOME WHO IS REPORTED BY THE ILLINOIS STATE POLICE AS A MISSING PERSON AND TO IMMEDIATELY NOTIFY THE ILLINOIS STATE POLICE OF ANY KNOWLEDGE AS TO THE WHEREABOUTS OF A MISSING CHILD OR ANY REQUEST CONCERNING FLAGGED RECORDS.

THE DEPARTMENT ALSO ADDS TO BOTH OF THESE RULES THE PROHIBITION OF SMOKING IN DAY CARE HOMES AND GROUP DAY CARE HOMES AS DIRECTED IN THE SMOKE FREE ILLINOIS ACT. LAST YEAR, LICENSING STANDARDS WERE AMENDED TO REQUIRE ENCLOSURE OF WATER HAZARDS TO PROTECT CHILDREN FROM DROWNING AND THE INSTALLATION OF CARBON MONOXIDE DETECTORS.

Permanency

Immigration/Legalization Services

The Department updated policies addressing immigration and legalization processes, providing workers and supervisors with instructions regarding the identification, referral process and application for legalization for foreign-born children for whom the Department is responsible.
when the child is not a legal resident of the United States. Child welfare staff are informed of benefits that may be unavailable to the child e.g. adoption assistance or a social security card, without a status adjustment. The amendment updates information to comport with changes in federal requirements and processes as well as changes in Department structure e.g. Regional Immigration Coordinators have been replaced by the Immigration Services Unit.

**Licensing, Payment and Placement of Children with Undocumented Relatives**

The procedures for Licensing, Payment and Placement of Children with Undocumented Relatives is a new policy being issued to provide information and guidance to DCFS and POS staff regarding placement of children with undocumented relatives in the United States; payments for undocumented relative placements in the United States; licensing procedures for undocumented relatives living in Illinois; and placement with relatives in other countries.

The new policy establishes the necessary safeguards when children are placed with an undocumented relative and will enable the Department to reimburse undocumented caregivers as they complete the licensing process. Caseworkers are provided instructions on developing an emergency plan that identifies emergency contacts or caregivers for children in the event that a caregiver is detained because of his or her immigration status. The addresses and phone numbers of foreign consulates and embassies that may be able to assist an undocumented caregiver are included.

**Notification to the Mexican Consulate**

The Memorandum of Understanding between the Department of Children and Family Services and the Consulate General of Mexico requires the Department to notify the Mexican Consulate when a child is determined to be of Mexican ancestry. In order to comply with this requirement, DCFS child protection and child welfare and POS workers are to notify the Office of Latino Services which is responsible for notification to the Mexican Consulate.

The revised policy facilitates the early coordination of legal and social services to children and their relatives that may be necessary to achieve permanency for the child, including providing the least restrictive placement and supportive services to maintain family ties, ensure appropriate visitation and maintain the child’s ethnic, religious and cultural identity.

**Relative Home Licensure**

As a part of the Department’s ongoing efforts to assure safety and achieve permanency for children on a timely basis, the Department has implemented new policies regarding child care payments. For relative caregivers who do not have other resources, the Department now reimburses the cost of medical examinations (“physicals”) for all family members in a household as required for the home to become licensed.
Reunification: Special Service Fee

To support its efforts to reunite children with their families, the Department initiated a special service fee to reimburse foster and relative caregivers participating together with parents of children in their care in activities planned to maintain the family’s ties. Transportation costs are also reimbursable. These fees are available as long as a parent is making progress toward reunification.

This change in policy and practice is being made because efforts to reunite a child with his or her family have improved outcomes when family engagement activities are initiated soon after the child is removed from the home. Involving families of children in care in planning and decision making, encouraging caregiver support of birth families and facilitating visits between children in foster care and their parents contribute to the success of family reunification efforts.

Well-Being

Behavioral Health

That children experience trauma first as a result of their own abuse and neglect and later at being separated from their families is well documented as are the behavioral health issues that may result. In Illinois, legislation passed requiring the Department to develop a trauma-informed system and to embed in its practice services to address trauma as a part of the continuum of services that must be available to the children and youth it serves. In response, the Department developed policies describing the behavioral health services that address trauma. These new policy has the following provisions:

Behavioral health services are available to all children and youth for whom the Department has placement and care responsibility.

The child’s behavioral health needs shall be assessed as the child enters care as a part of the Integrated Assessment and on an ongoing basis through the Administrative Case Review or through the completion of the Child and Adolescent Needs and Strengths (CANS) assessment tool anytime a change in the level of service is considered.

The behavioral health services provided shall be based on the child’s needs and may be provided at the site of the program, residential facility, foster home or other appropriate place. The placement provider shall assist in arranging for the child to receive the behavioral health services from an outside provider when those services are required to meet the child’s clinical needs.

Behavioral health services include, but are not limited to:

Assessment is the evaluation of an individual’s development, behavior, intellect, interests, personality, cognitive processes, emotional functioning and/or social functioning, for the purpose of identifying needs and developing recommendations for services and/or intervention. Assessment methods include interviewing, systematic observation, and/or psychometric testing.
Evidenced-Based Treatments, sometimes referred to as empirically validated treatments or empirically supported therapy, are clinical practices that have been clearly described and are supported by scientific research and evidence.

Psychosocial rehabilitation addresses the specific needs of persons who have a severe mental illness or psychiatric disability. The broad goals of psychosocial rehabilitation are to improve the child or youth’s skills and functioning and to develop the environmental supports necessary to maintain the child or youth in a foster home, school and the community.

Specialized Foster Care is a foster or adoptive home in which specialized services are provided to meet the emotional, behavior, developmental or medical needs of a child placed in the home. Children in specialized foster care may require a wheelchair or a feeding tube, have a severe visual or speech impairment or may have disorders such as compulsive behaviors, mental retardation, substance abuse problems or a mental illness.

Transition planning services are the assessments, activities and support services needed to assist an adolescent in his or her preparation for self-sufficiency in adulthood. Transition planning services begins when the youth is age 14 ½ years and continues until the youth is discharged from the guardianship of DCFS.

Transition planning for youth who have a developmental disability shall be based on an assessment of cognitive functioning, adaptive functioning and capacity for independent living. Skill areas may include personal care, food preparation, safety precautions, use of public transportation, money management and vocational interests and abilities.

Integrated Assessment is a comprehensive interview and standardized clinical screening process with children and their parents/guardians, conducted immediately following the child’s removal from the home. The purpose of this assessment is early evaluation of the child’s developmental, medical, educational, social-emotional, and mental health functioning and needs, to assess the child’s response to trauma and to develop recommendations for services and intervention that support the child’s need for safety, well-being and permanency.

Early Intervention (EI) means the developmental/ educational, social, and health services provided to infants and toddlers (0 to 3 years of age) designed to maximize their development. EI services include such services as speech and language services, occupational therapy, physical therapy, medical/health services and psychological and social work services. Early intervention services are provided to children who are developmentally delayed, have conditions that typically result in delay, or are at risk of substantial developmental delay.

Mental health services are treatment services for developmental, behavioral, emotional and mental disorders that may affect children and interfere with normal development and functioning. Mental health services include but are not limited to examination, diagnosis, evaluation, treatment, pharmaceuticals and aftercare.
The Department’s Early Childhood Program conducts developmental and social-emotional screenings of children in foster care, birth to age five years, to assess developmental, social-emotional and/or mental health needs. Early Childhood intervention provides support to caregivers to promote the child’s development in key domains such as communication, attachment and mobility and promote the child’s coping, confidence and prevent the emergence of future problems.

Substance Abuse Services are designed to reduce, defer or eliminate substance abuse and/or chemical dependency through the use of prevention, treatment and ongoing recovery programs. Services provided by the Department include screening, referral, treatment, drug-testing and aftercare. Substance abuse services are available to children and adults.

Child and Adolescent Needs and Strengths (CANS) assessment is an inventory that is used universally within the Department to evaluate a child’s functioning and strengths in multiple domains. The CANS tool does not provide a clinical diagnosis, but rather a focus for treatment. The CANS is completed during the Integrated Assessment (IA) and at specified junctures during the child’s or youth’s time in care.

Trauma Treatment is comprised of a variety of therapeutic services and interventions, including the type of placement, that are provided within a Trauma-Informed System that recognizes that most children in the child welfare system have been exposed to significant traumatic experiences and require a broad range of individual and community supports and behavioral health services. Trauma services provided by the Department are evidenced-based and have been proven to facilitate recovery from trauma.

Systems of Care

The amendment of DCFS policies codify changes in practice that have been made over the past three years and which are currently reflected in the Systems of Care (SOC) Program Plan. The proposed amendments:

1. Clarify what constitutes a completed SOC referral;

2. Include as eligible for SOC services children/youth residing in Illinois in an eligible placement who were placed via an Interstate Compact placement agreement and have a DCFS approved caseworker;

3. Decrease the amount of time SOC has to make an initial home visits from 14 to 5 days; and

4. Require SOC to provide the family with an Interim Care Plan at the time of the Initial Home visit.
**Specialized Foster Care**

For children who have emotional, behavioral, developmental or medical needs or a combination of these, the Department provides specialized foster care when such care is required to maintain the child in a foster home or other permanency setting. Policy development clarified eligibility requirements for specialized foster care and the determination process. Children may be eligible to receive similar or the same types of services that were provided in specialized care if they are adopted with a subsidy or guardianship is transferred with a subsidy.

The determination that a child requires specialized care, including a different level of care, shall be based on a comprehensive assessment of the child’s needs including the following child traits, domains and functioning:

- Trauma Experiences
- Trauma Stress Symptoms
- Child Strengths
- Life Domain Functioning
- Acculturation
- Child Behavioral/Emotional Needs
- Child Risk Behaviors

Caregivers must complete twelve (additional) hours per year of training on caring for children or youth who require specialized care.

**ILO TLP: Administration of Medications**

This new procedure requires TLP and ILO programs to have written policies regarding medications and medication management for youth in Transitional Living or Independent Living Programs. All medications (prescription, over-the-counter, vitamins, etc.) given to or taken by youth in TLP/ILO living arrangements are addressed. The new procedure:

1. requires that youth entering TLP or ILO be able to self-administer medications or be taught to do so;
2. requires staff to document and notify appropriate persons when medication errors and adverse reactions occur;
3. instructs staff what to do when a youth refuses to take medication;
4. requires staff to teach youth to take medications with them when they are off-site or change living arrangements, temporarily or permanently; and
5. requires training on medication administration for staff in TLP/ILO programs.
The policy requirements take into account the different program levels in TLP and ILO living arrangements. Those applicable to TLP House Models are the most prescriptive. Those applicable to TLP Apartment Models and ILO’s are progressively less stringent.

**Support of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youths**

The Department of Children and Family Services promulgated policies to promote the safety, adjustment and well-being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth in the Department’s care. To advance the Department’s efforts, LGBTQ clinical consultants have been identified to provide guidance to workers and their supervisors. Early consultation with LGBTQ Clinical Consultants improves the coordination of services for youth and their caregivers and can prepare and stabilize placements, preventing unnecessary disruptions. Ongoing training and education regarding sexual orientation, gender identity and gender expression is a requirement for all child welfare staff and is currently available as needed and as requested.

The policy describes the role of the Department’s LGBTQ Clinical Consultants and list resources and services for this vulnerable population. It provides DCFS and POS staff with direction, and information to support the Department's efforts. Caseworkers are required to:

- Contact a LGBTQ Clinical Consultant immediately when there are acknowledged or suggested concerns regarding the sexual orientation, gender identity and/or expression of a children or youth for whom the Department is responsible.

- Implement recommendations made by the LGBTQ consultant within five working days of the contact and request additional assistance as needed.

- Be respectful of the youth’s gender expression and self-determination.

- Protect the youth’s right to privacy about his or her sexual orientation and gender identity. Child welfare staff must obtain the youth’s explicit oral or written permission for disclosure of this information unless there is reason to believe that the youth is a danger to him- or herself or is at risk of being harmed by others because of his or her LGBTQ identity.

**Caseworker Contacts**

Department policies were amended last year to require caseworkers to visit children in out-of-state placements every 6 months instead of every 12 months. New policies have also been promulgated that state if the caseworker from the state where the child is placed conducts the visit, the worker must provide the DCFS or POS worker with a quarterly report that describes the child’s current circumstances, including the child’s adjustment to the placement, health, well-being, school, progress in treatment, etc. and the extent to which the out-of-state placement meets the child’s best interests or special needs. A DCFS or POS worker who visits a child placed in Illinois from another state shall provide the out of state worker with the same quarterly report. In either case, the
supervising caseworker must submit the quarterly report to their respective interstate office, and not directly to the other caseworker.

**Enhanced Subsidized Guardianship and Adoption Assistance**

The Enhanced Subsidized Guardianship and Adoption Program (ESGAP) provides transition services to youth who are 14 years old or older when adopted or when guardianship is transferred. It is a Title IV-E waiver program that is federally funded. A description of the program and eligibility requirements were incorporated into Department policies this year.

ESGAP provides a variety of services and supports to older youth. It also provides the following services to youth as they transition to adulthood:

- Youth in College/Vocational Training;
- Employment Incentive Program;
- Life Skills Training;
- Housing Cash Assistance;
- Education and Training Vouchers.

**Centralized Matching Team**

The Department has established a Centralized Matching Team (CMT) to facilitate the placement of children and youth in a stable placement with the capacity to provide, or to access, timely and effective services. Children are referred to the CMT when the Child and Youth Investment Team determines that the most appropriate placement setting for the child is a child care institution or group home, specialized foster care including aggregate foster care, adolescent care and youth stabilization, or transitional/independent living.

Centralized Matching Teams are comprised of full-time, multidisciplinary staff who are based in different regions throughout the state. Team members consist of staff from the Divisions of Placement and Permanency, Field Operations, and other DCFS Divisions, when it is appropriate.

**Scholarship Program**

Amendments to policies governing the Department of Children and Family Scholarship Program enhance the ability of scholarship recipients’ to meet their educational goals by allowing youth to remain in the program for four years regardless of whether the youth ages out or completes a degree program and to receive a grant during the summer months even if the youth does not attend summer classes.
Unusual Incidents

Caregivers, foster parents, employees, staff of private agencies, service providers and contractors are required by Department regulation to report unusual incidents. Unusual incidents regarding wards include events such as a child’s hospitalization, injury, adverse medication reaction, suspension from school and running away. Unusual incidents regarding DCFS and private agency staff, providers and caregivers include events such as the arrest or conviction of a foster parent, a violation of a court order or an attempt to bribe a DCFS or POS worker.

The amendment describes all types of unusual incidents which must be reported in an appendix to the rule and adds several new types of incidents e.g. emergency administration of psychotropic medication, the arrest of a foster parent, etc.

QUALITY

Compliance with Federal Regulations

The Department promulgated policies that establish the Department’s compliance with all federal regulations, as required by the Administration for Children and Families, U.S. Department of Health and Human Services:


The Department is amending policies to clarify that the OIG may share confidential information with members of law enforcement when referring cases for criminal investigation or prosecution or when conducting joint investigations with law enforcement. The information will be shared only with the agreement that the information will not be used for any other purpose and that the law enforcement agency will seek a protective order before re-disclosing any information if that becomes necessary.

Periodic Review of Licensing Standards

Policies have been developed that require the Central Office of Licensing to ensure that the licensing standards for foster family homes, group homes and child care institutions are reviewed every 3 years to determine whether the licensing standards, as written, are appropriate. This may be accomplished in one of the following ways: Regional Licensing Administrators and Licensing Supervisors identifying any standards that should be added, amended or rescinded or a statutory change or a court proceeding requires amendments.
**Case Opening Protocol**

The (new) Case Opening Protocol facilitates accurate and timely case openings, and to clarify instructions for DCFS and POS staff who create and open cases in SACWIS and CYCIS. Additionally, the protocol also clarifies the responsibilities of investigations and permanency staff who conduct case opening activities outside of SACWIS and CYCIS. This case opening protocol will codify current practice.

**Completion of Work In SACWIS**

When preparing a case for transfer, caseworkers are now required to ensure that all case activity up to the time of transfer has been documented in the SACWIS case notes. Additionally, any incomplete assessments and/or service plans must be completed in SACWIS and submitted to the supervisor for approval.

**ACCOUNTABILITY**

**Child Welfare Agencies: Adoption Services**

Extensive revisions were made in the licensing regulations for agencies that offer adoption services to protect the child, the birth parents and the adoptive parents. Among the changes are:

- Adoption agencies are required to inform birth and adoptive parents of their rights prior to signing any contract and must document this disclosure.

- Adoption agencies must also provide 6 clock hours of training to adoptive parents and a minimum of 4 additional hours training when the child has special needs.

- Agencies may charge fees that are considered to be usual, reasonable and customary in the community for the delivery of adoption services, and that salaries and compensations are not unreasonably high.

**Licensing Enforcement**

The Department has promulgated a new rule that establishes the Department’s authority when there are licensing violations in a child care facility and sets forth the responsibility of the Department and private agencies to:

- examine and monitor child care facilities;

- receive and investigate licensing complaints;

- develop and implement protective or corrective plans that assure the safety of children while allowing licensed facilities to correct noted violations;
• review licensing decisions; and
• conduct enforcement actions.

The amended rule delineates the process for immediate revocation of a license if egregious violations of licensing standards are identified; surrendering a license or permit, including when staff may designate a surrender "with cause"; and administrative hearings through which a licensee or permit holder may obtain review of Department decisions to revoke, refuse to renew, or refuse to issue a full license to the holder of a permit. These policies apply to all child welfare agencies, child care facilities (including foster family homes) and programs subject to regulation by the Department.

POLICY DEVELOPMENT

In FFY 09, the Department will develop or amend policies for:

• Investigation and services to victims of human trafficking;
• Intercountry adoptions;
• Services to deaf or hard-of-hearing clients; and
• Assessing Caregivers who are ill, injured, aging or have other factors present which may diminish their abilities to care for children placed in their homes.
Administrative Case Review as a Program Support Function

Introduction

Administrative Case Review (ACR), an independent, third party review process for the State of Illinois, has become a vital and integral part of the Illinois Department of Children and Family Services (DCFS) monitoring and quality improvement system. Administrative Case Review provides an “inventory” of all children placed in substitute care for 6 months or more, and reviews reasonable efforts prior to removal and reasonable efforts regarding service delivery, appropriate placement, procedural safeguards to protect the child, and reasonable progress toward reunification, independence, adoption or subsidized guardianship as set out in the client service plan. Additionally, the case review process ensures that children and their families and caregivers are advised of their rights.

DCFS Rule 316 governs all Department case reviews. The casework supervisor reviews the initial service plan (within 45 days of case opening). Subsequently, ACR is responsible for reviewing the service plan after the first six months of child placement and every six months thereafter while the child is in placement. In Illinois, case reviews occur in all instances where children and youth are in substitute care. For purposes of Administrative Case Review, substitute care includes traditional foster care, unlicensed relative care, and placement in group homes, residential facilities, shelter care facilities, detention facilities, and psychiatric hospitalization. The State is not required to conduct an Administrative Case Review for child or youth who lives in the home of parent. A written notice indicating the date, time, place and purpose of the Administrative Case Review is mailed 21 days prior to the review to ensure that the notice is received 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; and the child’s Guardian ad Litem (A Child’s Advocate in Court).

The Administrative Case Reviewer has the responsibility and authority to manage the case review process, and must ensure that the review complies with Department rules and procedures, with 42 USCA 675 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 discussion and participation by
the participants, and maintains the focus of the review process. The reviewer ensures that the
goal and the evaluation of progress are consistent with the facts of the case; that tasks and time
frames are appropriate for the goal; and provides a written report of the findings.

Children and families are informed of their rights to appeal (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 Administrative Case Review, and appeals are conducted by the
Department’s Administrative Hearing Unit. A Decision Review conference is held when a
service provider, caregiver, or the child’s caseworker (with supervisor approval) disagrees with
any portion of the service plan. The Deputy Director for Administrative Case Review, or
designee, makes a final decision within 10 working days after the Decision Review Conference.
Neither an appeal nor a Decision Review is allowed when a judge in a Juvenile Court proceeding
issues a court order amending the service plan.

Administrative Case Reviews are conducted:

- To ensure that casework services are outcome-based to attain permanency for the child;
- To ensure that the service plan adequately provides for relevant casework intervention,
treatment and social work services that are relevant and effective in addressing the family
needs;
- To ensure that the service plan adequately provides for the child’s health, safety and best
interests;
- To review the agency’s efforts and family’s progress toward achieving the permanency
goal;
- Prior to the first permanency hearing, to ensure that the services and efforts are directed
toward achieving the selected goal; and
- After the first permanency hearing, when the court has set a permanency goal for the
child, to ensure that services and efforts are directed toward achieving the court set
permanency goal.

Administrative Case Review is a process that:

- Provides independent review of the permanency process;
- Is open to parent/child participation;
- Occurs every six months from the date the child came into care;
• Advocates for the best interest of the child;
• Advocates for the child’s health, safety and well-being;
• Explains a child’s and family’s right to appeal a decision; and
• Provides feedback on case status.

Administrative Case Review focuses on:

• Permanency goals/outcomes;
• Case progress/documentation;
• Case opening date/reason;
• Family involvement and cooperation;
• Initial and on-going assessment;
• Reviewer reporting and feedback; and
• Court findings, orders and goals.

Organization of the Case Review Unit

The case review unit consists of the following staff:

• Deputy Director;
• Associate Deputy Director;
• Cook County ACR Administrator;
• Downstate ACR Administrator;
• Purchase of Service (POS) Administrator;
• Quality Improvement Managers;
• Program Managers;
• Case Reviewers;
• Support Staff;
• Business Manager; and,
• Personnel Manager.

DCFS is comprised of six regions. The Deputy Director oversees the Administrative Case Review unit and other organizational units under the umbrella of the Division of Planning and Performance Management. The Associate Deputy Director for Administrative Case Review oversees the day-to-day operations of the Administrative Case Review function statewide. The Cook County ACR Administrator oversees three regions in Cook County (Cook North, Cook Central & Cook South) and the Downstate ACR Administrator oversees three regions downstate (Northern, Central & Southern). A program manager is assigned to each region. Each region has Reviewers that conduct reviews in the field and support staff responsible for data entry of case review packets. The POS Administrator oversees ACR-related activities for Purchase of Services agencies contracted to provide casework services. The Business Manager oversees the ACR budget and the Personnel Manager handles all of the human resource related functions. Quality Improvement Managers conduct quality reviews of ACR files, and recommend service enhancements. Quality Improvement Managers observe, assess and evaluate the ACR program to determine the need for modifications or expansion, and recommend solutions for areas in need of enhancement.

The Associate Deputy is responsible for direct supervision of the Quality Improvement Managers, Business and Personnel Managers, the three Administrators and an Administrative Assistant. The Cook and Downstate Administrators and the POS Administrator oversee the Program Managers. The Program Managers supervise the case review and support staff in their catchment area.

Upgrades to the ACR Reporting System in FFY 2008

Description:

The Administrative Case Review (ACR) system is designed around 4 key functions of the ACR unit: scheduling required reviews for families and workers; legal notification of persons invited to the reviews; recording results of those reviews; and reporting compliance and other details of those reviews.

Scheduling. The Case Review Monthly Roster (CRMR) identifies families with children who will need a review two months in advance of the review due date. Each month, the Department distributes the CRMR by e-mail to caseworkers, giving them two months’ advance notice of families on their caseloads that will require an ACR. The CRMR includes the name and case ID number of the family identified, and the date and time of the review, if one has been
prescheduled. This information is sent to any caseworker involved with the family, including the primary or lead worker, and also to caseworkers who may only be assigned to a single child within the greater family. The worker reviews the CRMR’s information regarding the child and family, notes any special language or accessibility needs and makes any needed corrections to the list of persons who should be invited to the review. This information “populates” an online log for ACR Support Staff for tracking purposes. When ACR Support Staff schedule the review using the ACR application, this “populates” a calendar system viewable by all ACR staff.

Legal Notification. When scheduling is completed, the Department sends legal notification of the review to all persons listed in the schedule who are to be invited to the review. Should any changes be made to the scheduled review, new letters are generated to inform the invitee of the change in date, time or location.

Recording of Review Information. Prior to the review, a packet of information is printed from the ACR system to provide the Reviewer with all pertinent information needed during the review, and with forms to fill out during and after the review. After each review, this information is given to ACR Support Staff to data enter into the ACR database. Information entered includes an evaluation of the current permanency goal, any new goals set, and the planned achievement date of the new or existing goal; answers to questions regarding a child’s special needs; and a narrative “feedback summary” of the review. This feedback information is shared electronically with the caseworker and supervisor. If an issue is raised at the review that is chronic or critical in nature, a Feedback Response Action Plan (FRAP) must be completed by the caseworker, and approved by the worker’s supervisor and the Program or Field Service Manager. The Feedback from the review is sent by ACR staff to upper management within ACR and DCFS, and, for POS cases, to Agency Performance Team (APT) and POS field service management. This ensures that management is informed of chronic and critical issues and that field staff follow up on the steps needed to and resolve the issues. This is entered into the database, and is available for reporting purposes.

Reporting. Numerous reports are generated based on the information collected in the ACR database. These reports meet a variety of needs within DCFS, but are primarily for reporting on the compliance of the ACR system with federal guidelines, and for identifying areas needing improvement or where performance and compliance are lagging.

Benefits:

Benefits to the new, upgraded system are listed below:

- Modification of notification letters, ACR packets and monthly rosters have been simplified, increasing versatility of the system and responsiveness to needed changes;

- Notification letters, ACR packets and monthly rosters have a more professional appearance and added usability;

- ACR functionality is now easier to migrate into SACWIS Phase III;
ACR workers now are able to utilize SACWIS-like applications for their work;

Additional functionality can be migrated to new platforms over time, after additional upgrades are completed;

The upgraded system increases the ability to track how workers, Reviewers and ACR Support Staff are performing; and

The system allows more flexibility in querying and reporting ACR information.

The reports listed below are scheduled to be available by mid-April 2008:

**Compliance Reporting**

- **Six Month Reason Not Scheduled Compliance** – Reports the available reasons reviews were scheduled but not held, and counts from each region for the given date range.

- **Six Month POS Reason Not Scheduled Compliance** - Reports the available reasons reviews involving POS agency workers were scheduled but not held, and counts from each region for the given date range.

- **Six Month DCFS Reason Not Scheduled Compliance** - Reports the available reasons reviews involving DCFS workers were scheduled but not held, and counts from each region for the given date range.

- **Six Month POS Compliance** – Reports the compliance numbers for reviews held versus reviews required for reviews involving POS agency workers for each region, for the given date range.

- **Six Month DCFS Compliance** - Reports the compliance numbers for reviews held versus reviews required for reviews involving DCFS workers for each region, for the given date range.

- **Six Month Compliance Statewide** - Reports the compliance numbers for reviews held versus reviews required for both DCFS and POS agency workers for each region, for the given date range.

- **Children That Were Not Reviewed** – Detail report providing information on children requiring a review for which a review was not held or not scheduled.

- **Six Month RSF Compliance** – Reports the compliance numbers for reviews held versus reviews required for both DCFS and POS agency worker for each family RSF for the given date range.

- **POS Provider Compliance** - Reports the compliance numbers for reviews held versus reviews required for each POS agency, for the given date range.
Healthcare/Immunization Reporting

- Immunization Status Compliance Case Manager Summary – Reports the compliance numbers of children who had received the required immunizations versus the number of children reviewed by case manager.

- Immunization Status Compliance Team Supervisor Summary – Reports the compliance numbers of children who had received the required immunizations versus the number of children reviewed by Team Supervisor.

- Immunization Status Compliance Regional Administrator Summary – Reports the compliance numbers of children who had received the required immunizations versus the number of children reviewed by region.

- Immunization Status Compliance Statewide Summary – Reports the compliance numbers of children who had received the required immunizations versus the number of children reviewed on a statewide basis.

- Healthy Kids Annual Exam Status Case Manager Summary – Reports the compliance numbers of children who had received the required Healthy Kids annual exam versus the number of children reviewed by case manager.

- Healthy Kids Annual Exam Status Team Supervisor Summary – Reports the compliance numbers of children who had received the required Healthy Kids annual exam versus the number of children reviewed by Team Supervisor.

- Healthy Kids Annual Exam Status Regional Administrator Summary – Reports the compliance numbers of children who had received the required Healthy Kids annual exam versus the number of children reviewed by region.

- Healthy Kids Annual Exam Status Statewide Summary – Reports the compliance numbers of children who had received the required Healthy Kids annual exam versus the number of children reviewed on a statewide basis.

Statistical Reporting

- Administrative Case Review Compliance Statistics – Detail statistics report on reviews held within the given date range including placement type, permanency goal, open reason, review information. This report can be selected on a date range, particular region or POS/DCFS.

- Administrative Case Review Child Reviews Held – Detail statistics report on reviews held within the given date range, with counts of families and children reviewed, broken down by region and sub-region with totals for each and statewide.
• Administrative Case Review Statistics – Well Being Measures – Detail statistics report on reviews held and compliance with Well Being Special Needs questions within the given date range, with counts of families and children reviewed, broken down by region and sub-region with totals for each and statewide.

• Administrative Case Review Statistics – Reviews Held by POS Agency – Detail statistics report on reviews held by individual POS Agency within the given date range, with counts of families and children reviewed, broken down by region and sub-region with totals for each and statewide.

• Administrative Case Review Statistics – Case Reviewer Feedback Statistics – Detail statistics report on reviews held by Reviewer within the given date range, with counts and percentages of feedbacks completed split into regular, critical and chronic feedback types.

• Administrative Case Review Statistics – Detail Report by Worker – Detail statistics report on reviews held by caseworker, including information on each review, compliance with Well-Being measures, feedback response, etc.

Enhancements:

Over the past twelve months, a large number of enhancements have made the ACR system both more stable and reliable. These enhancements include:

• Correction of the vast majority of data synchronization issues between the CYCIS and ACR systems;

• Major modifications to the ACR Log, which tracks work for ACR users, to make it much more reliable and efficient;

• Placement managers have had their security access corrected to allow them to properly approve Corrective Action Plans online;

• The Case Review Monthly Roster (CRMR) has been vastly improved, both in the information presented and in the reliability of delivery, informing caseworkers of the upcoming reviews they need to have scheduled;

• Overall security for the ACR system has been tightened, ensuring that unauthorized personnel are unable to modify review information;

• The ACR Packet, used by Reviewers in the reviews, has been enhanced and continues to be reviewed and modified to provide a source of comprehensive case information for use in the reviews; and
The notification letter process has been enhanced and improved to ensure the letters are going out with the most accurate information, as well as being delivered to the proper casework staff.

Special Accomplishments of ACR in FFY 2008 and Activities Related to the Program Improvement Plan (PIP)

As a result of the Child and Family Services Review and resulting PIP, the Division of Administrative Case Review will enhance its supports to all stakeholders in an effort to improve overall outcomes for the Department. Training initiatives have been developed to assist casework staff in understanding the ACR process and job functions and how it impacts overall case management. In addition, ACR has enhanced its networking with key stakeholder groups to assist and educate those groups on the scope, purpose and importance of their role in the ACR process.

Training Initiatives

During the 2008 fiscal year, Administrative Case Review provided ongoing training of DCFS and Purchase of Service (POS) agency staff. Two different trainings were available for staff in the areas of ACR Procedures and Processes and the ACR Electronic System. The Department’s Training Office provided Continuing Education Unit credit hours for both of these trainings.

The ACR Procedures and Processes trainings are comprised of an overview of the ACR responsibilities and detailed information of the ACR process. This training involved providing information on where and how ACR receives its information on eligible cases; information provided for scheduling and rescheduling of case reviews; expectations of the ACR meeting; the purpose, scope and content of feedback information; the Decision Review process for professional staff to obtain review of disputed decisions made by ACR staff; and the relevance and impact of DCFS CYCIS information to ACR mandates.

Ten ACR Procedures and Processes training sessions were held in the downstate Illinois regions. A total of 196 participants attended representing both DCFS and POS agencies.

The ACR Electronic System trainings were held throughout the Cook County Region for both DCFS and POS agency staff. A total of 236 participants attended this training. This training allowed staff to learn how to access the ACR data base computer operation. The training included information on scheduling a review, responding to feedback reports following a review and tracking individual ACR dates/times/location for workers and their supervisors to ensure that they can find the status of their cases that are eligible for an ACR.

Administrative Case Review and DCFS Training staff will include these two trainings in the Department’s Foundations Training for all new caseworkers in 2008. The inclusion of this information will enhance the awareness and understanding of ACR and will
enable caseworkers to integrate this process into their Child Welfare Case Management responsibilities.

**ACR Web Based Training**

ACR has collaborated with the DCFS Training Office to develop an Electronic Web Based System Training for DCFS and POS agency staff. This web based training will allow staff to access ACR-related training modules on an “as needed” basis, and will address subjects such as managing their case review load, scheduling their case reviews in a timely manner, and responding to feedback from the ACR with a feedback response action plan.

There are 3 “viewlets”: The viewlet on case review cycle codes (Jan – July, Feb – Aug, etc.) shows staff when their cases are coming up for review. Staff can identify their cases within the cycle month in which their ACR is eligible for review, and look up the scheduled time and location for each of their eligible cases for review. Staff can also identify cases that need to be scheduled for review, identify the lead worker and all other workers involved in the family system.

A second viewlet shows staff how to complete the Case Review Monthly Report (CRMR) and return the completed report to the ACR coordinator to complete the scheduling of the ACR.

A third viewlet shows staff how to respond to a chronic and/or critical feedback generated after an ACR and how to submit a feedback response action plan to their supervisor and Placement / Field Service Manager. Submission of the feedback response action plan ensures that any outstanding issues/problems are being addressed and mitigated as recommended. This also provides ACR with the ability to monitor progress on these feedbacks.

**Caregivers and the Administrative Case Review**

At an ACR, the Reviewer determines whether the Client Service Plan is addressing the needs of the child and whether the service plan is moving the case towards the permanency goal, while meeting agency policy, federal and state laws and consent decrees. As active members of the Child Welfare team, ACR staff encourage caregivers to actively participate in the planning process for children in their care and attend scheduled reviews. The caregiver can provide a Reviewer with vital information about the child’s progress and service needs.

The ACR electronic system sends an invitation letter to the caregiver based on information provided by the caseworker on the Case Review Monthly Roster (CRMR). Caregivers receive notification at least two weeks in advance of the scheduled review. Caregivers have the right to participate and every effort is made for their inclusion. Although case reviews are held during regular agency business hours, when a caregiver is unable to attend in person, the Reviewer can accommodate them via telephone conference.

The Reviewer may segment the review when multiple children in a family are involved to allow for individual discussion of each child. In these circumstances, caregivers for one or more
children may be asked to wait in a waiting area during portions of the review that do not pertain to the child or children in their care.

At the review, the Reviewer will ask the caregiver about the child’s needs, the effectiveness of service delivery and other services that may be required. Caregivers are given an opportunity to give their perspective on how the child is doing in placement. After the case review, the caregiver can elect to complete an exit survey to give further input on the ACR process.

ACR has developed an informational brochure for caregivers to assist in their understanding of the case review process, their role and the importance of their participation.

Administrative Case Reviews and Permanency Hearings

Department Administrative Case Reviews and Juvenile Court permanency hearings continue to work collaboratively to ensure timely permanency for children in custody and guardianship of the Department.

The first administrative case review 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.

The Illinois Juvenile Court Act requires the first permanency hearing to be conducted 12 months after the Department was awarded temporary custody of the child/youth. Subsequent permanency hearings are conducted every 6 months thereafter. The court sets the permanency goal, evaluates the appropriateness of the current service plan as it relates to goal achievement, reviews reasonable efforts, and determines whether the parents have made reasonable progress.

ACR and Advisory Councils

ACR staff play an integral role with the Department’s Youth Advisory Board, Partnering With Parents Advisory Councils and caregiver conferences.

Staff have attended Youth Advisory Board meetings, which are held monthly in various regions throughout the State. At these meetings, information is shared about the ACR process, Juvenile Court process, permanency hearings, and other DCFS and court processes. Youth are encouraged to raise any issues and concerns, and to attend their administrative case reviews.

The Department has established Partnering With Parents Advisory Councils established throughout the State. These Advisory Councils include parents of children currently in DCFS care, parents of children who were in DCFS care in the past, and parents of children living at home but with open DCFS service cases. They give parents a voice, an opportunity to network, and an opportunity to learn more about DCFS processes and initiatives. DCFS professional staff
participate in these Advisory Councils, and include a DCFS Juvenile Court attorney, an ACR Associate Deputy Director, casework placement managers, and POS agency representatives. Professional staff provide information regarding the child welfare and court systems, and provide other assistance to the Advisory Councils as requested.

Caregiver conferences provide a venue for foster parents and relative caregivers to network and receive information about Department programs and initiatives that affect their role in providing care to children. The Division of Administrative Case Review has been invited to present workshops and provide information on the scope and purpose of ACRs.

The Division of Administrative Case Review has also developed informational brochures targeted to children and youth, parents and caregivers that provide information on the ACR process and the importance of participating in that process. These brochures are available in both English and Spanish.

**Plans for Enhancing the Case Review System in FFY 2009**

In an effort to provide continuous quality improvement, the Division of Administrative Case Review plans to implement several program changes to enhance the level of functioning and to provide more efficient and effective services.

“Strengthening Families” is a concept that the Department has embraced with regard to its work with children and families. The philosophy is to provide services and supports to help families maintain and keep children at home with their parents, providing there are no safety concerns. To support the Department’s stance on strengthening families, ACR is upgrading its collection and monitoring activity to include an emphasis on “family well-being.” The ACR Packet, used by Reviewers during the reviews, will be enhanced and modified to provide a source of comprehensive case information, from a family based perspective, in the areas of:

- Increasing the capacity of families to provide for their children;
- Increasing services to meet the physical needs of the family;
- Increasing services to meet the mental health needs of the family; and
- Increasing parental substance abuse and treatment.

ACR will begin to diligently track the efforts being made to pursue family well-being consistent with the Department’s mission and goal of strengthening families.

In addition, ACR will conduct internal peer reviews. Reviewers will be expected to sit in on case reviews across regions outside of their catchment area, and critique the review process. Feedback will be given to case review staff with the goal of enhancing consistency in the review process, dissemination of information and client appeal rights. In addition, unit meetings will discuss this feedback to help improve uniformity and consistency of the review process.
The initiatives indicated above will support the Division of Administrative Case Review’s continuous quality improvement efforts to provide timely, effective, and relevant quality services, which will lead to better outcomes for the children and families served by the Department.
Licensing As a Program Support Function

Licensing is both a program support function and the function that supports the health, well-being, and protection of children. As a program support function, it is closely related to and supports service delivery. The primary purpose of licensing is to safeguard and reduce risk to children who are in need of supplemental and substitute care. The vested powers of licensing are as follows:

- Rule Making
- Decision making (issuances and non issuances of facility licenses)
- Enforcement

The vested powers help to ensure that all licensed facilities function at, at least, the minimum standard that is prescribed by law and empowers the Department to enforce all licensing standards in accordance with Illinois law. Licensing standards for foster family homes, group homes and child care institutions are reviewed every 3 years to determine whether the licensing standards, as written, are appropriate. Licensing standards for other licensed facilities are reviewed periodically and modified as the need occurs.

Licensing Functions, Activities, Systems and Effectiveness

Licensing Standards

The Illinois Department of Children and Family Services has been very effective and successful in establishing and maintaining standards for foster family homes, adoptive family homes and child care institutions in which children served by the Department are placed. The Department's licensing standards reflect standards established by the Council on Accreditation. The Department uniformly applies licensure standards to all foster and adoptive homes and child care institutions that serve children in the Department’s care.

The Department sets standards for licensing to insure the health, safety and well-being of children and continually reviews and revises these standards to reflect best practice, legislative change, programmatic change and/or child health and welfare research. Licensing standards may also change in response to recommendations by the Department's Inspector General or other advisory groups.
The Department requires each foster and adoptive home and child care institution to substantially comply with all licensing standards and maintain a valid license in order to have children placed in the facility for care, without exception. The homes of unlicensed relative caregivers must also meet a set of prescribed standards, and the Department provides incentives for and strongly encourages relative caregivers to become licensed as foster family homes.

As part of the Deficit Reduction Act of 2006, the federal government has mandated that a child placed in an unlicensed home is not eligible for federal assistance under the Title IV-E program. In September 2006 all existing unlicensed relative caregiver homes with foster children were contacted by the Department to begin the licensing process. The homes were expected to comply with Rule 402, Licensing Standards for Foster Family Homes and become licensed foster homes.

The Department has developed and implemented an HMR website (IllinoisHMR.net) that enables private agency and Department licensing staff to expedite the licensing process for relative caregivers. The website allows licensing staff to track and update foster home licensing applications and keep track of licensing data by the Department. Also, the Department has made information that was previously available only in hard-copy reports mailed to the licensing workers available on-line. The Department conducted a statewide training on HMR conversions via this website. Licensing workers and Agency Performance workers were trained to access and follow the application process via the website. If the home cannot be licensed, a licensing waiver may be requested. Information on how to request waivers is available on the website.

**Major Areas Covered by the State’s Licensing and Approval Standards**

The major areas covered under DCFS licensing standards are: capacity limits for children, staff and parents, housing, sleeping arrangements, health and safety, education, leisure and recreation, religion, nutrition and meals, health of foster family and staff, discipline, criminal background checks of applicants and staff, child care services, staff coverage, foster parent and staff training, facility requirements, child care groupings, work and training of children, personal care and hygiene, allowances, activity requirements, transportation of children by day care home, swimming, children with special needs, school age children, children under 30 months of age, qualifications of staff, diapering and toileting, napping and sleeping, medication management, and night care.

DCFS and POS staff who examine and license child care facilities must pass the Child Welfare Specialist Licensure Exam as well as qualifying tests in areas of licensure in which they specialize, such as foster homes, day care homes, group day care homes, day care centers, child care institutions, child welfare agencies, shelter care facilities, group homes and secure child care facilities. In addition, each licensing representative must pass a test regarding understanding of the Child Care Act of 1969.

**Effectiveness in Establishing and Maintaining the Licensing Standards**

The Child Care Act is the state legislation that requires DCFS to establish licensing standards for child care facilities. DCFS continually reviews and revises its licensing standards to reflect best
practice, legislative change, programmatic change and child health and welfare research. Standards are also revised in response to recommendations and input by the Department’s Inspector General, the Statewide Foster Care Advisory Council, the Illinois Adoption Advisory Council, and other advisory groups.

The Department amends licensing standards and rules to reduce risk to and upgrade safety for children and families. During FY’08, the Department has made amendments to licensing Rules 402, 406, 408, 383, and Procedures 401 & 402. The Child Care Act of 1969 was also amended to reflect changes related to adoption agencies.

Uniform Application of Licensing Standards

In Illinois, without exception, all foster and adoptive homes must be licensed as foster family homes. The Department strongly encourages relative caregivers to become licensed as foster family homes, but they are not required to be licensed. If a relative caregiver wishes to care for a child who is not related to the caregiver or a child in his/her care, the home must be licensed as a foster family home.

The Department, by rule, must send an application for license renewal to all licensees prior to expiration of the current license. When a licensee makes a timely application for renewal of the license, the current license remains in full force and effect until the Department makes a final decision on the application.

The Central Office of Licensing mails renewal applications directly to all foster/adoptive homes supervised by the Department six months in advance of the expiration date of the license. When the license is supervised by a private child welfare agency, the Department sends the agency a renewal notice, and the agency must send a renewal application to the home and complete a renewal licensing study prior to the expiration of the current license. The Department sends monthly reports to each private child welfare agency containing the status of pending expirations and new renewal notices sent from Central Office of Licensing during the current month.

The Central Office of Licensing mails applications for license renewal to all other licensed child care facilities six months prior to expiration of the current license. The facility must complete the renewal application and submit the completed application to the Department within three months of receipt of the notice. Department licensing staff will conduct a renewal licensing study and make a recommendation on the renewal application prior to expiration of the current license.

The Department initiates enforcement action when licensed homes or other child care facilities fail to comply with licensing standards and the Child Care Act. In appropriate cases, the Department may revoke or refuse to renew a license, or refuse to issue a license to a permit holder (for example, when the licensee or permit holder is convicted of a crime that constitutes a bar to licensure, when housing or the physical plant does not meet minimum licensing standards, when there is an indicated report of child abuse or neglect in which the licensee or a household member is named as the perpetrator, or because the licensee has demonstrated in other ways that he or she cannot ensure the best interests of children in care.)
Quality and Effectiveness of the State’s Standards

Generally, Department licensing standards are believed to be of good quality and are effective in ensuring the health, safety and welfare of children. One area noted as needing possible improvement is that Illinois does not have a uniform, standardized home study assessment process (i.e., Department and private child welfare agency staff may focus on different areas depending on the emphasis of the agency). A Home Study Committee has been established and charged with the task of creating minimum standards regarding the content and format for international adoption home studies and time spent in person with the adoptive families, to develop templates for international and interstate adoptions and to make recommendations regarding enforcement of post-adoption/placement monitoring of both the agencies and the families they serve. The uniform home study will become a required format for all Illinois intercountry adoptions.

Background Checks

The Department conducts fingerprint-based criminal history background checks on foster home applicants and all members of the household age 18 and older. The electronic fingerprints are submitted to the Illinois State Police for comparison to their criminal history records as well as the Federal Bureau of Investigation.

In addition, each applicant and all members of the household age 13 and over are checked against the Statewide Automated Child Welfare Information System (SACWIS), the Illinois Sex Offender Registry, and, if an individual indicates that he/she lived outside the State of Illinois during the last 5 years, similar checks are done in that state, as well.

Individuals subject to the background check include:

- Any individual who applies for a license to operate a child care facility;
- Household members in a family home; and,
- Each employee of a child care facility.

Since the 1970’s, the Department has uniformly applied criminal background check requirements to both Department and private child welfare agency supervised foster and adoptive home applicants. The child abuse/neglect history check was added to the background check requirements in the early 1980’s and included not only checking the history of the applicants, but also of household members. Employees of child care facilities have been subject to criminal history checks since 1996 and have been required to authorize a check for history of child abuse/neglect since the mid-1980’s.

When fingerprinting is required, a trained technician administers the fingerprinting process using an electronic scanner at a prescribed fingerprinting site. The prints are electronically transmitted to the Illinois State Police and results are transmitted to a central database within the Department.
Background checks of the SACWIS and the Sex Offender Registries are conducted internally within the Department and are initiated via submission of a written authorization, on a form prescribed by the Department, which is completed and signed by each individual subject to background check.

Results of the background check fall into the following categories:

- The individual cleared the background check. There is no history of criminal conviction and/or child abuse/neglect;
- The individual has been convicted of a crime that does not bar licensure;
- The individual is/is not an indicated perpetrator of child abuse/neglect;
- The individual has been convicted of a crime that bars licensure, or,
- The individual has been convicted of a crime that is classified as a bar to licensure but may be waived if certain criterion are met.

The Department’s Central Office of Licensing controls the dissemination of the background check results. A summary of the results is forwarded to the Department licensing representative and the licensed child welfare agency or licensed child care facility that currently serves or will serve as the supervising agency for the license. If the background check yields results that would bar the issuance of a license or employment, the individual that is the subject of the background check will be notified. Any individual that receives such a notice has an opportunity to appeal the results of his/her background check by submitting documentation to support that he or she is not the individual identified in the background check report, that the report is inaccurate, that he or she was never convicted of the crimes as alleged in the report, or that he or she has been granted a full Pardon by the Governor.

In cases involving criminal convictions that do not bar licensure or reports of indicated abuse/neglect, the Department has established, by rule, a list of criteria that must be applied in an assessment format. The criteria includes determining the length of time that has passed since the incidents, rehabilitation and the seriousness of the crime or abuse/neglect in relationship to the individual’s current ability to care for or have contact with children. Department or private agency licensing staff, or, in the case of employment decisions, the child care facility, must meet with the individual, review the criteria and complete a written assessment. The assessment must be returned to the Central Office of Licensing with a recommendation to clear the individual or to deny a clearance based on the results of the assessment. The Department will receive notice of any subsequent criminal charges/convictions or child/abuse reports that occur with regard to licensees, household members and employees of child care facilities. The information comes to the Central Office of Licensing in the form of a revised criminal history or a pending child abuse/neglect report. When the Department receives a revised history, the Department sends a new notice to the Department or private agency licensing staff or to the employer, who must assess the new information in the same manner as any background report. A revised history may result licensing enforcement action against the facility or home by the Department, private child welfare agency, or both.
Background checks are an essential part of the Department’s licensing and monitoring activities. In the case of family home licensure, a full license cannot be issued until the applicants and members of the household have cleared a background check. Licensed child care facilities, such as child care institutions, day care centers, child welfare agencies and residential group homes must develop and implement policies that ensure that their employees, as a condition of employment, authorize a criminal background check via fingerprinting. The executive director or designee must clear employee background checks and employees may be left alone with children until they have been fingerprinted and have cleared the child abuse/neglect and Sex Offender Registry checks.

Enhancements Made in Licensing Standards, Functions and Policies Made in FY 2008

Rule 383 – Licensing Enforcement. The Department’s new Rule 383 sets out Department and private child welfare agency licensing responsibilities. The highlights of these news responsibilities include:

- Examine and monitor child care facilities;
- Receive and investigate licensing complaints;
- Develop and implement protective or corrective plans that assure the safety of children while allowing licensed facilities to correct noted violations;
- Review licensing decisions; and
- Conduct enforcement actions.

Some of the processes for implementing the new Rule are as follows:

- Surrendering a license or permit, including when staff may designate a surrender “with cause”; and
- Administrative hearings, through which a licensee or permit holder may obtain review of Department decisions to revoke, refuse to renew, or refuse to issue a full license to the holder of a permit.

Procedures 401 - Licensing Standards for Child Welfare Agencies. Procedures 401-Appendices B and C contain information that the adoption agency must provide to each birth and adoptive parent prior to signing any contract. Other sections in Procedures 401 have been clarified, including:

- **Training** – Clarified the guidelines for providing the minimum 6 complete hours of training to adoptive parents and a minimum of 4 complete additional hours of training when the child has special needs. Adoptive parent training curricula must be approved by the Department’s Office of Training.

- **Amended Information** – The prospective adoptive parents must be provided detailed information concerning the child’s educational and health history, copies of immunizations records (including insurance and medical card information), a history of the child’s previous placements, if any, and reasons for placement changes, excluding any information that identifies or reveals the location of any previous caretaker.
• **Adoption Fees** – Agencies may charge fees that are considered to be usual, reasonable and customary in the community for the delivery of adoption services.

**Procedures 402 – Licensing Standards for Foster Family Homes.** Amendments to these procedures include new and revised forms and a new format for organization of foster home licensing files.

**Rule 406, Licensing Standards for Day Care Homes.** Amendments include:

• **Admission and Discharge Procedures.** Requires that a daily list of children in care be easily accessible in case of emergencies and fire drills.

• **Fire Safety Inspections for Day Care Homes.** Requires the Department to notify local fire prevention authorities after receiving a new or renewal application and to allow the authorities to inspect the home and make recommendations to the Department when considering the application. A “Memo of Understanding” between the Department and the Illinois Office of the State Fire Marshal has been agreed upon relating to Life Safety Code Inspections of Home Day Care Facilities. Changes were made to the Home Day Care Checklist.

• **An interagency agreement** is being developed between the Department and the State Fire Marshal.

• **Licensing staff have been trained** on the new proposed procedures by the Office of the State Fire Marshal and the provisions will be implemented in FY ’09. This training will enhance licensing representatives’ knowledge of what is expected from the Office of the State Fire Marshal and ensure that their expertise with the provisions regarding day care homes and complex building configurations are applied with knowledge and confidence.

• **Water Temperature Safety** – Licensing standards for day care homes require that the water temperature at hand washing faucets in these homes be regulated to no more than 115 degrees Fahrenheit when the facility cares for children who are under 10 years of age or developmentally disabled. This has been implemented in all day care facilities.

• **Home Schooling** – any children under 12 years of age who live in the home and are home schooled shall be counted in the maximum number of 8, unless another parent or caregiver is providing the schooling in an area separate and apart from the area where day care is provided, and that person has no responsibility for care or supervision for the children receiving day care.

**Rule 408, Licensing Standards for Group Day Care Homes**

• **Fire Safety Inspections for Group Day Care Homes** - The Department must notify local fire prevention authorities after receiving a new or renewal application for a Group Day Care Home and allow these authorities to inspect the home and make recommendations
to the Department regarding the application. A “Memorandum of Understanding” between the Department and the Office of the State Fire Marshal has been implemented relating to Life Safety Code Inspections of Group Day Care facilities. Changes were made to Home Day Care Checklist.

- **An interagency agreement** is being developed by the Department and the Office of the State Fire Marshal.

- **Licensing staff have been trained** on proposed procedures from the Office of the State Fire Marshal and the procedures will be implemented in FY 09. This training will enhance licensing representatives’ knowledge of what is expected from the Office of the State Fire Marshal and ensure that their expertise with the provisions regarding group day care homes and complex building configurations are applied with knowledge and confidence.

- **Water Temperature Safety.** Licensing standards for group day care homes require that the water temperature at hand washing faucets in these homes be regulated to no more than 115 degrees Fahrenheit when the facility cares for children who are under 10 years of age or developmentally disabled. This has been implemented in all day care facilities.

**Child Care Act of 1969.** The Child Care Act was amended to require adoption agencies to provide certain information to prospective adoptive parents about a child sought to be adopted. The Department has formed a committee to revise its Rules and Procedures to reflect these new requirements.

**Policy Guide 2007.15.** This policy guide requires the periodic review of licensing standards for foster family homes, group homes and child care institutions in order to assure their continued appropriateness. The Department’s licensing management staff and selected supervisors are required to review these licensing standards every 3 years to determine whether the standards, as written, are appropriate, and to identify any standards that should be amended or rescinded.

**Child Development Credentialing Training Level I.** Child Development Credentialing Training has been provided to all licensing staff. This training provides a general overview of child development, health and safety, school age care, observation, environments for children, and the importance of relationships with children and their families. This training will assist the licensing staff in providing consultation to day care providers.

Additional training levels (II, III and IV) for Child Development Credentialing Training are being developed, and, when complete, will form a comprehensive credentialing program for licensing representatives.

**Environmental Rating System Training (ECERS).** This training will assist the licensing staff in understanding the Quality Rating System utilized in licensed day care facilities. The training is designed to assess group programs for preschool-kindergarten aged children (2 ½ through 5 years of age) and also designed to assess programs for before and after school children, 5 to 12 years of age.
Background Check Unit Training. The Background Check Unit has made significant changes to its policies functions in FY 08 in order to expedite processing of background authorizations for foreign applicants, exchange students and day care employees with convictions and pending charges. This allows the licensing representatives to obtain the current background information and notify facilities immediately of convictions to ensure the health and safety of children in licensed facilities. Some of the enhancements and changes of the Background Check Unit policies are described below:

- Foreign applicants to wish to be fingerprinted must have a Social Security Number or Identification number.

- Foreign exchange students must submit an Authorization for Background Check, however they do not need to be fingerprinted since INS completes a thorough check on students prior to entering into the country.

- Only convictions and pending criminal charges for employees can be released to employers at licensed child care facilities. Non-conviction information can be released to the supervising agency for foster home applicants, but applicants cannot be denied on the merit of non-conviction information (although the Department’s Rule 402.12c, requiring applicants to be stable, law abiding citizens can be cited for denial of a license on background information).

- Authorizations with clearances no longer will be returned to the facility by mail. Notification of SACWIS and Sex Offender registry hits, Illinois State Police & FBI clearances will be sent to the facility electronically.

- Adopted youth in foster homes or subsidized guardianship are subject to age-appropriate background checks.

- Foster homes that are dual licensed (also licensed as day care or group day care homes) and have a Department ward living in the home are subjected to the background check process for day care and group day care home licenses.

Illinois State Police Training (Adam Walsh Child Protection and Safety Act). This training addresses Department licensing standards, in compliance with requirements of the Adam Walsh Child Protection and Safety Act, which require background checks of prospective foster and adoptive parents prior to final approval for placement. This training provides licensing staff with additional information to determine the suitability of a day care applicant and employees in their facilities. The following are enhancements to the licensing process:

- All licensing staff has been trained by the Illinois State Police.

- An applicant now has the ability to go to any police department and ask for an “Access and Review” if they believe that criminal history information incorrectly identifies them. The police department will fingerprint them and send the information to the Illinois State
Police. The Illinois State Police will respond to the applicant by letter, stating whether or not a mistake in identity has been made. The applicant can provide that letter to the employer. The employer shall attach the letter to the background unit’s notice and submit it to the Department’s Central Office of Licensing.

- The official criminal history record is maintained at the county level. When there is concern about the accuracy of the Illinois State Police information, the licensing representative may request the applicant to obtain his/her criminal history information at the county level and have that sent to the Illinois State Police.

Additional Policy Enhancements Made by the Department in FY 08

- **Clarification of Policy Interpretation 2000.13.** This Policy Interpretation addresses licensing standards regarding the toilet/child ratio and counting urinals. This interpretation will allow the licensing representative better understand the toilet/child ratio and ensure that day care providers are in compliance with the Licensing Standard.

- **Clarification of safety standards** that instruct caregivers to place all children on their backs when putting them to sleep.

- **Ensuring that parents are made aware** of a prospective day care center’s pesticide policy before their children are enrolled.

- **Unlicensed day care complaint procedures** have been enhanced to ensure compliance by the provider. The licensing supervisor shall report all unlicensed day care complaints to the States Attorney’s Office. Prosecution shall be requested when the provider fails to comply with the Department.

- **FBI results** will now be printed on the licensed facility’s Individual License Summary (ILS) and posted on the Department’s licensing database. This will allow licensing staff immediate access to the results of the FBI and other background reports.

- **Illinois law now requires all homes to install Carbon Monoxide Detectors.** This law became effective January 1, 2008.

- Orientation programs for persons interested in operating a day care center or day care home are now being offered throughout the state.

- **Department Rules and Procedures are available** on the Department’s website (www.state.il.us/dcfs) and also online at http://dcfswebresource.prairienet.org/. The Department’s website provides a central location where workers can access resources that pertain to their work, including:
  - DCFS Rules and Procedures
  - Best Practice Guides
  - Additional Policy Transmittal
FUTURE PROJECTS:

- Development of codes to match individual licensing standards; the current violation codes have no relationship to the licensing standards.

- Development of Procedures to accompany Rules 406, 407 and 408

- Update Study Guide for the Child Care Act

- Develop study guides for Rules 406, 407 and 408 to assist Department staff in preparing for licensing exams needed for employment as licensing representatives who inspect those facilities.

- A workshop entitled, “Building Blocks for Quality Care” is being developed and will be required for home day care applicants who have completed Orientation. This workshop is intended to enhance the provider’s knowledge of the licensing standards (Rule 406) and their skills in working with children.

Some of the training highlights included in this workshop are as follows:

1. The Importance of Understanding Child Development, examining what children can do at various ages and stages, offering appropriate activities, and recognizing when children are lagging developmentally.

2. Why Quality Day Care Homes Is Important. Children in quality day care homes have higher level of school readiness, better language ability, fewer behavior problems and higher cognitive performance.

3. Why Quality Care Is Important. Child care quality has a strong influence on children who are at risk for school failure. Children at risk for school failure are negatively influenced by poor quality child care.

4. Appropriate Environments. Examines how environmental influences affect children in day care.

5. Learning Activities. Enhances understanding about how children learn.

The overall goals of this workshop include an opportunity for providers to enhance their ability to be responsible care givers and provide an appropriate environment for children, obtain knowledge of health and safety practices necessary and appropriate for the care of children, and to learn about the many learning activities that can be made available for children.
Pending Implementation FY 09

- **Drug Testing.** All Child Welfare Agencies, Group Homes, or Child Care Institution facilities that contract with DCFS must require prospective employees to submit to drug testing. This testing for prospective employees must be completed prior to the background check process.

- **Amendments to Rule 407 – Day Care Center Director Qualifications.** This will require all day care center directors to have a bachelor’s degree. The Department will be working with educational resources to ensure compliance by 2012.

- **Missing Records Act (325 ILSC 50).** The Child Care Act has been amended to require parents to provide a child’s birth certificate to licensed day care providers. The provider must keep a copy of birth certificates for children in his/her care.

- **New Staff Attending Core Training.** New DCFS Day Care licensing representatives will be tested prior to attending Core Training. In the past, new employees went to Core Training first, then given certification exams during the training for the Child Care Act, Rules 406, 407 and 408. If passed the exam would receive certification and start carrying caseloads. The changes that will be implemented is new staff can now go out with certified licensing representative prior to taking going to Core Training or being Certified. Core Training is tentatively set for September 2008.

- **Development of Web Site (By the University of Illinois-Champaign & Child Care Resource Referral).** The University of Illinois-Champaign and the Illinois Child Care Resource and Referral program are developing a web site to enhance day care licensing representatives’ access information that they can use to provide technical support and consultation to day care providers.

- **Smoke Free Illinois Act (Public Act 95-17).** The State of Illinois has implemented a state ban on smoking, which also prohibits smoking in day care or foster homes as of November 1, 2008. The Department will be implementing licensing standards to address this.
Quality Assurance As a Program Support Function

Quality Assurance is a program support function in that it is designed to monitor the standards for child welfare service delivery to ensure the health, safety and well-being of children in the Department's care.

Enhancements to Illinois QA Systems/Activities as a Result of the CFSR

Illinois continues to have a comprehensive Statewide QA system that is among the few accredited by the Council on Accreditation of Services for Families and Children. DCFS Rules and Procedures and national child welfare best practice standards are an integral part of the infrastructure for delivering quality services to children placed in substitute care in Illinois. The Department’s formal Continuous Quality Improvement (CQI) process has been in operation since 1997. This CQI process includes a quarterly peer record review process, the on-going assessment of stakeholder satisfaction via a standardized survey process, and the use of various types of data and information by Department staff in monthly QI team meetings.

As noted in previous submissions, DCFS continues to utilize an outcome based review process that mirrors the CFSR since 2000. This outcome-based review process is called the Outcome Enhancement Review (OER) and was used initially to inform the Illinois Statewide Assessment prior to the 2003 CFSR and later to measure the implementation of the Illinois PIP. Each of the Department’s six regions continue to collaborate in the Department’s Regional PIP process, where Department staff and private agency staff formally engage in collaborative regional program improvement planning processes following each regional OER. The regional OER PIP process differs from the statewide PIP in that regional PIPs typically more directly address day to day case practice and supervision, versus statewide systemic issues which are addressed in the broader statewide PIP.

Illinois also continues to benefit from other QA-related initiatives and programs. The Division of Quality Assurance (DQA) continues to generate numerous reports on its various activities that staff use to assess service provision to children and family served. The DCFS Advocacy Office for Children and Families addresses issues and complaints regarding the quality of services, responsiveness of workers and problems related to the application of DCFS rules and procedures. The DCFS Office of the Inspector General (OIG) continues in its role of assuring accountability for services to children and families. It performs this function by conducting investigations of
complaints regarding the quality and appropriateness of services and making recommendations about needed changes. Other divisions, such as Licensing and Residential Monitoring, also contribute towards ensuring child safety, permanency and well-being.

**Quality Assurance System, Function and Activities in the Illinois Department of Children and Family Services**

**Standards that Guide and Ensure Quality Services to Children in Care**

The Illinois Department of Children and Family Services (IDCFS) is responsible for developing, implementing and monitoring standards that ensure the health, safety and well-being of Illinois children placed in foster care. Section 5 of the Child and Family Services Act (20 ILCS 505/5); Sections 2-2.1 of the Abuse Neglect Child Reporting Act (325 ILCS 5/2-5/2.1); Section 1-2 of the Juvenile Court Act of 1987 (705 ILCS 405/1-2); Section 1-103 of the Illinois Alcoholics and Other Drug Dependency Act (20 ILCS 305/1-10); and the Adoption Assistance and Child Welfare Act of 1980 which amends Section 471 of the Social Security Act (42 USCA 671 (a)(14)) grants IDCFS the authority to determine access to and eligibility requirements for child welfare services. The Child Care Act of 1969 (225 ILCS 10), the Children’s Placement Safety Act (430 ILCS 125), Section 3 of ANCRA (325 ILCS 5/3), AND sections 1 and 2 of the Facilities Requiring Smoke Detectors Act (425 ILCS 10/1 and 2) grants IDCFS to develop licensing standards for all homes and agencies providing out of home care to children placed in substitute care in Illinois.

**Best Practice/Department Rules and Procedures**

IDCFS has Rules and Procedures that define decision making regarding the placement of children in out of home care (Rule/Proc. 300, 304) as well as assessment, case planning, and service provision (Rule/Proc. 301, 302, 303, 305). In addition, IDCFS has the following Rules and Procedures that govern the licensing for all foster and adoptive homes, agencies and institutions:

- Licensing Standards for Foster Family Homes (Rule/Proc. 402)
- Licensing Standards for Group Homes (Rule/Proc. 403)
- Licensing Standards for Child Care Institutions (Rule/Proc. 383, 404)
- Licensing Standards for Day Care Agencies (Rule/Proc. 405)
- Licensing Standards for Day Care Homes (Rule/Proc. 406)
- Licensing Standards for Day Care Centers (Rule/Proc. 407)
- Licensing Standards for Group Day Care Homes (Rule/Proc. 408)
- Licensing Standards for Youth Emergency Shelters (Rule/Proc. 410)
- Licensing Standards for Secure Child Care Facilities (Rule/Proc. 411)

IDCFS requires that all foster homes and child care institutions meet licensing standards and that they maintain a valid license as defined in rules in order to have children placed in their care. Relative homes must also meet a set of prescribed standards and the Department provides for and strongly encourages relatives to become licensed foster homes. Standards set by the Department
for licensing are to insure the health, safety and well-being of children placed in substitute care. Such standards are continually reviewed and revised in order to reflect best practice, legislative change, and accreditation standards programmatic change and/or child health and welfare research. Standards might also change in response to recommendations by the Department’s Inspector General or various statewide advisory groups or changes in accreditation standards.

The Illinois Statute, the Child Care Act (225 ILCS 10/1 et seq.) requires the Department to conduct a criminal history check via fingerprinting and a check of the Illinois Sex Offender Registry. The Act also requires the Department to conduct a search of the Illinois Child Abuse/Neglect Tracking System (CANTS) to determine if individuals have ever been a perpetrator of abuse or neglect. This statute is supported by Department Rule 385 (Background Checks) and has been uniformly applied since the late 1970’s regardless of whether the proposed/licensed facility is licensed or supervised by Department staff or by a licensed child welfare agency. In addition, employees of childcare facilities are also subject to criminal history checks for abuse and neglect.

**Accreditation**

The pursuit of accreditation by DCFS beginning in 1996 continues to be the foundation of the Department’s efforts to improve service quality and program accountability. Meeting accreditation standards means that the Department as well as its contractual private foster care agencies have met or exceeded nationally recognized standards of excellence in child welfare.

IDCFS initiated the accreditation process through the National Council on Accreditation (COA) in 1996 culminating in statewide accreditation of the agency in 2000 in the service areas of Child Protective Services, Foster Care and Adoption. In addition, the Department elected to have its field offices go through peer site visits so that each office would be individually accredited as well. The Department began its re-accreditation process with COA in 2002 and became the first state child welfare agency to have successfully become re-accredited through COA in September 2004. The Department also continues to require private agencies providing kinship or traditional foster care services under contract to be accredited by COA. DCFS continues to be a leader in the nation in the area of accreditation with several states, including Kentucky, Louisiana, Arkansas and West Virginia having successfully followed the Department in the path of state agency accreditation.

The Department is now in the process of its next re-accreditation schedule with COA, this time under the Council’s new 8th Edition standards. FY08 and 09 accreditation activities have and will continue to focus primarily on the implementation of site visits throughout the Department’s over sixty field offices. Approximately half of the scheduled site visits with COA occurred during FY08 with the remaining offices scheduled to undergo site visits in FY09.

**DCFS Quality Assurance Functions at the Division Level**

The Division of Quality Assurance (DQA) was created in the Department to ensure that quality child welfare services are delivered in a timely manner. DQA is comprised of 3 basic organizational units: Field Review Unit, Regional Quality Improvement and Accreditation Unit, and the Aristotle Consent Decree and Special Projects Unit. Together, these units ensure the delivery of quality child welfare services, conduct comprehensive reviews of DCFS direct
service operations and computer-based analysis of Department programs, facilitate the development and operation of DQA and monitor compliance with the accreditation standards of the Accreditation Council. In addition, DQA formulates recommendations about overall service delivery processes in order to achieve desired outcomes for children and families served by the Illinois child welfare community. All DQA organizational units collaborate with the Children and Family Research Center at the University of Illinois on specific research and evaluation projects related to Department’s programs, services, systems and functions.

The following are descriptions of the previously mentioned monitoring functions and processes:

**Division of Quality Assurance (DQA)**

*As previously stated, the Division of Quality Assurance (DQA) is comprised of 3 primary units, each charged with monitoring agency practice towards ensuring the delivery of quality child welfare services. Specifically, the functions of these units are as follows:*

- **Field Review Unit:** This organizational unit conducts comprehensive reviews of direct service operations and Department programs for compliance with Department rules and procedures, accreditation standards, Best Practice standards, as well as the measurement and evaluation of outcomes. There is a Cook County as well as a downstate focused Field Review unit.

- **Regional Quality Improvement and Accreditation Unit:** This organizational unit facilitates the development and operation of Quality Improvement and accreditation processes in the 6 Department regions across the Department. The unit is comprised of Regional Quality Specialists and Management Operations Analysts who are located in each of the Regions with primary responsibility towards ensuring that the regional QI process is implemented at the team, site and regional levels. Additionally, this unit maintains and analyzes data relative to performance and conducts independent reviews of casework activity. There is a Cook County as well as a downstate focused QI unit.

- **Aristotle Consent Decree and Special Projects Unit:** This unit is primarily responsible for monitoring Department and POS compliance with the Aristotle Consent Decree regarding sibling placement and visitation. It also assumes special projects responsibilities as assigned that relate to other quality assurance related tasks.

The Division of Quality Assurance continues to have lead responsibility over all CFSR related activities. DQA also partners with the Foster Care Utilization Review Program (FCURP) in these endeavors. The Illinois PIP was operational from December 2004 through December 2006 during which time the Department submitted quarterly progress reports to the Children’s Bureau and ACF. The Department completed implementing all of the action steps and benchmarks in the PIP in December 2006, however, there are still 2 items (4 and 19) and four National Data Indicators whose PIP performance goals that remain to be met.
The primary methods for measuring the implementation of the Illinois PIP included ongoing submissions of data from the National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis Reporting System (AFCARS) to ACF specific to the national data indicators that were not met by Illinois during the CFSR. In addition, the Outcome Enhancement Review (OER) case review process was utilized in order to provide performance data on all items and outcomes consistent with the CFSR review process.

The Regional PIP process, which was implemented in 2005 has continued to be a viable and exciting process which compliments the Department’s CQI process. It is a process whereby DCFS and POS staff in each of the state’s six regions collaborate to develop a regional PIP that addresses practice issues raised via the OER process. Creative problem-solving strategies impacting day to day case practice and supervision, as well as the integration of some of the Department’s CQI strategies and the private agency sector, are just some of the positive impacts from the OER process. Heading into FY09, Illinois is pursuing the continued construction of its “Integrated CQI Framework” which will include implementing regional private agency CQI councils and a Statewide PIP Council.

**Purchase of Service (POS) Monitoring**

The Department established the Agency Performance Team Monitoring Division in order to strengthen its effectiveness in monitoring the provision of quality services by its contractual private agencies. The APT division continues to be actively involved in enhancing some of their program monitoring functions. In particular, APT has in recent years developed and implemented new review tools and strategies to evaluate POS case practices in response to performance contracting strategies that are part of the state’s PIP. DQA also continued to implement the same APT review process on DCFS managed cases each quarter during FY08 as well as work closely with APT in an effort to enhance the review tools and database capabilities, gradually transitioning the use of review data from being solely a performance contracting function to being used as part of DCFS and POS Continuous Quality Improvement (CQI) and Regional PIP activities, where local case practice can be impacted and improved.

**Other Internal and External Organizational Units and Monitoring Processes That Support and Promote Program Accountability**

**Administrative Case Review**

The Division of Administrative Case Review (ACR) manages the independent case review process for every child in substitute care that is required by federal state law. ACR also serves as an oversight mechanism for good child welfare practice for all divisions within the Department as well as for contractual private agencies. ACR incorporates both clinical and monitoring perspectives in conducting case reviews with the reviewer making recommendations to staff to ensure the facilitation of good child welfare practice and sound planning towards safety, permanency and well being for children. ACR conducts foster care reviews, determines case
eligibility and conducts 90-day reviews, 6-month reviews and reviews every six months thereafter. In addition, ACR reviews and documents service plan progress. An elaborate reporting system that identifies and recommends needed changes and categorizes such actions as “critical” or “chronic” alerts is also utilized for every case reviewed.

**Child Welfare Research**

The Department funds an extensive research agenda in child welfare aimed at the following: outcomes of services delivered by DCFS and private agencies; critical issues that impact the performance of the child welfare system; new areas of inquiry that directly inform child welfare policy and practice in Illinois; and, development of additional capacity within the state to support worker training and policy-related research in child welfare. Child welfare research activities are designed to promote the quality assurance and monitoring functions.

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**Health Policy**

Health Policy, which is now a unit as part of the broader division of Service Interventions, oversees the provision of health care services provided through HealthWorks of Illinois, a statewide, comprehensive health care delivery system for children in foster care. Health care services are administered to ensure that all wards have access to quality health care and that they receive appropriate health services when necessary. HealthWorks includes four primary components:

- A network of more than 3,000 physicians, including hospital emergency departments, and public and private clinics;
- Operation under a set of standards specific to children in foster care specified by the Child Welfare League of America;
- Specific tracking and documentation called Health Passport which follows the child through placement in substitute care; and,
- Medical case management for children age five and under.

Health Policy also oversees the provision of all substance abuse treatment services offered under the alcohol and other drug abuse waivers and those offered jointly by IDCFS and the Office of Alcohol and substance Abuse, a unit in the Illinois Department of Human Services.

**Advocacy Services**

The Advocacy Office for Children and Families is part of the Guardian and Advocacy Division and addresses issues and complaints regarding the quality of services, responsiveness of workers and problems related to the application of Department rules and procedures. The Advocacy Office receives information about concerns through a variety of means including letters to the Director, the toll free Help Line and walk-in visitors. The Office responds to issues and concerns from foster, biological and adoptive parents, subsidized guardians, caseworkers, service providers, and the general public. The Office also operates the Department’s Youth Hotline,
which provides an outlet for youth to contact the Office for consultation and direction. The Office also helps to ensure that recurring complaints, systemic issues or agency structural concerns are brought to the attention of the appropriate Department leadership in order to improve the service delivery system.

The Advocacy Office has a phone and data tracking system to address issues and more accurately capture office activities, respectively. Major functions of the Advocacy Office includes: serving as a Liaison to Governor’s Office and Office of the Inspector General, operating a toll free Help Line, processing waivers and operating a Youth Hotline.

**Foster Care Utilization Project (FCURP)**

The Foster Care Utilization Review Program (FCURP), a program of the Children and Family Research Center, School of Social Work at the University of Illinois, was developed in September 1998 to conduct independent performance reviews of private agency and Department child welfare teams. The program is designed to provide a comprehensive assessment of an agency/teams’ utilization and performance in terms of child welfare outcomes. This is accomplished by using both quantitative and qualitative data gathered during extensive on-site reviews. As previously stated, FCURP plays an important role in various CFSR related activities which includes providing technical support to DQA relative to the OER and Regional PIP process. FCURP also initiated the development of regional POS QI planning groups in FY07 and will continue to work with DCFS regarding CFSR preparations into FY09.

**Office of the Inspector General**

The role of the Office of the Inspector General is to assure accountability for services to children and families. It performs this function by conducting investigations of complaints regarding the quality and appropriateness of services and making recommendations about needed changes. In accordance with Public Act 88-0007, HB 1886, the Office of the Inspector General fulfills a number of mandated responsibilities including investigations and LEADS inquires for the purpose of investigating allegations of misconduct, malfeasance and violations of rules, procedures or laws by employees, fosters parents or contractors of the Department. The Office responds to and investigates complaints filed by the State and local judiciary, foster parents, biological parents and the general public. The Office of the Inspector General staff will conduct a systematic review of the issues or practice raised by the Director when the Office identifies a high number of complaints in a specific area. Such investigations result in recommendations regarding the particular subject and additional recommendations for systemic changes. The Office then monitors compliance with all recommendations. It also investigates the Illinois child deaths that appear to have been the result of abuse or neglect that is or were involved with IDCFS in the previous 12 months. The Inspector General submits a report of these findings to the legislature each year on January 1st.
Child Location and Support Unit

Another initiative brought to life under the new administration has been the establishment of the Child Location and Support Unit. This unit became fully operational in November 2003 with its primary responsibility being overseeing statewide efforts to locate missing DCFS wards. Staff utilize a first of its kind Missing Child Database, which downloads information daily from a DCFS client database and automatically lists when a child is missing. The Department utilized the services of the National Center for Missing and Exploited Children (NCMEC) in providing the necessary training for unit staff to prepare them to be able to swiftly investigate reports involving missing and abducted children.

Development of Outcome Measures for All Areas of Service

The Department has developed the “Child and Family Outcome Measures” document to report on measures that reflect its effectiveness and performance. “Child and Family Outcome Measures” is divided into three broad domains – Safety, Permanency, and Family and Child Well-Being – that encompass significant outcomes for children and families. These areas are consistent with the domains and subsequent outcome measures developed and utilized by the U.S. Department of Health and Human Services’ Administration for Children, Youth and Families.

Each domain contains specific measures for children and families that are consistent with the Department’s mission, nationally identified outcomes for children and families, litigation and good practice. Outcome measures will continue to evolve in response to new research, changes in information and Departmental needs.

Outcomes have been established in the three areas of service: Child Protection, Substitute Care and Adoption. These outcomes have a foundation in safety, permanency and child and family well-being. The process of managing these established outcomes is multi-faceted and utilizes numerous structures in the Department including the Department Management Teams, Agency Performance Teams, Quality Improvement Teams, and other various monitoring Divisions and units in the Department, two primary ones being the Office of Budget Development and the Division of Quality Assurance.

Monitoring that Ensures Implementation of Standards for Providing Quality Services

Performance Contracting

Performance contracting within the Illinois child welfare system was initiated in FY97. Under this program, financial incentives are aligned with securing permanency for children, with the
most salient change brought about being that fiscal incentives are now tied to permanency and stability performance where only process regulation existed before. Under the program, both permanency outcomes and agency practices are monitored and reinforced. Agencies must ensure the safety and well-being of Department wards based on objective permanency standards. Agencies benefit directly from exceeding performance expectations by retaining savings from lowered caseloads. Conversely, they also bear the risk of falling short of permanency targets, in which case the provider and not the state bears the financial burden.

Given the many successes from this overall performance contracting strategy in recent years, results from the Illinois CFSR in 9/03 suggested that the state might now benefit from re-energizing its efforts towards improving the quality of care for a substantially smaller population of children in care and their families. As such, a new contracting strategy was implemented in FY06 as part of the Illinois PIP that involves taking the dollars in the Cook County POS contracts that have been previously targeted towards moving large numbers of children out of the system (since this goal has been largely accomplished) and to re-invest or re-direct these dollars to reduce POS caseloads. This in turn should allow POS caseworkers to use greater creativity in meeting those case practice areas identified in need of improvement in the CFSR. The Department has also implemented a quality assurance component to this enhanced performance contracting strategy. This involved the development by APT of four distinct case review tools aimed at measuring POS agency compliance in four specific practice areas: casework contacts, placement stability, Integrated Assessment, and child and family team meetings. APT began utilizing these review tools in the private sector in the fall of FY06 and now routinely uses them on a quarterly basis. DQA staff began applying these same review tools on DCFS cases in FY07 in a process that mirrors the APT review process. This unique performance contracting strategy has now been established as a primary integrated review process that assesses the entire Illinois child welfare system (and not just the private sector), data from which is used now as part of the Department’s Regional PIP process, internal DCFS and POS CQI processes and will be used in the development of the Illinois CFSR Statewide Assessment later in FY08.

Continuous Quality Improvement (CQI): IDCFS CQI Processes

The Department has had a formal CQI process in place since 1997. Regions in the Department began by first implementing a peer case record review process along with Regional Quality Councils. Since that time, each region’s CQI process has grown to include Site and Local QI teams, as well as formal review processes that incorporate the access, use, and follow up of consumer satisfaction, incident/accident/grievances, and program evaluation information. Central office divisions in the Department (e.g. Training, Guardianship Services, Advocacy Services, etc.) have also initiated formal and informal QI processes as the Department’s CQI process continues to evolve and expand.

The Department’s Statewide CQI Plan outlines the processes and expectations of implementing Continuous Quality Improvement (CQI) within the Illinois Department of Children and Family Services (IDCFS). The primary purpose in having this focus on CQI is to achieve positive outcomes and the highest quality of services for the children and families served by the Department. To achieve this goal, the Department has emphasized that it is essential to maintain a structured process by which to examine, evaluate, and act
on quality issues within the Department and to involve all Department staff as well as stakeholders in such processes. The basic framework and structure to the Department’s CQI process continues to be as follows:

Regional/Site/Local Quality Improvement Councils

Each of the six Department regions continues to maintain a Regional QI Plan which delineates for staff the region’s vision as well as framework for the implementation of their regional CQI process. Regions maintain a fully inclusive QI structure via a functioning RQC, Site QI teams for regional offices and Local QI teams throughout the region. All QI teams operating in the region are expected to adhere to the standard 5-point QI agenda (peer review, incidents/accidents/grievances, consumer satisfaction, program evaluation, special projects/action planning).

Local QI teams are organized in keeping with the present Department team structure (e.g. Child Protection teams, Intact Family teams, Adoption teams, Permanency teams, etc.). The focus for Local QI teams is on individual team performance and it is essential that all staff on the team participate, which is to include clerical and other team support staff.

Like RQC’s, Local QI teams are expected to meet a minimum of once per quarter and to follow the standard 5-point agenda.

Site or Office based QI teams are comprised of representatives from each of the Local QI teams occupying the office or designated geographical area. The focus of the QI agenda at the Site QI team level shifts from the individual team to the site or office with each Local QI team representative bringing team issues as well as input to the site QI process. The Site QI team has the responsibility of reviewing action plans from Local QI teams and to determine the applicability of individual team issues to other teams within the site. Both Local and Site based QI teams are also responsible for recording the events and outcomes of QI meetings into minutes that are to be distributed to all staff on the team or in the site.

The DCFS Statewide Quality Council (SQC) was re-initiated in DCFS in April 2004. Since that time, the SQC has met consistently on a quarterly basis with representation from each of the six DCFS Regional Quality Councils in addition to members from other CQI related divisions, including DQA, ACR, and APT. The SQC seeks to develop or facilitate solutions to issues raised by RQC’s. Some of the issues raised to and resolved at the statewide level during FY08 includes enhancements to the case assignment process, distribution of laptops to case carrying staff, the development of a new statewide foster parent recruitment plan as well as various SACWIS system improvements.

Regional Peer Review

IDCFS has had a fully operational quarterly peer record review process in place since 1997. Investigative, intact family, foster care and adoption case files are reviewed using a defined process and qualitative criteria in order to identify areas of strengths as well as areas needing enhancements in the provision of services. Peer review provides the basis for
actions deemed necessary to strengthening the overall uniformity and quality of services in
the Department. The results of peer review are fed back to individual teams and
aggregated by teams, sites, regions and across the state in order to assess specific strengths
and weaknesses, at which point the action planning process can be initiated to either
support areas identified as strengths or improve performance on areas identified as a
weakness. The peer review process is perhaps the cornerstone of the Department’s CQI
process.

Each region is expected to have direct service casework staff for investigations, intact families,
and permanency services serving as peer reviewers for this process. Team supervisors and
managers as well as other stakeholders familiar with case practice and trained in the peer review
process are also encouraged to participate. Caseworkers and supervisors may not however
review cases for which they have any line responsibility.

The Department has standardized the peer review process and each region is expected to utilize
the Statewide Peer Review protocols for Investigative, Intact and Substitute Care Placement and
licensing services. A statewide database is also available by which regional peer review data
may be entered and aggregated for use in the region’s CQI process.

**Program Evaluation**

Program evaluation data is an essential focus of discussion and action for all QI teams. It is
through the process of disseminating information, reviewing data and finally through taking
action that an organization is able to insure that all of its programmatic areas are accomplishing
its established goals and ultimately meeting its mission.

Program evaluation data is produced from a variety of sources in the Department. The Division
of Quality Assurance produces a series of on-going reports at established intervals (e.g. weekly,
monthly, twice annually) that focus on the provision of services across all Department divisions.
Other Divisions (e.g. Budgets, Planning) produce a variety of data based reports that are
distributed to regions and central office divisions for the purpose of planning and CQI. Regions also produce their own internal reports that contain evaluative information focused on regional, site, and team performance.

QI teams at all levels and across the Department are expected to seek out and utilize program
evaluation data within their CQI process as it relates to the services they provide. Like all other
information and data produced and distributed throughout the Department, program evaluation
data is considered an essential and standardized focal point for all QI team agendas.

**Analysis of Incidents, Accidents and Grievances: Risk Management**

As part of the regional and statewide CQI process, Unusual Incident Reporting (UIR) data
as well as client and employee grievance data is to be reviewed at least every quarter in
order to address practice issues raised. DQA as well as the Department’s UIR reporting
system provides staff in the field with UIR data in order to identify and act on trends as well as information from the CANTS and Service Appeals systems that reflects consumer feedback as well as formal grievance data for clients served by the Department. A CQI initiative for the Department in FY08 will be to enhance this component of the CQI process to becoming a more holistic statewide risk management approach.

Consumer Satisfaction

Each region utilizes the Statewide Consumer Satisfaction surveys developed as a means to assessing the level of consumer satisfaction in the region. Statewide surveys currently in operation include:

- Client Satisfaction – Investigative/Protective Services
- Client Satisfaction – Intact Family/Placement Care Services
- Client Satisfaction – Aftercare Services
- Foster Parent Satisfaction
- Adoptive Parent Satisfaction
- Employee/Staff Satisfaction

All client and foster/adoptive parent surveys are available in English and Spanish. Regions are to insure that each consumer group is surveyed at least once per year. The Division of Quality Assurance is responsible for insuring that regional staff are surveyed on an annual basis. Regions use their Consumer Satisfaction Subcommittee to approve any additional survey development in the regions and to collect and report on survey results as part of their CQI process.

Updated consumer satisfaction surveys are scheduled to be rolled-out in the regions beginning in FY07. In addition, a statewide database to support the entry of consumer satisfaction data statewide will also be available to Department staff.

Action Planning

Action planning within IDCFS is the formal response taken by a QI team in the interest of correcting a problem or otherwise improving a work process in order to effectuate a positive change within the service delivery system. The action plan format that is generally used as a part of every teams’ QI process in the Department includes the identification of key tasks to be undertaken, persons responsible, timeframes for task completion and the evaluation of the implementation of such tasks.

As previously stated, an area of tremendous growth in the state’s QA process has been the implementation of a regional PIP planning process subsequent to each quarterly OER. The regional PIP process involves Department staff and POS staff who collaborate to develop unique strategies that address case practice and supervision deficits that are raised as the result to OER results. The regional OER PIP process differs from the statewide PIP in that regional PIPs
typically more directly address day to day case practice and supervision, versus statewide systemic issues which are addresses in the broader statewide PIP.

**Stakeholder Input into the DCFS Strategic Plan**

The Department of Children and Family Services is constantly interacting with a variety of its stakeholders, who provide input as how best to manage the child welfare community in Illinois. The Department has numerous standing advisory committees, which include representation from advocates, private contracted agencies, Department wards, foster and adoptive parents, community providers of services to children and families and at the local level, Local Area Networks (LAN’s).

**Regional/Site/Local CQI teams**

As previously stated, RQC and site/local QI teams are comprised of representative staff from all regional offices or otherwise designated geographical QI teams. Such representation includes direct service casework staff and management from all service delivery specialties, as well as other stakeholders such as foster parents and if possible, community providers.

**Foster and Adoptive Parent Advisory Councils**

The Statewide Foster Care Advisory Council and Statewide Adoption Advisory Council both continue to serve as collaborative opportunities for some of Illinois’ most valued stakeholders namely foster and adoptive parents, to have a voice in the provision of child welfare services. Additionally, Regional Foster Parent Advisory Councils are utilized by regions not only as opportunities to access valuable stakeholder/consumer feedback as to the quality of services being provided but as an additional and effective means to imparting QI related information. The Statewide Foster Care Advisory Council is also sanctioned by Illinois statute through the Statewide Foster Care Advisory Council Law.

**Youth Advisory Boards**

The Regional and Statewide Youth Advisory Boards partner with DCFS to provide advocacy and education for youth in care. They provide information about resources, opportunities and policies that affect all youth. Youth representatives sit on regional boards, which are then connected to the statewide board. Meetings are held on a monthly basis.

**Birth Parent Advisory Councils**

An initiative in the Illinois PIP was to implement regional birth parent advisory councils throughout the state. The Department began this process in FY07 with the beginnings of 4 such councils, one in each of the three downstate regions and one that will cover all three of the Cook County regions. These councils are intended to provide a forum for birth parents, both former
and current clients of the Illinois child welfare system, to inform Department policies and practices, to have input into strategic planning, and to provide opportunities for child welfare professionals to better understand the needs and issues facing birth parents.

**Citizen Review Panels**

In keeping with requirements of the Child Abuse Prevention and Treatment Act (CAPTA), the Department established four Citizen Review Panels in 1999 in order to examine the policies and procedures of state and local child protective service agencies. The individual panels are as follows:

- The Children and Family Service (CFS) Advisory Council
- The Statewide Citizen’s Committee on Child Abuse and Neglect (SCAN)
- The Children’s Justice Task Force (CJTF)
- The Child Death Review Team (CDRT) Executive Council

Each panel has a variety of members who are experienced in the field of social services to children and families. Membership includes representatives from professional organizations, child welfare agencies, volunteer associations, medical and mental health fields, law enforcement and criminal justice, public health, education, social work, child advocacy and concerned citizens.

**Quality Assurance Activities**

**Quality Assurance Information/Data Reports and Distribution**

All reports produced by DQA use data either entirely from the official Department databases, or such databases are used as a starting point for baseline data. In addition to preparing ad hoc reports on a daily basis, the Division produces the following regularly scheduled reports:

**Daily**

- CANTS Log Tracking System – an online system that mirrors the Child Abuse and Neglect Tracking System and is used for a variety of compliance checks and for employee performance measurement and basic statistical reporting by regional staff.

**Weekly**

- Weekly Statistical Update – an electronically disseminated point-in-time summary of key Department indicators with comparisons to the previous week and the previous year.
Update on Overdue/Non-Compliance – an electronically disseminated tickler showing state and regional compliance in completing investigations and initiating investigations within 24 hours.

Computerized Case Counting System – an online reporting system for use internally by DQA as well as Department staff in the regions. It allows for caseload verification, accuracy and consent decree compliance. It also provides a variety of details and statistical reports down to the case level.

Team Performance/Object Tracking System (TPOTS) – an online system that provides various demographic, statistical, and performance data for child welfare and child protection teams in the state.

Weekly Residential Population Reports – a hard copy report of activity in the residential population during the previous 7 days. Reports include regional information on each child that moved into, out of, or from one residential setting to another.

Weekly Runaway/Missing Child Reports – an online reporting system that provides current data as to the number of children listed as missing or abducted.

Monthly

Executive Statistical Summary – a hard copy report with distribution both within and outside the Department.

Child Abuse and Neglect Statistics – a hard copy report with distribution both within and outside the Department. It presents more than two-dozen key child abuse and neglect statistics from 1981 to present, as well as offering comparison statistics for the current fiscal year compared to the previous year.

Monthly Report of DCP Team Performance – a hard copy report with Department distribution only. It presents performance statistics and measures for each child protection or paired team in the state and ranks the teams according to overall performance.

By Worker Report (Permanency and Follow-Up Teams) – a report that is electronically transmitted to field managers and executive staff that provides various statistical data by individual worker on performance items and number of permanencies for children.

By Worker Report (Intact and Child Protection) – a report that is electronically transmitted to child protection managers and executive staff that provides various statistical data by individual worker on performance items.

Notification to ACR (Administrative Case Review) of Wards Who Were Victims of Indicated Abuse/Neglect – a report that is electronically transmitted to ACR that lists Department wards who were victims of indicated abuse/neglect for that month.

Sibling Group Report – a hard copy report with initial distribution within the Department. It presents information on substitute care sibling groups, the number where all children are placed together (intact sib groups), the number where some of the children in the sib group are placed together (partially intact sib groups), and the number where all children in the sibling group are placed apart from one another.

IDOC/DCFS Reports – a series of hard copy reports initially distributed to select DCFS and Department of Corrections (DOC) staff. These reports include summary
and detail reports on the number of DCFS wards that are also associated with the DOC Juvenile Division. The reports include a series of tickler reports informing DCFS staffs of wards that will soon need a substitute care placement resource as the youth is to soon be released from an IDC Youth Center.

Annual

- Child Abuse and Neglect Annual Report – a hard copy report that is distributed both internally and externally. It contains over 20 tables of child abuse and neglect statistics for the fiscal year, as well as some prior year comparisons where applicable. The hard copy provides narrative analysis. Tables from the report are available online on the Department’s website.
- Outcome Measures – a hard copy report that evaluates the Department at the state and regional level using the federal outcomes as well as outcome measures developed by the Department itself.

POS Agency Statistical Summary

With the implementation of performance contracting in child welfare in Illinois, agency contracts specify over one hundred measurable expectations intended to create a framework of quality and accountability to support more effective foster care practices. The POS Agency Statistical Summary presents statistics related to many of the measures organized into broad areas that are generally reflective of the areas outline in the contract program plan. This statistical report is intended to compliment other more qualitative evaluations of agency services, including case readings, quality assurance processes and other quality improvement activities. Agency Performance Teams (APT's) who function within the Division of POS Monitoring, other Department contract and monitoring units and POS agencies find this report useful as a composite of an agency’s standing in comparison to other agencies and as a snapshot of an agency’s performance trends across time.

As previously noted, the Department has also implemented a quality assurance component to its enhanced performance contracting strategy. This involves the development in FY05 by APT of four distinct case review tools aimed at measuring POS agency compliance in four specific practice areas: casework contacts, placement stability, Integrated Assessment, and child and family team meetings. APT began utilizing these review tools in the private sector in the fall of FY06 and now routinely uses them on a quarterly basis. DQA staff began applying the same review tools on DCFS cases beginning in FY07.

Special/Focused Reviews

The DQA Field Review Unit conducts reviews of DCFS operations through on-site audits of casework activity and management systems. The unit reviews case records for compliance with Department rules and procedures, accreditation standards, good casework practice and also includes the measurement and evaluation of outcomes. In addition, the unit may also interview
staff, consumers or other stakeholders and integrates these interviews into an evaluation of process, performance and outcome achievement.

**Monitoring of Aristotle Consent Decrees**

The Special Projects Unit of DQA is responsible for monitoring Department and POS agency compliance with regards to the Aristotle Consent Decree, which addresses sibling placement and visitation issues. Specifically, the unit conducts on-going reviews of documentation regarding the placement of siblings together in care, appropriate notifications as to where siblings are placed, visitation planning which meets the requirements of the consent decree and the implementation of sibling visitation in accordance with the consent decree.

**Outcome Enhancement Reviews**

As previously stated, the OER is an enhanced version of the Federal Prepatory Review process. Since its inception in mid-FY05, OER’s have occurred each quarter and over 550 DCFS and POS cases have been reviewed since that time. Results from the OERs that occurred during the implementation of the PIP between 12/04 and 12/06 provided valuable documentation that most of the PIP statistical performance goals had been satisfactorily met. Special OER’s conducted in FY07 focused exclusively on 2 items (Item 4 – Risk of Harm to Children and Item 19 – Workers Visits with Child) where previously submitted OER data had failed to demonstrate that PIP goals had been met. Results from these special OER’s were positive and the Department is optimistic that the Children’s Bureau will find that it has reached its PIP performance goals for these two remaining items though it anticipates that it will only have successfully achieved its PIP performance goals on one (Placement Stability) of the four National Data Indicators that were part of the Illinois PIP.

**Final Progress Report on the Program Improvement Plan – Critical PIP Initiatives to Continue Implementing**

DCFS completed the implementation of its CFSR PIP in December 2006 as scheduled. While Illinois appears to have been successful in terms of implementing all of its action steps by the 12/06 PIP deadline, six statistical PIP performance goals had not been not met at that time, however the Department is still optimistic that recent data provided to the Children’s Bureau for 3 of the 6 remaining performance goals will result in the state having met the goals for those particular goals. There are still however several PIP initiatives that are critical to implement successfully in FY09 if Illinois is to be successful in improving its performance relative to the seven federal outcomes. The following PIP initiatives continue to be integral to the Department’s mission during FY09:

- **Full Implementation of the Department’s new Reunification and Concurrent Planning Model**
• Continued Placement of Children in Substitute Care Whenever Possible in Their School Catchment Areas
• Continued Enhancement of Performance Contracting Strategies
• Implementation of the Safety Workgroup Recommendations to Reduce the Occurrence of Repeat Maltreatment
• Continued Implementation of the CAYIT Process to Improve Placement Stabilization
• Full Implementing the Child Behavioral Health and Trauma Models
• Continued Investment of the Integrated Assessment
• Statewide Implementation of Birth Parent Advisory Councils
• Continued Implementation of the Fatherhood Initiative
• Continued Collaboration and Improved Relationships Within the Illinois Juvenile Court Community
• Integration of Strengthening Families Protective Factors throughout all Illinois Case Practice Initiatives
• Implementation of a Broad-Based Strategy Aimed at Improving Performance re: Caseworker Contacts with Children in Care
Accomplishments and Plans in Enhancing the Department’s Statewide Information System Capacity

Approaches for Using Data for Planning and Management Purposes

The Illinois Department of Child and Family Services continues to use data to aid in planning for the future and to support management decisions in all areas of the agency. One way to assure this happens is to capture and to retrieve information electronically for as many program areas and job functions as possible.

While these systems are built in-house whenever possible and practical, the Department also relies on outside entities, primarily our university partners, to assist in development of some systems as well. Some examples (more information below) of these outside systems are the Child and Adolescent Needs and Strengths (CANS) system, the Statewide Provider Database (SPD) and the Residential Treatment Outcomes System (RTOS). These systems were developed in conjunction with Northwestern University in Illinois.

From our internal and external systems, the Department is exposed to a wealth of child welfare data that are used to validate and enhance both program development and project implementation. As an example, the Child and Adolescent Needs and Strengths (CANS) system results are provided to staff conducting special reviews to allow them to better assess a child’s history before the review ever begins.

Another example is the Department’s tying together of many systems available on varying platforms to assess compliance and trends within the Child & Family Services Review Program Improvement Plan (PIP) process. On a quarterly basis, these data are gathered and presented in the form of 30+ outcome measures that management staff may then use to identify both potential problems as well as program successes around the safety, permanency and well-being domains.

While the federal outcome measures are part of the report, the main focus is around measures that support the federal results. As an example, one of the federal measures relates to timely adoptions. Our internal quarterly report examines milestones in the life of a case that will affect the timeliness of adoptions, such as average time to termination of parental rights and average time from goal of adoption to adoption finalization.

Goals for the coming year include bringing more data together within the Department’s data warehouse and making the data available on a single platform whenever possible.
Quality Assurance Results Using Information Systems Reporting Capacity

The Department employs numerous methods in which to ensure the integrity and validity of data that is captured and reported via various quality assurance and continuous quality improvement processes. DCFS for example has had statewide-computerized data collection and reporting systems in place for over 25 years. Front-end child protection related data, including the tracking of all abuse and/or neglect reports made to the state’s hotline as well as information from ensuing investigations are recorded in the Illinois Child Welfare System (ICWS), formally known as Statewide Automated Child Welfare Information System (SACWIS).

Data relative to children and families receiving on-going services is tracked through the state’s Child and Youth Centered Information System (CYCIS). For placement information, each child’s complete placement history, legal status history, permanency goal history and administrative case review results is stored, both for children whose cases are directly managed by DCFS and those that are managed by private agencies in Illinois.

The Management Accounting and Reporting System (MARS) allows the state to obtain and report out even more specific child placement data including licensing data. Other information systems utilized by the Department includes its Unusual Incident Tracking System and Computerized Case Counting System, and all of these systems tie into the SACWIS, CYCIS and MARS systems.

The information that is entered into these data systems goes through a series of checks by Quality Assurance and data specialists from throughout the Department to ensure accuracy. Data that is submitted to the Federal government as part of the state’s NCANDS and AFCARS submissions is assessed for accuracy by QA and Office of Information Technology Services (OITS) staff.

The Division of Quality Assurance provides data and technical assistance to staff both within the Department as well as outside entities. The Division also uses data from other entities, such as the Illinois Department of Corrections, to assist in monitoring some of our most difficult populations: incarcerated wards and wards that have parent(s) who are incarcerated as well.

Data provided include a series of electronic tickler reports that act as reminders for upcoming court dates, administrative case reviews and necessary data clean up. Depending on the report objective, such data may be produced daily, weekly, monthly or at some other regular interval. Additionally, reports that focus on performance and outcomes are also produced and distributed on a regular basis. Areas tracked include case assignments, permanencies, overall agency performance, and federally monitored programs and functions.

Major Initiatives Completed During Last Year, On-going, and/or Planned for Next Year
The following identified initiatives are those that primarily impact case work staff’s ability the effect safety, permanency and well-being for the children and families served by DCFS. Infrastructure support initiatives that are seamless to direct service staff are not included here.

**Application Development/Enhancement**

**Illinois Child Welfare System (ICWS, formerly known as SACWIS) Enhancements**

ICWS is the application with the most users in the Illinois child welfare community. ICWS is used by all child protection staffs (DCFS State Central Registry, DCFS and private agency investigators, supervisors and managers) and by all DCFS and private agency caseworkers, supervisors, and managers who have Title IV-E case management responsibility. DCFS active users number over 3,800 at over 100 sites. There are over 2,300 active private agency users in over 90 agencies at over 200 sites.

The following ICWS production functionality is supported and maintained by OITS:

- Child protection reporting (Phase I implemented May 2002)
- Child abuse/neglect investigations (Phase I)
- Child welfare intake (Phase II implemented with DCFS staff July 2003 and completed with POS June 2006)
- Risk and safety assessments (Phase II)
- Integrated assessments (Phase II)
- Service planning (Phase II)

Ongoing system enhancements support field staff in improved child protection and child welfare service. Specifically, improvements to service referral and delivery, case documentation and enhanced assessment processes lead to advanced service provision and overall enhanced outcomes for Illinois. ICWS streamlines work and provides accessibility to information, which allows users to be more efficient in completing case activities.

The following table summarizes the ICWS releases implemented during the last year and planned for next year. Only changes to key functionality are identified here.

<table>
<thead>
<tr>
<th>Date</th>
<th>Functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 23, 2007</td>
<td>Resource Referral System – Cook County <strong>Pilot</strong> with Accu-Lab allows Cook County (DCFS and POS) to request, monitor, track and validate toxicology test completion by Accu-Lab.</td>
</tr>
<tr>
<td></td>
<td>Enhancements to Notes:</td>
</tr>
<tr>
<td></td>
<td>• Additional values added to more accurately reflect child/worker visits</td>
</tr>
<tr>
<td></td>
<td>• A new note type added; “Case-aide visitation” note was added to record the Case-Aide Visitation contacts</td>
</tr>
<tr>
<td>December 17, 2007</td>
<td>Early Intervention Services added to capture 0-5 early intervention activity and service delivery on cases. Early</td>
</tr>
<tr>
<td>Date</td>
<td>Functionality</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Intervention Services functionality was included to determine the needs of children ages 0-5 who have or are at risk for developmental delays.</td>
</tr>
<tr>
<td></td>
<td>POS Data Bridge – provides an extract of ICWS data to POS agencies for use in reporting</td>
</tr>
<tr>
<td></td>
<td>Enhancements to the resource referral functionality; added scheduling and ticklers—Cook County Pilot</td>
</tr>
<tr>
<td>July 2008</td>
<td>Enhancements to Integrated Assessment: Child section of the Integrated Assessment can be printed separately and made available to the Child’s Substitute Caregiver</td>
</tr>
<tr>
<td></td>
<td>Updated security to allow authorized staff access to case information as needed for case support.</td>
</tr>
<tr>
<td></td>
<td>SSN person data changes:</td>
</tr>
<tr>
<td></td>
<td>• SSN and client names locked down for Medicaid eligible clients</td>
</tr>
<tr>
<td></td>
<td>• For these clients, updates to SSN and name can only be made by the Eligibilities unit</td>
</tr>
<tr>
<td></td>
<td>Other General Enhancements:</td>
</tr>
<tr>
<td></td>
<td>• Early Intervention</td>
</tr>
<tr>
<td></td>
<td>• Person Management/Health History</td>
</tr>
<tr>
<td></td>
<td>• Notes</td>
</tr>
<tr>
<td></td>
<td>• Service Plan</td>
</tr>
<tr>
<td>Post July-December</td>
<td>Improvements to functionality in areas recommended by the new ICWS Steering Committee, which is represented by all Department Divisions with ICWS users</td>
</tr>
<tr>
<td>2008</td>
<td></td>
</tr>
</tbody>
</table>

**Administrative Case Review (ACR) Enhancements & Problem Resolution.** The purpose of this project is to correct deficiencies in the web-based ACR application in the areas of reporting and data quality and to implement requested enhancements to improve the ease of use of the application. The following changes/enhancements have been implemented into production:

- Edits to resolve scheduling date/time conflicts
- Enabling the addition and modification of Guardian Ad Litem and Public Defender information
- Improving notifications automatically sent to ACR participants
- Improving ACR Log of Work assigned to each ACR Support Staff
- Improvements to the printed packet used during reviews
- Validity checks regarding copying attendees from previous reviews to current review
- Error messages for specific special needs questions
- Family questions address all family members of open case not just attendees
- Management reports on ACR compliance
- Improvements to caseworker feedback system – entry and notification of feedbacks
Child and Adolescent Needs and Strengths (CANS)

The Child and Adolescent Needs and Strengths is a tool developed to assist in the management and planning of services for children and adolescents and their families, with the primary objectives of permanency, safety, and improved quality of life.

The CANS provides a structured assessment of children along a set of dimensions relevant to service planning and decision-making, including risk behaviors, life domain functioning, and emotional/behavioral needs. This information, when collected at regular intervals over time, can also be used for use during system planning and/or quality assurance monitoring. Along with a focus on child and family strengths, the CANS incorporates a focus on evaluating the history and impact of traumatic experiences among children and adolescents in the child welfare system.

It is a requirement for use in Integrated Assessment, Child and Youth Intervention Teams (CAYIT), and residential treatment. It is increasingly used to assess wards in Specialized Foster Care, and in the context of outpatient behavioral health treatment. The CANS is currently undergoing its first major revision; plans for the upcoming year include the implementation of this revised version throughout all of the online applications designed to collect, store, and report on CANS data, as well as the introduction of CANS assessment at regular intervals for all cases to coincide with Administrative Case Review. Groups of CANS “Superusers” (providers using the CANS for both clinical assessment and quality improvement) meet across the state to discuss CANS implementation issues and provide feedback and recommendations to the Department regarding its use.

Statewide Provider Database (SPD)

The Statewide Provider Database, implemented the beginning of 2008, contains information on agencies, programs, and services across the state that address the problems and issues encountered by children and families served by DCFS. In addition to making community-based services information available to caseworkers and administrators in a searchable, up-to-date format, the system offers two key innovations. All of the locations at which services are provided are geocoded, which allows the information to be searched based on distance from a point of interest (child’s location) and allows the information to be displayed in a geomapping website as layers on maps that also contain ward data. Second, recommendations can be made for appropriate service referrals based on clinical assessment data. In this way, SPD providers caseworkers with an additional tool to guide the selection of services within the family’s local community that are specific to individual child needs. In connection with the geomapping tool, SPD gives administrators the ability to quantify the availability of local resources in contrast to local needs. Visual display of provider data superimposed with clinical assessment data provides a powerful tool for illustrating the regional gaps in the capacity of our outpatient behavioral health services system.
Residential Treatment Outcomes System (RTOS)

The Residential Treatment Outcomes System (RTOS) is a secure, web-based system used to report, to monitor and to evaluate the treatment of wards placed in residential treatment facilities. Residential agencies use the website to record outcomes evaluations and academic and vocational information pertaining to youth at admission, at quarterly intervals thereafter, and at discharge, and to report “unusual incidents” in compliance with Department Rule and Procedure. The website includes views that help residential users manage and prioritize activities along with automatic notifications and “ticklers” to ensure timely data entry. Additionally, data accuracy is enhanced through a secure, direct feed of data pertaining to wards and their placement from the Department’s placement data. All of the RTOS data is available to residential agencies and to the Department to monitor the progress of individual youth in treatment and the efficacy of individual agencies and the residential treatment system overall.

RTOS provides an efficient mechanism for entering and accessing information about residents in treatment facilities that inform and guide the treatment process and discharge planning. For example, once a youth is admitted to a residential facility, staff assigned to that youth can immediately access the youth’s historical assessment and unusual incident information from which to build their own assessment and treatment plan. The youth’s ongoing treatment progress is easily accessible and tracked through RTOS as ongoing assessments are completed, identifying treatment needs that require continued attention or modifications to the treatment plan, and to help assess the youth’s readiness for discharge.

RTOS will play an important supportive role to the Department’s residential performance-based contracting initiative, which begins in SFY09. A report functionality is currently being built that will serve dual purposes for the residential agencies, giving agencies ongoing performance data that can be used to compare with internally generated data for reconciliation purposes, and to monitor their progress toward meeting performance benchmarks. Agencies will be able to monitor placement stability, for example, at the levels of individual youth, units within agencies, and agencies as a whole, through defined rates of stability. Agencies can compare their own agency’s performance with other agencies serving similar populations of youth. Agencies can then use this information to make programmatic or other changes that address areas of identified weakness. This and other quantitative information derived from RTOS can also be used by the Department to track agency performance, determine where stepped up monitoring by the Department or corrective activities by agencies may be required, and to inform future contracting decisions.
Infrastructure Services Enhancements

**End User Equipment Refresh.** Through the End User Equipment Refresh Project, completed March 2008, DCFS deployed new desktops or laptops, monitors, and printers throughout the Agency. This project updated the hardware, the operating system, and the Microsoft Office Suite on every desktop or laptop in the Agency. With the End User Equipment Refresh Project, the Department is moving from a workstation deployment model in which all staff have a desktop workstation and a relatively few laptops are available for temporary assignment to a deployment model in which mobile field staff are assigned their own laptops with associated replicators and monitors at their headquarters and non field staff are assigned their own desktops.

This new end-user equipment is critical in the on-going operations, maintenance, production support, and information technology infrastructure throughout the Agency. The new desktops and printers support different aspects of information technology services used by the Department including the various Mainframe and AS/400 legacy applications, host based printing, Microsoft based desktop applications, distributed .Net applications, and ICWS, the enterprise child protection/child welfare application.

**Production Virtual Private Network (VPN) Solution.** The VPN solution, implemented during the last year, allows remote connectivity for DCFS employees and contractors through the internet to a DCFS VPN appliance and facilitates secure access to appropriate internal network resources. An expanded VPN solution, being considered for next year, could additionally allow secure access for outlying DCFS and POS offices and eliminate the cost of individual point-to-point data-circuit connections. If successful, the Department anticipates converting additional sites to VPN connectivity. This will offset VPN costs and eventually save the Department substantial funds as well as provide remote connectivity for staff.
Research, Evaluation and Analytical Activities as Program Support Activities

Like the U.S. Administration for Children and Families, the Department also considers the research, evaluation and analytical activities as program support activities. Conceptually and practically, research and evaluation activities have a potential for providing support to program and services needs assessment, their design, development, administration and service delivery. The following utilization-focused framework for research and evaluation activities conducted for and by the Department, aptly identifies and describes them as a Program Support function:

- In what ways have the research and evaluation activities promoted the four core goals of the Department: Safety, Permanency, Well-Being, and Quality and Accountability?
- In what ways have the research and evaluation activities promoted the best practices in delivering services to children and families served by the Department?
- In what ways have the research and evaluation activities promoted the development and refinements of programs and services for meeting the needs of children and families served by the Department?
- In what ways have the research and evaluation activities promoted the development and implementation of effective child welfare policies of the Department?
- In what ways have the research and evaluation activities promoted the development of an effective child welfare organizational design and service delivery system of the Department?
- In what ways have the research and evaluation activities helped identify and support the strategic initiatives and the strategic plans and activities of the Department?
- In what ways have the research and evaluation activities helped in planning and implementing the resource development functions and activities of the Department?
- In what ways have the research and evaluation activities promoted and supported the goals, objectives and outcomes in the Department's Child and Family Services Plan required by the U.S. Administration for Children and Families?
Based on their contractual relationship in FFY 2008, the following information on research and evaluation activities has been provided by the Children and Family Research Center (Center or CFRC) and the Chapin Hall Center for Children. Information on the FY 2009 contracts is not yet known. It is expected to be known by the first quarter of SFY 2009.

Contractual relationships and obligations are contingent and based upon the Contract Program Plans. The researchers have a right to analyze and interpret the research and evaluation data and develop the findings objectively. The Department retains the right to comment upon and provide feedback on the data analyses, interpretations and findings.

The Children and Family Research Center Research and Evaluation Projects for FY 2008

The Children and Family Research Center (CFRC, the Center), worked with IDCFS during FY 2008 to promote the quality and accountability of child welfare services that help assure the safety, permanence, and well-being of Illinois children. Research priorities for the DCFS FY2008 contract included: (1) the oversight and implementation of research studies that provide valuable information to the Department on providing quality care to children and families along with empirical information to support reforms to the system; (2) the on-going support of waivers and special activities such as the FYSH program and the Child Welfare Journal; and (3) the provision of performance data that provides the child welfare community with information that can be used to guide system reforms. In addition to these priority areas, the Center continues to provide various levels of support to IDCFS including assistance with monitoring the PIP through statistical support and the administrative support of FCURP staff, maintenance of the post-guardianship unit, and the establishment of the new Office of Research Partnerships to provide analytic and planning support to the Director of IDCFS and enhance the analytical capacity of the Department to improve delivery of child welfare services related to safety, permanence and well being.

For the purposes of this document, the work performed by the CFRC is organized into eight main categories:

- Informatics
  - Conditions of Children in or at Risk of Foster Care in Illinois
  - Conditions of Children in or at Risk of Foster Care in Illinois: Community Level Outcomes (formerly CFRC Fact Book)
  - Foster Care Utilization Review Program
- Data Archive and Analysis System
- Fostering Court Improvement

- Developmental Grants

- Child Well Being
  - Illinois Child Well Being Study
  - NSCAW II

- Child Safety and Risk Assessment
  - Illinois Child Death Review Team Annual Report
  - Child Endangerment and Risk Assessment Protocol Annual Report

- Family Permanence
  - APAL (Adoption Preservation, Assessment, and Linkage)
  - Post-Permanence Round II Survey
  - Subsidized Guardianship Enhanced Waiver Demonstration
  - Post-Guardianship Support Program
  - Family Reunification

- Allied Services Research
  - Illinois AODA Waiver Demonstration

- Qualitative Research
  - Project FYSH: Foster Youth Seen and Heard

- Work Outside Center’s Core Areas
  - Illinois Child Welfare Journal
  - Office of Research Partnerships

Contents and details of the FY 2009 contract are not yet finalized.
INFORMATICS

Conditions of Children in or at Risk of Foster Care in Illinois (formerly BH Reporting)

The Center’s report to the court on DCFS performance under the BH consent decree takes the form of a report, *Conditions of Children in or at Risk of Foster Care in Illinois*. During FY08, the 2007 Conditions of Children in or at Risk of Foster Care in Illinois was released. This report is a comprehensive analysis of outcomes for children in Illinois and looks at safety, stability, continuity, legal permanence, and the general well-being of children in foster care. Many of the issues that comprise the DCFS Program Improvement Plan (PIP) are monitored in this report including stability of foster care placements, and the timely achievement of permanence. Each chapter of the report:

- Provides background and history of the chapter’s theme/subject, citing current research and innovative practices.
- Builds upon an array of outcome indicators for a subject area. The indicators are provided in the text of each chapter in easy-to-understand graphics that look at outcomes for the entire state. In addition, Appendix A of the report contains a comprehensive list of each indicator broken out by race, region, gender and age.
- Where possible, Illinois data is put in perspective, providing similar data for the nation as a whole, allowing for Illinois stakeholders to understand where they stand in relationship to other states.

This annual report tracks children from the point of first contact with DCFS (the front end), follows those that enter foster care, and when they exit care, tracks them into the ‘post-permanency world’. In the Center’s role as monitor for DCFS, the Center has come up with a series of outcome indicators that serves as a means to assess the Department’s efforts in caring for children that come to their attention.

**Family Support Pre-Custody:** This report focuses on safety – safety of children that are the subject of reports of abuse and neglect. Based on principles long established about the caring and protection of children, the report tracks outcomes for children on:

- The rate of abuse and neglect
- Keeping children safe from abuse or neglect after an initial investigation
- Protecting children from repeated abuse or neglect
- Protecting children from abuse or neglect while at home in an intact family case
- Keeping children remain safe from abuse or neglect while they are in foster care
Strengthening Children and Families Through Foster Care: For the period of time that children are in foster care, stability, continuity, permanence and well-being are of utmost importance. The Center monitors the Department’s outcomes in these areas through the following measures:

Stability:
- Children remain with their family while they are served at home after a child maltreatment finding
- Children do not move from home to home while they are in foster care
- Children do not run away while they are in foster care

Continuity:
- Children are placed in settings that are the least restrictive
- Children are placed with kin whenever possible
- Children in group homes or institutions are placed within Illinois
- Children are placed in or near their community of origin
- Children are placed with their siblings

Legal Permanence:
- Children are reunified with their parents more quickly
- Children who cannot be reunified find a permanent home in a timely fashion
- Children spend less time in foster care

Well-Being: Unlike the subject matters just listed, means for measuring the well-being of children that come to the attention of child welfare has always been more difficult. Data on indicators of a child’s well-being are often not readily available. In addition, there has been no consistency in how or what is measured. Several years ago the Department funded the Center to embark on a study of child well-being in Illinois which has since ended. However, the Center is now involved in a project that will allow for broader understanding of well-being in Illinois and how Illinois compares nationally in the area of child well-being. Please see the section on Child Well-Being for additional information on the current Center projects in this area. In the Conditions report, the well-being findings on the broad topics of mental health, physical health and education are discussed.

Family Support Post-Custody: Illinois now has more children in state-assisted permanent homes with adoptive parents and legal guardians than it has in foster care. Since inception of the Conditions report, the Center has led the state, and the nation, in drawing attention to this population of children – tracking children after they have left foster care and focusing on this population’s needs. Through these efforts, the Center has been able to establish that this population of children is, for the most part, a stable population. However, the sheer magnitude of the group’s size means that even if a small percentage of families have difficulty maintaining adoptive/guardianship homes the result may be a significant number of families in need. Having
tracked this population over many years, the Center is able to respond to concerns that are currently being raised about the post-custody population.

In addition to the analyses listed above, the Conditions report also:

- Analyzes the impact of kinship care on placement, stability and permanence
- Seeks to understand the impact of racial disproportionality in the Illinois child welfare system
- Provides a venue for summarizing new research and evaluation currently underway at the Center
- Provides a venue for youth voice to be heard by including personal narratives of foster and former foster youth in each chapter
- Highlights new Department initiatives

Utilization:
In addition to fulfilling the BH requirements, the Conditions of Children report provides an accessible way for field workers, POS and DCFS agency staff and administrators, scholars and researchers to understand the state of child welfare in Illinois.

Conditions of Children in or at Risk of Foster Care in Illinois: Community Level Outcomes (formerly CFRC Fact Book)

Each of the indicators listed in the previous section, and used in the Conditions of Children report, is available on the Center’s website. In addition, each one is available at a local level (by DCFS region, LAN, County, or Chicago Community Indicator) and broken out by demographics (age, race or gender). Breaking the data out in this manner allows for any interested party to look at the data for her or his community, and to see its impact across both geography and demography.

This performance data allows community stakeholders the opportunity to gauge progress on child safety and permanency indicators, determine trends and needs within communities, and evaluate the effectiveness of programs and services. All of these outcomes are longitudinal; they follow children from the point of entry to exit from foster care. Measuring outcomes in this manner allows for a complete picture of the life of a child in foster care and allows us to better track change over time. The indicators are calculated using administrative data collected by DCFS and sent to Chapin Hall Center for Children. Chapin then constructs the Illinois DCFS Integrated Database, and Center staff, using SAS, calculates the outcome indicators. With the use of SAS/IntrNet, these indicators are posted on our dynamic website which allows for easy updates and easy, quick access by users.

Utilization:
Available online since June 2006, performance indicators are clustered around the child welfare themes and DCFS core goals of safety and family permanence, and provide web-enabled access to key performance data for gauging progress and identifying trends and needs within Illinois communities. These indicators are updated annually. This data is currently being used in
symposiums across the state. The fact that the data is readily accessible to anyone with an internet connection, and is broken out at the local level has proven to make it extremely useful.

**Foster Care Utilization Review Program (FCURP)**

*Introduction:*
During FY 2008, the Center’s Foster Care Utilization Review Program (FCURP) continued to support DCFS and its private sector partners by:

- Monitoring and reporting Illinois’ progress toward meeting the safety, permanency and well-being outcomes outlined in the Federal Child and Family Services Review.
- Facilitating ongoing collaboration between DCFS and its private sector partners, particularly at the field level.
- Providing training and education that helps child welfare practitioners translate Federal regulations and state policies into quality practice and movement toward positive outcomes for children and families.
- Providing technical assistance and consultation regarding the enhancement of child welfare organizational systems to promote system reform and efficiency of operations.
- Conducting independent, timely, and comprehensive reviews and evaluative studies.

FCURP also continued to play a vital role in helping Illinois strengthen the public-private collaborative framework it helped build to support efforts, at the state and local levels, to enhance child welfare outcomes. All of FCURP’s projects and activities serve to comprehensively support the goals and objectives outlined in the Department’s Child and Family Services Plan (CFSP).

During FY 2009, FCURP will work toward the following deliverables:

1. **Co-facilitate, with the DCFS Division of Quality Assurance, all phases of preparation for the second Federal Child and Family Services Review (CFSR) in Illinois**
   This includes facilitating development of the Statewide Assessment for submission to the Children’s Bureau prior to the onsite portion of the review, assisting the Department with data analysis that will support site selection, conducting CFSR informational presentations and focus groups, and organizing and participating in the onsite review.

   Through these activities, FCURP will be supporting the Department in its efforts to maintain the gains achieved during the 2-year CFSR PIP period, as well as helping to implement the activities required to prepare Illinois for its second CFSR scheduled to take place in August 2009.

2. **Continue to facilitate and strengthen the DCFS/POS Regional Program Improvement Planning (PIP) Workgroup Process**
As part of Illinois’ CFSR PIP, FCURP helped establish PIP workgroups in each DCFS region of the state to plan for regional casework practice-related improvements as they relate to federal outcomes performance. The workgroups consist of key DCFS staff and key representatives from each POS agency in a region, and reflect investigations, placement, and intact services; each group is co-chaired by a DCFS and POS group member. An FCURP analyst is assigned to facilitate each regional workgroup. Over the course of the two-year CFSR PIP period, the regional PIP process laid a firm foundation for 1) ongoing communication and understanding between DCFS and its private sector partners; 2) targeting key casework practices for improvement efforts based on both internal (peer review) and external (Outcome Enhancement Review and Permanency Performance) data sources; and 3) distinguishing between the systemic and practice related issues impacting outcomes and ensuring the delegation of issues to the appropriate resources for action. Products from the regional PIP workgroups have focused on training; the review, clarification and summarization of key policies and procedures through “Practice Memos” for field staff; the development of supervisory support tools and forums; and the alignment of peer review processes between DCFS and the private sector.

During FY 2009, FCURP will continue to facilitate and support these workgroups by using various data sources to help the groups plan, implement and monitor PIP strategies that will strengthen child welfare practice at the local level and enhance outcomes performance for the state as a whole. Strengthening the regional PIP workgroup process will provide Illinois with a strong framework for implementing the CFSR statewide PIP process that will be needed to address review findings following the second CFSR.

3. **Review and revise the Outcome Enhancement Review (OER) protocol and process, where needed**

The OER process is the primary measurement method for providing qualitative data to evaluate and monitor the state’s ongoing performance on the federal outcomes; it was designed to be similar to the CFSR process. The OER process has now been established as an ongoing statewide public-private continuous quality improvement (CQI) activity in Illinois. The OER tool will be revised as needed to ensure comparable measurement of outcomes performance with the Federal review tool, as well as accurate evaluation of adherence to key child welfare policies and procedures specific to Illinois.

FCURP, in conjunction with key DCFS QA staff, will continue to coordinate all aspects of the OER process, i.e., leading OER trainings and onsite reviews simultaneously in a Cook County and Downstate region, sampling, tool management, database support and providing quality control for data entry, analysis and reporting. FCURP is solely responsible for ensuring that POS agencies statewide are engaged and participating along with DCFS regional staff in every aspect of the process.
4. **Continue to facilitate the Integrated Quality Improvement Initiative**

During FY 2008, FCURP established POS Quality Councils in each region of the state and implemented web-based support for the initiative through the Center’s website. The councils are comprised of POS staff primarily responsible for executing child welfare-related quality improvement activities within their agency. The purpose/focus of the workgroups is to 1) establish a forum for ongoing support, education and information-sharing regarding quality improvement processes and tools, and 2) to examine varying types of state and regional performance data, i.e., OER, peer review, APT protocols, etc., and 3) to discuss the implementation and efficacy of internal agency feedback loops and improvement efforts as they relate to the data. During FY 2009, FCURP will strengthen this initiative by seeking out peer presenters and experts and organizing presentations and meetings on key quality improvement topics in order to bring tools and resources to the child welfare quality improvement community.

5. **Continue to deliver the Practice-to-Outcomes (PTO) training curriculum to direct service child welfare staff**

FCURP implemented the PTO curriculum to support the overall effectiveness of the statewide CFSR PIP. It is designed to help case managers and supervisors make the link between their day-to-day casework practices, the federal outcomes and indicators measured in the CFSR, and DCFS Rules and Procedures. During FY 2009, FCURP will continue to deliver this training to case managers and supervisors with a stronger focus on the specific elements of casework practice and documentation concerning assessment, case planning, and client contact that impact OER/CFSR findings.

6. **Increase efforts to foster and support collaboration and partnerships between key child welfare stakeholders invested in improving child welfare practice**

This includes working with the Department and the Illinois African American Family Commission (IAAFC) on the Regional Permanency Enhancement Project and establishing a direct communication pathway between the DCFS Division of Training and field staff via the DCFS/POS Regional Program Improvement Planning (PIP) Workgroups.

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**Evaluation of Striving for Excellence: Expansion of Child Welfare Performance Based Contracting into Residential, Independent and Transitional Living Programs in Illinois**

**Purpose:**
The National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) was funded by the Children’s Bureau to develop knowledge on public/private partnerships in child welfare service provision so state and local child welfare systems will have the information necessary to make good decisions regarding how mandated services can and should
be delivered and what components of an effective public/private partnership in this endeavor may look like. Illinois was selected as one of three national demonstration sites (and is the only statewide project) to advance the goals of the QIC PCW:

- To promote and support an evidence-based and outcomes-focused approach to child welfare system development and organizational improvement.

- To facilitate a collaborative information-sharing and problem-solving national network among sub-grantees, the Children’s Bureau training and technical assistance network, public child welfare agencies, private service providers, and other stakeholders.

- To build consensus on appropriate models of reform, the respective roles and responsibilities of public and private agencies, and to provide input on areas on which the child welfare policy and evaluation fields should focus.

**Objectives:**
The Illinois Department of Children and Family Services (DCFS), in partnership with the Child Care Association of Illinois (CCAI) and the Children and Family Research Center of the University of Illinois at Champaign-Urbana (CFRC), is expanding its existing performance based contracting in foster care case management to private contract agencies providing residential, group care, independent living (ILO) and transitional living (TLP) services. Illinois has led the nation since 1997 in the implementation of performance-based contracting and quality assurance (PBC/QA) initiatives for foster care case management, although no formal scientifically based evaluation was ever done of this initiative.

Despite the apparent success of PBC in moving over 35,000 children into permanent homes, Illinois failed to achieve substantial conformity on any of the seven child welfare outcome measures in its 2003 Child and Family Services Review (CFSR). One of the weakest areas identified by the federal reviewers was the State’s performance on Permanency Outcome 1 (children have permanency and stability in their living situations) wherein Illinois was found to have substantially achieved this outcome in only 36% of the foster care cases reviewed. Reviewers found a lack of consistency with efforts to ensure placement stability, establish permanency goals in a timely manner, and ensure that older children in long-term foster care receive appropriate services to assist them in transitioning out of care into independent living (Illinois CFSR, 2003). Illinois currently serves over 2,500 children and youth in residential, independent and transitional living programs who present with increasingly severe and complex service needs.

The overarching goals of the current expansion of PBC/QA to residential care are to incentivize shorter lengths of stay in residential care while improving client stability and functioning, allowing for expanded availability of residential care beds for children at earlier stages of their need thereby increasing the likelihood of successful intervention. For ILO/TLP programs, the long term goals are to increase client self-sufficiency, stability and healthy living practices

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1 The Children and Family Research Center of the University of Illinois at Champaign-Urbana replaced the Child Welfare Institute as the evaluation partner of this project as of October 1, 2008. The primary evaluator, Judge Kathleen A. Kearney is now employed by the CFRC and continues as the principle investigator for this project.
thereby improving readiness for successful emancipation and transition to a productive adulthood.

**Methodology:**
During FFY 2008 the CFRC performed the following evaluative activities for this project:

- Recorded, documented and reported project implementation activities, barriers, successes and drivers;
- Conducted in depth structured interviews of Project Steering Committee members to facilitate planning for FFY 2009 activities;
- Established baseline data through surveying frontline staff members and supervisors in residential and ILO/TLP programs regarding training, supervision, and the use of evidence informed practice;
- Established baseline data through surveying private agency quality assurance directors on quality assurance and continuous quality improvement activities in their agencies;
- Surveyed Illinois public and private child welfare agency executives and leaders on the collaborative process used to develop performance indicators and outcomes.

**Utilization:**
This national demonstration project is designed to answer five critical national research questions:

1. Does an inclusive and comprehensive planning process produce broad-scale buy-in to clearly defined performance-based contract goals and ongoing quality assurance?
2. What are the necessary components of performance based contracts and quality assurance system that promote the greatest improvements in outcomes for children and families?
3. When operating under a performance-based contract, are the child, family and system outcomes produced by private contractors better than those produced under the previous contracting system?
4. Are there essential contextual variables that independently appear to promote contract and system performance?
5. Once implemented, how do program features and contract monitoring systems evolve over time to ensure continued success?

This project supports several FFY 2005-2009 Child and Family Services Plan (CFSP) goals and objectives, including:

**Priority III: Permanence**

- Ensuring that children are in permanent homes within 24 months by decreasing placement disruptions while in out of home care;
- Preparing youth who are emancipating from care to adulthood.
Priority IV: Placement Stability

- Addressing the chronic problem of placement disruptions and unplanned moves of youth within the child welfare system;
- Placing children in the least restrictive, most clinically appropriate setting.

Priority V: System of Care

- Improving the effectiveness of residential providers to meet the needs of youth by implementing monitoring mechanisms to ensure the safety, permanency and well-being of children in residential and group home settings.

Priority VIII: Reform and Renewal

- Developing an organizational infrastructure which fosters continuous quality improvement;
- Implementing monitoring mechanisms which help ensure the safety, permanency and well-being of children in residential and group home settings.

Priority X: Enhance Systemic Factors

- Implementing mechanisms which will improve the availability and accessibility of services that meet the well-being needs of children and families;
- Implementing contractual enhancements with providers to improve service accessibility and to ensure the accountability of services being provided to children and families.

Computer Support and Data Archive and Analysis System

**Purpose:**
The informatics team facilitates all of the research and reporting work done by Center staff regarding the delivery of child welfare services at the front end, foster care population, and back end/exits. The informatics team maintains UNIX workstations and data archives and handles most of the tasks related to Information Management and Technology. These tasks include UNIX system administration, network design and maintenance, PC computer support, computer and server security, equipment and software acquisition, database design, data analysis, web design and development, and technical assistance regarding use of the Integrated Database, AFCARS data (Adoption and Foster Care Analysis and Reporting System), NCANDS data (Child Abuse and Neglect Data System), and statistical software. For example, the informatics team built and maintains: (1) all Center websites, (2) the APAL and Post-Permanency Round II survey databases and (3) the Conditions of Children in or at Risk of Foster Care in Illinois: Community Level Outcomes (formerly CFRC On-Line Fact Book).
The informatics team has expertise in many areas:

- UNIX system administration and programming (shell scripts, Perl, and other relevant UNIX programming languages).
- Knowledge and expertise on national standards in the calculation of child welfare outcomes using the Integrated Database, AFCARS, and NCANDS data.
- Experience and the ability to calculate child welfare outcomes using the Integrated Database, AFCARS, and NCANDS data.
- Knowledge and skill using census data in the computation of child welfare outcomes.
- Apache web server configuration and maintenance
- Web development skills and experience with HTML, CSS, PHP, and SAS//IntrNet software.
- Database administration, design, and maintenance (Filemaker, Microsoft Access, Foxpro, Mysql, Oracle Database 10g and Oracle Application Server 10g products).
- Computer repair and configuration (email clients, Exceed, software installation, security software, etc.)
- Computer networking
- PC Computer and UNIX server security
- Knowledge and experience using statistical software packages (SAS, SPSS, R Software) and its use in data analysis and web development (charts, statistical graphs, linked html files).

The Center’s data archives include longitudinal child welfare data from the following sources:

- Illinois Department of Children and Family Services
- Data from Center projects and IV-E waiver demonstrations
- Survey data on child well-being in Illinois
- AFCARS and NCANDS data from many states
- National AFCARS, NCANDS, and NSCAW datasets.

The Center maintains multi-user UNIX workstations in both the Chicago and Urbana offices for fast data analysis using SAS, SUDAAN, STATA, and R software. The UNIX machines host the CFRC On-Line Fact book and the AFCARS websites that contain summary statistics on child welfare measures which can be broken out by county, race, sex, and judicial and child welfare districts. One of the UNIX workstations is dedicated to the analysis of the DCFS Integrated Database that is received from the Chapin Hall Center for Children. Each quarter, updated data are loaded into our workstations so that multiple researchers can access it at any time using SAS data analysis software. This data is integral to many of the Center’s research projects and is available for data analysis related to policy issues (front end, foster care population, and back end/exits).

**Utilization:**
The Center’s data archive and analysis system provides support to the research studies completed on behalf of the Department in all core goal areas.
**Fostering Court Improvement**

Fostering Court Improvement (FCI) combines expertise developed at the Barton Child Law and Policy Clinic at Emory University and the Children and Family Research Center to convert existing data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) into reports that inform the core work of both dependency courts and child welfare agencies. FCI provides an efficient mechanism to share data that already exist within the states through reports specifically designed for facilitated discussions among local decision makers. This powerful web-based tool can be used to supplement and enhance existing data systems within the court and the child welfare agency. FCI uses existing data, currently available in every state, as the starting point for a rich discussion of outcomes for children and families.

FCI utilizes a software program that stitches together the AFCARS submissions that child welfare agencies are required to submit to the federal government every six months into a longitudinal view of the children in foster care. The same software also stitches together NCANDS child-level data, as reported annually by nearly all states, into reports on the safety of children at risk of foster care placement. The software organizes the reports by judicial district, county, and child welfare region. The reports are further organized by entry, in-care, and exit cohorts. FCI designed a report this year that showed the CFSR measures, the measures that the federal government uses to evaluate a state's performance on the Child and Family Services Review. Illinois was able to view all of the individual indicators that go into composite scores at a county level, providing the state with an excellent gauge of their performance related to the CFSR measures. This technology can greatly assist states in preparing for their federal review as well as monitoring the impact of implementing various systemic changes at a county and state level.

**Utilization:**

Data from Fostering Court Improvement was used to assist the PIP regional groups. It provides the State with the composites broken down at a county level, allowing the state to identify geographic area needing assistance on specific measures. Data profiles for every county in Illinois was developed and distributed at a judicial court meeting.

**DEVELOPMENTAL GRANTS**

Developmental grants provide the Department with an opportunity to sponsor specific research studies closely tied to research questions pertinent to Department needs in newly emerging areas of importance in child welfare and to address special issues critical to the Department’s delivery of services to the children and families it serves. The following final, outstanding reports from the development grant studies funded through the Center in FY 2007 were submitted to the Center and forwarded to DCFS upon finalization. These studies included:
1. Adaptation and testing of supported education and employment models for older youth transitioning out of foster care – The first component of the two year research project was assessment of the existing educational and vocational support programs at Cunningham Children’s Home (CCH) in Champaign, IL. Following the assessment, the second study component was the design of a collaborative model of supported education and employment that addresses the needs, risk conditions, service patterns and outcomes for the older youth population at CCH. The study report was completed and delivered to DCFS in July of 2007.

2. The effects on child welfare outcomes of participation in crisis nursery programs – This study was an investigation of the effect of crisis nursery services on the need for the subsequent use of child welfare services. The final draft was delivered to the Center at the end of April and after peer review was deemed final in July of 2007 and submitted to the Department at that time.

3. Placement and permanence outcomes for children in out-of-home care: Investigating the effects of prior inpatient mental health treatment – This longitudinal study followed 5,978 children in out-of-home care to examine whether placement and permanence outcomes differ between children with and without a history of inpatient mental health treatment. The final report was submitted to the Center in November 2007 and subsequently delivered to DCFS.

Continuing Development Grants:

Trauma-based intervention for children of parents who abuse methamphetamine

Purpose
The methamphetamine crisis in rural areas of the Midwest has taken a serious toll on children, families, and whole communities. These children are experiencing high levels of trauma, yet few have received the help they need to support recovery. Our ongoing research shows an urgent need for mental health services for children in foster care who have been exposed to parent methamphetamine abuse. If untreated, these children are at risk for serious and long term mental health and substance abuse problems.

Methodology:
In order to address the mental health needs of school-aged children affected by parent methamphetamine abuse, Life Story Intervention was implemented. The therapy specifically targets symptoms in school-aged children involved with DCFS using evidence-based practices from psychodynamic and narrative therapy. The therapy includes work with foster parents to provide necessary support and psycho educational material. Weekly supervision is provided by a Ph.D. and L.C.S.W. level clinicians with expertise in child trauma, mental illness and substance abuse. Children are followed for 6-12 months after the intervention is completed.
Goals and Objectives:
The primary aims of the intervention are to reduce trauma symptoms in children, promote foster affect regulation and self-control methods in children, and to increase the foster mother’s understanding of the child’s past experiences and of the effects of parent methamphetamine abuse on child mental health.

Findings:
Preliminary findings on the intervention are positive. Children are forming meaningful relationships with social workers and are developing coherent interpretations of family problems. Foster parents report less behavioral and emotional crises as well as better adjustments in the foster placement.

Deliverables:
In 2007-2008 a major article describing findings to date was published. A book manuscript was completed and accepted for publication.

**Utilization:**
A complete description of the treatment (manual) is included in the Oxford University Press Book. Findings from the study should be able to aid DCFS professionals in working with affected children and in case discussions and planning to address the needs of affected families.

**Research and Evaluation Activities, 2008-2009:**
The project is slated to continue as children are being followed up. In 2008-2009, the last children will complete the intervention and the project’s findings will be analyzed and submitted for publication.

The primary deliverables of the project this coming year, 2008-2009, include:

1. Complete Life Therapy Intervention for school-aged children, including gathering all follow-up data on children’s long-term outcomes.
2. Complete program evaluation for children in school-aged intervention
3. Write up scholarly articles for publication.

**Child welfare outcomes by mental health needs and service utilization –**

**Purpose:**
This study aims to provide empirical evidence for developing effective and efficient service systems that facilitate placement stability, permanence, adequate placement decisions, and emotional and behavioral well-being of children and youth served by the Department of Children and Family Services.

The prevalence of emotional and behavioral problems among children and adolescents in out-of-home care is between 42% and 60%. Mental health problems are often linked to a variety of adverse outcomes, including placement instability, longer stay in out-of-home care, decreased likelihood of reunification, academic skill delays, and school failure. However, most previous studies have primarily focused on mental health issues that were observed subsequent to children’s involvement with the child welfare system; less is known about the role of preexisting mental health conditions on experiences in and through out-of-home care.

The study conducted in FFY 2007 followed an extended, state-wide cohort of children who were placed in out-of-home care, observed the episodes of inpatient mental health treatment prior to their first placement in out-of-home care, and examined whether placement stability and permanency outcomes differ between children with and without a history of inpatient mental health treatment.

Placement in residential care mainly aims to provide a safe living environment that can protect youth from his/her own dangerous behavior, protect others from youth dangerous behavior, or facilitate the treatment of the youth’s emotional or behavioral problems. Although widely regarded as a necessary placement option in any comprehensive continuum of care, evidence on
the benefits of residential care is mixed and residential care costs 6.6 times that of traditional foster care and more than twice that of treatment foster care.

The study that is being conducted in FFY 2008 follows a cohort of children in state custody who were at potential risk of placement in residential care because they were identified as having had a psychiatric crisis. The objectives of the study are to examine 1) the frequency of residential care placement among state wards that have experienced a psychiatric crisis, and 2) the independent effects of psychiatric status at the time of the psychiatric crisis (e.g., psychiatric symptoms, risk behaviors, level of functioning, co-morbidity), psychiatric hospitalization, and placement characteristics on subsequent residential care placement.

**Objectives:**
The findings of the study have several important implications for child welfare service and planning. First, this study can identify important predictors of out-of-home care outcomes that are easily observable using administrative data. The findings can be used to develop intervention programs to reduce placement instability and facilitate rapid permanence among children in out-of-home care. Second, children who were in inpatient care before being placed in out-of-home care are more likely than others to require costly therapeutic placements and to become heavier users of other public services. The findings of the study provide important information to identify a subgroup of out-of-home care children with great needs for therapeutic foster care and continued psychiatric treatment. It is estimated that placements can cost upwards of $30,000 annually for therapeutic foster care and $50,000-$100,000 annually for a residential facility. These considerable public costs associated with therapeutic and residential placements for children suggest that even relatively expensive interventions might ultimately be cost-efficient if they obviate the need for foster care placement. Third, understanding predictors of residential placement can guide the development of interventions to divert youth to less restrictive and costly home- and community-based alternatives or develop residential treatment models that more effectively address the needs of the youth who require this intensive level of care. Given the disproportionately high costs of residential care combined with the lack of consistent evidence regarding its effectiveness, information on predictors of residential placement can contribute to improving the matching of residential placements to the needs of youth.

**Methodology:**
Data for the FFY 2007 study were drawn from child welfare and Medicaid records from the state of Illinois. Child welfare records obtained from the Illinois Department of Children and Family Services (DCFS) include information on demographic characteristics (birthdates, race, gender), allegations of maltreatment (report date, substantiation status), and child welfare services (placement reasons, placement dates, placement types). The DCFS data were linked to the Illinois Medicaid Paid Claims database that provides information on dates of service use, associated diagnoses and provider type. Children in out-of-home care in Illinois are categorically eligible for Medicaid. The sample included all children and adolescents who were placed in an out-of-home care for the first time between July 1, 1997 and June 30, 2001 and who were between the ages of 3 and 18 years at the beginning of the observation. Child welfare records were observed through June 2005. Children under the age 3 were excluded because of the low likelihood that they would access mental health services. The final sample was comprised of 5,978 children and adolescents.
The FFY 2008 study is being conducted using two sources of data collected by the Illinois Department of Children and Family Services (DCFS). The first source of data was DCFS child welfare records, which include information on demographic characteristics (age, race, sex), allegations of maltreatment (report date, substantiation status), reasons for child welfare case opening, and placement dates and types. The second source of data was the records of the Screening, Assessment and Support Services (SASS) program that provides screening and treatment to children who are at risk for psychiatric hospitalization. All children who are the legal/financial responsibility of the Illinois Department of Children and Family Services are eligible for the SASS program. Children are referred to SASS if they demonstrate a risk of self-harm or injury to others that might result in hospitalization. A SASS team screens the child using the Childhood Severity of Psychiatric Illness (CSPI) decision support tool to determine if the child could be stabilized in the community. The SASS program records provide information on children’s symptoms and functioning, contextual factors and co-morbidities, disposition of screening, date of services, and demographic characteristics. The sample includes children and adolescents in state custody, who were the legal/financial responsibility of the child welfare agency in Illinois, were screened for the first time by the SASS program between July 1, 2001 and June 30, 2003.

Major Findings (Final report due at the end of the current FY2008):

What are the characteristics of children and adolescents with a history of mental health treatment? Approximately 5% of the children and adolescents had at least one episode of publicly-funded inpatient mental health treatment prior to their first out-of-home placement. Children with history of inpatient mental health treatment were more likely to be older, come from non-Hispanic white group, accompany no siblings, be involved in child welfare due to such reasons as child behavior problem and parent-child problem, enter residential care as the first placement, experience frequent placement changes, and run away from their placement.

What are the factors associated with placement instability? Males had 24% greater odds of placement instability compared with females. Children who entered the child welfare system for behavioral problems or parent-child relationship issues were more likely to experience placement instability than those who were neglected. A one-month increase in length of stay in out-of-home care increased the odds of experiencing three or more different placements by 5%. The odds of experiencing three or more placements were 2.8 times greater for individuals who entered residential care as the first placement.

What is the role of mental health treatment history on placement instability? The odds of placement instability for children who had run away from placement at least once were 5.8 times the odds for those who did not. History of inpatient mental health episode was associated with a 75% increase in the odds of placement instability for non-African Americans, mostly white children, whereas prior inpatient treatment decreased the odds of placement instability by 43% for the African American group.

What are the factors associated with permanency outcomes? Older youth, African-American and Hispanic youth were less likely to achieve permanence. The odds of permanence were lower for youth who entered the child welfare system due to child behavior problem or parent-child
relationship problem than those who were physically abused. A one-month increase in length of stay in out-of-home care was associated with a decrease in the odds of permanence by 5%. Residential care as the first placement and a history of running away decreased the odds of permanence by 13% and 21%, respectively. The odds of permanence were 19% higher for children who had a sibling in care compared to those who did not.

What is the role of mental health treatment history on permanence? Prior inpatient mental health episode decreased the odds of permanence by 24% for African Americans. Such a significant relationship was not observed for other racial/ethnic groups.

What are the extent and associated factors for residential care placement among children in state custody? Overall, 36% of the sample were placed in residential care at some point after their first psychiatric crisis screening. Among the youth placed in residential care, 54% did so within 6 months of their first crisis screening, with an additional 18% between 6 and 12 months. Psychiatric hospitalization, older age, and type of child welfare placement, independent of psychiatric status, were associated with an increased risk for residential care placement.

Utilization of the Findings: The findings of the FFY 2007 study suggest that children with a history of inpatient mental health treatment, especially when they are placed in out-of-home care, may benefit from continued follow-up and referrals to community mental health agencies for reducing placement disruptions and facilitating timely permanence. Children and adolescents in Illinois whose foster placement is in jeopardy of a disruption are referred to a placement stabilization program called the System of Care, which provides a variety of services, such as individual and group therapy, mentoring, tutoring, foster parent mentoring, case management, and referrals. Assessing service needs of youth who had history of inpatient mental health treatment upon their entry into out-of-home care even without a clear and present signal of placement disruption can help those youth receive services that might increase the likelihood of placement stability. Collaborations between caseworkers, foster parents, children, and mental health professionals would be essential for assessment of service needs.

The preliminary findings of the FFY 2008 study suggest that psychiatric hospitalization, independent of the severity of symptoms, is a risk factor for future residential placement. Thus, it would be efficient to develop diversion programs from residential placements within and immediately following psychiatric hospital episodes of care. The higher risk for residential care placement during the first several months after crisis assessment suggests that any interventions to decrease the need for residential care would be more effective if implemented immediately following the crisis screening rather than later on. In addition, efforts to prevent unnecessary hospitalizations would reduce demand for residential care placements. Both mental health and child welfare professionals need to be aware of the excess risk for residential care among state wards in psychiatric crisis and make efforts to include their biological, adoptive, or foster families as part of the treatment process. Practitioners might also need to help families access community-based, prevention oriented services available through both the public mental health and child welfare systems. The findings of this study on both clinical and non-clinical characteristics of state wards in psychiatric crisis can be used to reduce the likelihood of
unnecessary placement into residential care and provide knowledge to develop more effective treatment programs for those entering residential care.

Priority research topics and plans for potential FY 2009 development grants are under discussion between the CFRC and DCFS.

CHILD WELL-BEING

Illinois Child Well-Being Study

Introduction:
The Illinois Child Well-being Study took place over the course of seven years and included three separate samples of children in out-of-home care. The first sample (Round I) was drawn in 2001; the second (Round II) in 2003; and the third (Round III) in 2005. For each rendition of this study, interviews were carried out with caseworkers, caregivers, and children, and DCFS record reviews and educational record reviews were completed as well. The study has led to two major reports and two chapters in the Conditions of Children reports (2006 and 2007) as well as several journal articles and conference presentations for dissemination of findings for purposes of policy, practice, and research development.

In fiscal year 2008, three separate streams of activity related to this study were undertaken. The first was the completion of the Round II final report. This report was completed and submitted to DCFS for review. The report is expected to be finalized and printed by the end of the summer of 2008. The report will not be addressed further in this section as findings based on this report were treated in last year’s program summary. The second stream of activity was the development of a fully explicated chapter for the Conditions of Children Report, 2007. This chapter was developed based on findings from the Round III study. A summary of these findings is presented below. The third stream of activity holds great promise for future investigations of epidemiology, translational activities, and dissemination of information concerning the well-being of children who are the subjects of indicated reports of child maltreatment. By “investigations of epidemiology” we mean learning about the incidence of health, mental health, and educational conditions and services and the distribution of these conditions and services. To use mental health as an example, as it has appeared over the course of this study to be both the most prevalent concern and one that drives many other well-being and system outcomes, epidemiology would mean the incidence of mental health conditions overall and how those conditions might be disparately represented among sub-populations of children in care as well as how service delivery profiles across the population of children in care given mental health needs. “Translation” means how the findings concerning the well-being of children in care are translated into policy and practice, and dissemination means making these findings and conclusions available to the entire audience of people who may be able to put them to good use in developing, implementing, and evaluating systems of care for children in foster care. The third stream of activity, thus framed, is the implementation of the National Survey of Child and Adolescent Well-being, II (NSCAW II). This is a national study of children who come into contact with child welfare systems. The first round of this study was initiated in 1999 in response to mandates set forth in PRWORA and has thus far been implemented in five waves with a
single sample of 5,501 children who are representative of children nationally who come into contact with child welfare systems. The second round of the study will be a replication of the first round with a new cohort; however, whereas the first round allowed, in theory, for the development of state-specific estimates, the second round would not. Thus, Illinois has initiated a one-of-a-kind effort to derive a larger, and partially state-supported, sample for this state to allow for state-specific analyses. The importance of this step cannot be overstated, for the availability of this sample will support an extensive array of analyses in the interests of supporting the well-being of children who have been the victims of indicated reports of maltreatment in Illinois. Piggy-backing on NSCAW II in this fashion not only allows for the availability of an exceptionally wide variety of standardized measures but also supports a cost savings of $5,437,000 over what the cost would be to conduct the study independently of NSCAW II.

The remainder of this report will be devoted to a description of the finalization of and findings from Round 3 of the Illinois Child Well-being Study as well as of the development of NSCAW II, progress in this effort, and a brief summary anticipating uses of NSCAW II to support the Utilization Framework for Research and Evaluation Conducted for and by the Department.

**Purpose and Objectives:**

**Round 3, Illinois Child Well-being Study:**

The chapter developed for the Conditions of Children Report, 2007 was intended to offer a special look at the life circumstances of adolescents in out-of-home care. This choice was made out of consideration of the relatively greater percentage of adolescents among the population of children in out-of-home care in recent years. The topics that are most relevant to the well-being of adolescents are more specific than those relevant to the well-being of children in general. The topic selected for evaluation for this report included: mental health and mental health service use; sexual activity, pregnancy and parenting; delinquency and court involvement; substance use; life skills; future expectations; and relationships with peers and caregivers. Furthermore, an analysis of how incidence of both selected indicators of well-being and indicators of risk relate to stability and permanence was conducted. Finally, a separate analysis of the educational well-being of children in out-of-home care was conducted and presented by the Center for Child Welfare and Education at Northern Illinois University as part of this chapter.

**Methodology:**

**Round 3, Illinois Child Well-being Study:**

The methodology of the Child Well-being Study was treated at some length in the second report and will be summarized only briefly here. For the third round of the study, a total of 657 children were selected at random from throughout the state. These children had been in care for a period of not less than three months and were less than 17 years old. The final data set represents only those children who had not left care prior to the fielding of the study. The data includes interviews with caseworkers, caregivers, and children as well as DCFS record reviews and educational record abstractions.

**Findings in Brief/Progress:**

**Round 3, Illinois Child Well-Being Study:**

The findings at-a-glance presented in the Conditions of Children Report are presented here as a summary of the findings based on this study.
CHILD WELL-BEING AT A GLANCE

MENTAL HEALTH
Caregivers of children in foster care rate 44% of children age 1 ½ to 17 as having clinical or borderline clinical levels of behavior problems. This is consistent with national data on children in foster care, but considerably higher than the 18% of children in this range in the general population.

Children and youth are much less likely to self-identify rates of behavior problems that would be considered clinically significant (clinical or borderline ratings). In both Illinois and the nation, children in foster care reported a level of emotional and behavioral problems that placed 31% of them in the clinical to borderline range.

RISK BEHAVIORS: DELINQUENCY, COURT INVOLVEMENT, AND SUBSTANCE ABUSE
A total of 52% of the youths age 11 and older who were interviewed committed one or more delinquent acts in the past 6 months. Children in kinship care were significantly less likely to report having committed delinquent acts than other children in out-of-home care.

Among caregivers of youth age 7 and older, 14% reported the children in their care as having been to court for reasons related to the child’s behavior, and 80% of children who went to court were assigned to detention.

PREGNANCY AND PARENTHOOD
While a total of 34% of youth participating in the child interview reported themselves to be sexually active, a figure that is consistent with national foster care findings, only 7% of sexually active females reported a history of pregnancy or parenting in this study. However, the rate is a substantial underestimate of rates of pregnancy of all children in out-of-home care due to the fact that only children less than 17 at the time of sampling were eligible to be included in the Well-being Study, while 18-year olds are at much higher risk for pregnancy.

RELATIONSHIPS, ATTACHMENT, AND EXPECTATIONS FOR THE FUTURE
Nearly all children and youth reported having an adult they can turn to with a serious problem and 94% reported having someone who encourages and believes in them. However, only 26% of children and youth interviewed stated that they wanted to live with their current caregivers, with this percentage being much lower among children in kinship care and group care. Despite this, 65% of children and youth indicated they wanted their current placements to become legally permanent. Children and youth primarily reported positive future expectations: they expected to graduate from high school, get good jobs, and live to at least the age of 35. However, 43% reported that they did not have a good chance of having a family when they got older.
STABILITY AND PERMANENCE
Caregiver-reported behavior problems, youth-reported behavior problems, and youth reported delinquency, substance abuse, and sexual activity all had a strong relationship with stability. For each of these variables, having the problem predicted having two more moves on average than not having the problem. On the other hand, feeling more related to caregivers was modestly related to a decreased number of moves.

Children who liked the people they were living with were more likely to reach permanent settings than youth who did not like the people they were living with. In addition, of all children in the study, 49% reached permanent homes during the evaluation period, but this percentage was only 33% for children whose caregivers rated their emotional or behavior problems as clinically significant, and 15% to 21% for youth self-identifying delinquency, substance abuse, or sexual activity.

EDUCATION
Most children in foster care are functioning adequately in school: 67% of participants received grades of ‘C’ or higher in both math and English, and 68% were at the correct grade level for their age. Approximately 75% had not been suspended or sent home because of their behavior. However, 53% were receiving special education classes and 27% experienced non-promotional school moves within the past two years. Finally, the rate of chronic truancy among children in foster care as represented by this sample is approximately 6 times that of children in the general population.

Utilization:
Round 3, Illinois Child Well-being Study:
The findings emerging from the analyses of the well-being study data emphasize the importance of early intervention to identify mental health and behavioral problems in children entering out-of-home care and to intervene immediately when problems are identified. Over 40% of children were identified by caregivers as demonstrating clinically significant behavior problems, with half of males being so identified. The risks of behavioral problems as well as the risk of placement instability increase sharply with the age of children in care. Both behavioral problems and placement instability are associated with the need for increased restrictiveness of care setting, and recent findings suggest that group and residential care are associated with a reduction in the likelihood of permanency outcomes even when age and behavioral concerns are taken into consideration. Thus, preventing placement instability and the need for restrictive placements by providing mental health and placement stabilization services early and in an intensive fashion, as specified in the CFSP, will not only improve the well-being of children and their caregiving families but is likely to improve permanency outcomes, as well. Other identified risks include a high rate of self-reported delinquency with over half of children over the age of 11 reporting having engaged in delinquent acts. Another cause for concern relates to the self-reported use of alcohol, drugs, and other illegal substances. A total of 56% of children in this sample reported having used at least one illegal substance in their lives, with 100% of youth in group care reporting having done so. The use of illegal substances is also strongly associated with age. The importance of early education and intervention is given emphasis by these findings. The findings
in total validate the steps outlined by DCFS in the Child and Family Services Plan, particularly those related to developing a full spectrum of mental health services and substance abuse services. One final implication in terms of intervention that is suggested from these data has to do with school attendance. Compared with the state average of 2.2% chronic truancy (18 or more days absent during school year), 13% of the children in foster care met the definition of chronic truancy. These data suggest that effective motivators to school attendance, which may reduce rates of truancy in the short run, may also have beneficial effects on educational outcomes in the long run, as attendance is a necessary precursor to educational success.

While the concerns that arise from review of these data are legitimate, the data also reveal positive indications of the well-being of children in foster care. For example, children in foster care in Illinois score in a manner equivalent with peers nationally on a measure of life skills attainment. Furthermore, 98% of children report having an adult they can turn to in times of trouble, and most children relate believing that they will live to at least the age of 35, graduate from school, and find good jobs. They report rates of connectedness to peers and foster parents that are similar with previous findings in Illinois and previous findings nationally. These indicators suggest that the connectedness of children in foster care to their caregiving families and communities are a source of strength for them and resources to draw on in contending with the risks they face.

**Purpose and Objectives:**

**NSCAW II:**

The purposes and objective of involvement with the NSCAW II study are many, but some of the most immediate concerns of DCFS can be directly addressed via the use of these data for analysis and interpretation. Specifically, the NSCAW II Illinois Supplement will draw the child welfare research community in Illinois together in support of DCFS’s mission to meet federally defined outcomes for the Child and Family Service Reviews. The NSCAW II study is likely to contribute substantially to understandings of dynamics associated with a number of the measured outcomes that were defined in the first review as areas needing improvement:

- **Safety (1):** Recurrence of substantiated maltreatment
- **Safety (2):** Prevent unnecessary removal of children from their homes
- **Permanency (1):** Percentage of children achieving reunification within 12 months of entry into foster care
- **Permanency (1):** Percentage of children achieving adoption within 24 months of entry into care (note, ability to contribute to understanding of this dynamic may be contingent upon continuation of the study past the initial 18 month time frame)
- **Permanency (1):** Percentage of children in care 12 months who experience no more than 2 placement settings
- **Permanency (2):** Visitation between parents and children
- **Well-being (1):** Assessment of and provision of services to children and parents
- **Well-being (1):** Face-to-face contact with children and parents
- **Well-being (3):** Provision of services for physical and mental health needs

In some cases, the data set can be utilized to help understand the factors driving these outcomes because the data are incorporated in the interviews themselves (for example, assessment and provision of services, visitation). In others, administrative data from the Illinois database...
concerning safety, continuity, stability, and permanence can be merged into the data set by RTI and used to provide comprehensive analyses of the outcomes of interest. For example, we can consider those cases in which children were the subjects of second substantiated reports and examine the differences between those cases and cases in which children were not the subjects of second substantiated reports in regard to a number of potential predictive factors, including family risk, child characteristics, placement, and services. The advantages of this approach are that the sample is completely random and is representative of the whole population of children investigated. The data set is also very extensive and contains a high number of objective, standardized measures of child need and well-being.

One of the current areas of focus for the Department is the reunification goal, and for this reason, we will take a moment to address specifically how the project will promote understanding of factors related to reunification in Illinois. One factor that may be implicated in lower rates of reunification in Illinois is that CPS investigators in Illinois are less likely to place children in out-of-home care than they are in other states. The thinking around this thus far has been that those children who are placed in out-of-home care in Illinois are those from more unsafe home environments where caregivers are less likely to meet minimum parenting standards than is the case in other states. This higher “threshold effect” is thought to be a joint-product of the Department’s use of Child Endangerment Risk Assessment Protocols (CERAP) and referrals to intact family services. These dynamics may lower the likelihood of reunification in Illinois compared to the nation as a whole. Although plausible, the evidence documenting this linkage to the lower rate of reunification in Illinois is thus far lacking. The NSCAW II Illinois Supplement will allow researchers to examine consistent measures of family need and child risk in Illinois and the nation and to assess the different thresholds at which children are placed in out-of-home care compared to families where children are not placed in out-of-home care. This process will allow researchers to identify differences between the Illinois and U.S. removal groups and evaluate how these “selection differences” affect reunification and other outcomes of interest. Moreover, it will allow researchers to examine how these selection differences affect changes in child welfare outcomes over time. The reason this specific data set will allow this is that the data will be linked to NCANDS and AFCARS data to allow examination of maltreatment, placement, placement movement, reunification, and other forms of permanency as well as re-entry.

**Methodology:**

**NSCAW II**

NSCAW II in Illinois will represent a total of 8 counties plus three Cook County regions. The sample will include children from these counties who are the subjects of indicated reports for a period of one year. Interviews will take place with caseworkers, caregivers, and children. The advantages of NSCAW II over the existing well-being study approaches are notable. Specifically, the full instrumentation for NSCAW II is more extensive than existing instrumentation and includes standardized assessments of growth and development as well as aptitude and achievement that are not available in existing instrumentation. The exact match of the sampling methodologies and instrumentation between Illinois and the nation guarantees complete comparability of the data. Additional advantage include the longitudinal nature of the study and the fact that children not in foster care placement are included. These characteristics of the study will allow analysts in Illinois to discern, for example, the effect of the policies and procedures implemented by the State of Illinois with regard to such issues as out-of-home
placement, how children placed out-of-home and their families differ from those not placed out-of-home, and how safety, stability, and well-being of these two groups of children compare over time when controlling for child and family characteristics. These objectives are consistent with those outlined in the CFSP such as reducing maltreatment recurrence.

**Findings in Brief/Progress:**

**NSCAW II**
The progress toward implementation of NSCAW II thus far has been steady. RTI, the study administration agency, developed budgets and scopes of work for both state fiscal year 2008 and state fiscal year 2009, and a sub-award was issued for state fiscal year 2008. A sampling strategy was developed. Both the DCFS IRB and the UIUC IRB have approved the protocol. Contacts in each selected county have been designated as liaisons, and lead agency interviewees have been identified. The sampling specifications were communicated to DCFS personnel, who have devised programs to derive the sample and have successfully transmitted a sample to RTI. Interviewers were hired, trained, and equipped, and at the time of the transmission of this report, the first round of interviewing is underway. Preliminary data should be available by the end of calendar year 2008.

**Utilization**

**NSCAW II**
The potential utilization of findings based on NSCAW II was addressed at some length in the Purposes and Objectives section as well as, to some extent, in the methodology. The potential benefits of this study are substantial and relate to numerous aspects of the Child and Family Service Reviews and the Child and Family Service Plan. The use of the study can identify specific areas of disparate impact of well-being conditions and service delivery at each stage of child welfare involvement – at indication but before or in the absence of placement, at placement, and at the post-permanency stage, and it can help us identify how needs and service delivery factors change over time. These opportunities offer a wealth of potential benefits in terms of empirical evidence to guide program and policy development in the interests of children and families served by the Department.

**CHILD SAFETY AND RISK ASSESSMENT**

The projects in this core area of research support the Department’s **Priority Area I – Child Safety: protect abused and neglected children who come to the Department’s attention.** Specifically, these evaluation activities directly support two safety objectives:

- Minimize risk of harm to children reported to the Department
- Reduce recurrence of child abuse or neglect after agency involvement
Illinois Child Death Review Team Annual Report

**Purpose and Objective:**
Each year, the Department collaborates with the Illinois Child Death Review Teams (CDRT) Executive Council to produce an annual report that examines child fatalities in Illinois. The purpose of this report is to examine the causes and circumstances surrounding child deaths in order to reduce preventable child fatalities and serious injuries among Illinois children. The CDRT annual report is sent to Illinois legislators and other interested parties. The CDRT annual report compiles descriptive information about child fatalities in Illinois using data from the CDRT database.

**Methodology:**
Each year, the CFRC receives data on child fatalities in Illinois from the Department. Two sets of analyses are completed – the first looks at all child deaths in Illinois and the second looks at child deaths that are mandated for review by the CDRTs. CDRTs are required to review the deaths of all children aged 17 or younger if the deceased child was:

- A ward of DCFS;
- The subject of an open DCFS service case;
- The subject of a pending child abuse or neglect investigation;
- The subject of an abuse or neglect investigation during the preceding 12 months, and/or;
- Any other child whose death is reported to the DCFS State Central Register as the result of indicated child abuse or neglect.

CDRTs are also statutorily permitted to review any unexplained or unexpected death of a child under 18 at their discretion.

Total child deaths are examined by children’s gender, children’s age, children’s race, manner of death (accident, homicide, suicide, natural causes, and undetermined), and category of death (illness, premature birth, vehicular accident, SIDS, suffocation, injuries, firearms, fire, drowning, poisoning/overdose, and undetermined). Each category of death is also examined by children’s age, race, and gender to identify any groups that may be at increased risk of serious injury or death.

Based on the findings of their reviews, the Illinois Child Death Review Teams make recommendations to the DCFS Director and Inspector General concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths. The Director must review and reply to recommendations from the CDRT within 90 days.
Findings:
During FY 2008, data on child deaths that occurred in Illinois during calendar year 2005 were analyzed. A summary of the results is presented next.

Total Child Deaths in 2005:
In 2005, 1,540 children under 18 died in Illinois. This represents the number of death certificates received by the Department of Children and Family Services (DCFS) State Central Register (SCR) and entered into the CDRT database. However, not all counties in Illinois reported their child deaths to the SCR; therefore, this number is a low estimate of the actual number of child deaths that occurred in Illinois during 2005.

Of the total child deaths reported to DCFS:

- 58% were boys and 42% were girls;
- 69% were infants under one year, 10% were young children between 1 and 4 years, 10% were older children between 5 and 14 years, and 11% were youth between 15 and 17 years;
- 54% were Caucasian, 36% were African-American, 6% were Hispanic, and 4% were of other or unknown racial background.

When Illinois child deaths were examined by the manner of death:

- 78% were attributable to natural causes;
- 13% were accidental;
- 5% were homicides;
- 1% were suicides;
- 4% were undetermined.

When these deaths were examined by the cause of death listed in the death certificate:

- 35% were related to illness;
- 37% were related to premature birth;
- 6% were related to Sudden Infant Death Syndrome (SIDS);
- 19% were related to various types of injuries, such as vehicular accidents (6%), firearms (3%), drowning (2%), fires (1%), suffocations (5%), and other types of injuries (2%);
- 3% were due to undetermined causes.

Illinois Child Deaths Reviewed by the CDRTs:
There were 153 child deaths that occurred during 2005 that were mandated for review by the CDRTs because the children (or their families) were involved with the child welfare system within a year prior to the child’s death. Of the deaths mandated for review by CDRTs:

- 59% were boys and 41% were girls;
52% were infants under one, 27% were young children between one and four years, 13% were older children between 5 and 14 years, and 8% were youth between 15 and 17 years;
44% were Caucasian, 50% were African-American, and 5% were of another or unknown racial background.

When reviewed deaths were examined by manner of death:

- 42% were attributed to natural causes;
- 27% were due to accidents;
- 20% were homicides;
- 1% were suicides;
- 10% were undetermined.

When reviewed deaths were examined by cause of death from the death certificate:

- 27% were related to illness;
- 7% were related to premature birth;
- 9% were related to Sudden Infant Death Syndrome (SIDS);
- 51% were related to various types of injuries, such as vehicular accidents (2%), firearms (5%), drowning (10%), fires (<1%), suffocations (17%), and other types of injuries (17%);
- 5% were due to undetermined causes.

**Utilization:**
The purpose of CDRT recommendations is to prevent and/or reduce future child fatalities through reasonable means. The importance of CDRT recommendations – and their potential for preventing future child deaths – cannot be overstated. The DCFS Director is required by the Child Death Review Act to respond to CDRT recommendations within 90 days.

There are four types of CDRT recommendations, although some recommendations will include elements of more than one type:

- **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
- **Primary prevention** – focus on public awareness or public education issues (e.g., drowning prevention, firearm safety, seat belt/car seat campaigns)
- **DCFS system** – focus on the programs, policies, and procedures of DCFS (e.g., safety and risk assessment, foster parent training)
- **Other agency/system** – focus on agencies or systems outside the parameter of DCFS (e.g. public health, state’s attorneys office)
In 2005, there were 35 recommendations made by the CDRTs. Most of the recommendations (17) focused on DCFS policy and procedures, followed by case-specific recommendations (9), primary preventions recommendations (6), and recommendations for other agencies or systems (4).

Child Endangerment Risk Assessment Protocol Annual Evaluation

**Purpose and Objective:**
This evaluation fulfills the Department’s mandate to provide an annual report to the Illinois General Assembly that examines the reliability and/or validity of the Child Endangerment Risk Assessment Protocol (CERAP). The primary objective of this project is to examine the impact of the CERAP implementation on child safety in Illinois. This evaluation is directly related to the Department’s initiative of “reducing recurrence of child abuse or neglect after agency involvement.”

**Methodology:**
Since it is unethical to purposefully withhold safety assessment from a random “control” group of children, the evaluation of the impact of CERAP implementation on child safety is an example of a program of research that must rely on observational research methods rather than experimental ones. To test the hypothesis that the implementation of the CERAP safety assessment protocol had a significant impact on child safety, researchers from the Children and Family Research Center (CFRC) at the University of Illinois have employed historical group comparisons in a design called a *secular trend analysis* that examines the child safety outcome before and after the point in time when the implementation of CERAP occurred (December 1, 1995). The hypothesis of CERAP effectiveness or validity would be supported, but not proven, by significant differences on the safety outcome between those exposed to the intervention and those that were not exposed. As with all quasi-experimental designs, however, alternative explanations for observed differences between the two historical groups are possible.

A final evaluation report was given to the Department in December 2007. This report analyzes the impact of the Child Endangerment Risk Assessment Protocol (CERAP) implementation on the safety of children investigated by the Illinois Department of Children and Family Services (DCFS) for abuse and neglect. A series of analyses were completed to examine CERAP effectiveness: 1) trend analysis of 60-day maltreatment recurrence rates from 1986-2006; 2) trend analysis of 6-month maltreatment recurrence rates from 1986-2006; 3) an examination of CERAP use by child protection investigators (CPI); 4) comparisons of recurrence rates between investigation cases categorized as “safe” and “unsafe” by child protective services (CPS) workers in the field, and 5) comparisons of recurrence rates among safe and unsafe households with and without a second CERAP assessment.
FY07 Findings:

- Short-term (i.e., 60-day) maltreatment recurrence rates have decreased 53% since 1995, the year prior to CERAP implementation. This is also true for rates of moderate physical abuse (58% decrease), severe physical abuse (60% decrease), and sexual abuse (61% decrease).

- 60-day maltreatment recurrence remains very low in 2006; less than 1% of children investigated for maltreatment experience a second, indicated maltreatment report within 60 days.

- Short-term recurrence rates for moderate to severe physical and sexual abuse are extremely low when compared to rates for all types of maltreatment combined. The vast majority of short-term maltreatment recurrence consists of indicated allegations that fall into neglect categories.

- When 6-month maltreatment recurrence rates are examined to track child safety over time, which is the definition used in federal Children and Family Services Review (CFRC) monitoring, a similar pattern of overall decline is seen, although rates have been stable for the last five years at around 7.5%.

- 100% of the households initially rated as “unsafe” on the CERAP assessments had a safety plan included as part of their electronic file, as required by DCFS policy.

- Although the number of cases in which the household is rated as “unsafe” in the CERAP assessment is relatively small, these cases are 2-3 times more likely to experience short-term (i.e., within 60 days) maltreatment recurrence than cases with a safety decision of “safe.”

- Comparison of maltreatment recurrence rates among unsafe cases with and without a second CERAP assessment finds that in general, cases without a second assessment are at significantly higher risk of recurrence (both at 60 days and 6 months later). In fact, the risk of recurrence for unsafe cases with an additional CERAP assessment is typically only slightly higher, and often the same as, cases initially rated as “safe.”

- Although in the absence of randomized clinical trials it is difficult to rule out other possible differences between these two groups, it seems reasonable that ongoing safety monitoring and assessment in unsafe households is crucial, and efforts to encourage this practice among investigators should be increased.
**Utilization:**

Although we cannot definitively conclude that the statewide implementation of safety assessment caused a decline in maltreatment recurrence in Illinois, examination of the relationship between CERAP use in the field and maltreatment recurrence can suggest ways in which safety assessment practice can be changed to increase child safety. When an investigator determines that a household is “unsafe,” CERAP policy requires that a safety plan be developed and implemented to protect the child(ren) from immediate harm or one or more of the children must be removed from the home. Results of the current report conclude that investigators reliably include a safety plan for all households determined to be “unsafe.” However, when maltreatment recurrence rates for households categorized as safe versus unsafe are compared, unsafe households (even with a safety plan) remain at a much higher risk of additional maltreatment than safe households. Future analyses should examine the actual content of the safety plans to determine if certain features of safety plans are closely associated to decreased recurrence. However, the fact remains that inclusion of a safety plan is not enough to keep these at-risk families safe from future maltreatment.

In addition to a safety plan, DCFS policy states that cases which are determined “unsafe” require close monitoring of the child(ren)’s safety, which should occur through additional CERAP assessments completed every 5 working days after a child is determined to be unsafe and the safety plan is implemented, as well as at the conclusion of the formal investigation. Data from the current report suggest that this occurs in approximately 30% of unsafe cases. Comparison of maltreatment recurrence rates among unsafe cases with and without a second CERAP assessment finds that in general, cases without a second assessment are at significantly higher risk of recurrence (both at 60 days and 6 months later). In fact, the risk of recurrence for unsafe cases with an additional CERAP assessment is typically only slightly higher, and often the same as, cases initially rated as “safe.” Although additional research is needed to rule out other possible differences between these two groups, it seems clear that ongoing safety monitoring and assessment in unsafe households is crucial, and efforts to encourage this practice among investigators should be increased.
FAMILY PERMANENCE

FAMILY SUPPORT POST-CUSTODY
Illinois has reached an important milestone – the number of children in state-assisted permanent homes with adoptive parents and legal guardians surpasses the number of children in state-funded foster care. Surpassing this milestone brings a new challenge for the future: the rising number of families seeking post-permanency services. Even though these former state wards no longer need the regular casework and judicial oversight that foster care supervision provides, their homes still need family support and sometimes more intensive interventions to preserve family stability. To address the needs of these families, the Center is engaged in the following activities:

APAL (Adoption Preservation, Assessment, and Linkage)
With the increased number of former foster children living in permanent homes, the Department has embarked upon a project that is designed to address the service needs of this population, beginning with families that have adopted children or have become legal guardians through the subsidized guardianship program. The program serves families that have children who are 13 or 16.

This project builds upon findings from the 2006 survey conducted by Center staff that asked caregivers of former foster youth about the needs of the children they adopted or of whom they became the legal guardian. In sum, this survey found that the majority of respondents (84%) stated that they were able to meet the needs of their children. The responses from the remaining 16% suggested that these families could benefit from post-permanency support services, and 5% of the population may require more intensive diagnostic and therapeutic support services to stabilize the family structure and prevent disruptions.

The Department has embarked upon a project that seeks to address the issues facing the families that have been discharged from foster care into permanent homes. Through this project, private agency staff is seeking interviews with families that have a 13 or 16 year old in an open subsidy case when their annual Medicaid recertification is due. Through these interviews, the Department hopes to find out what the needs of these families are, if any, and to link them with services to address those needs.

Utilization:
APAL evaluation
Center staff will analyze the data submitted through the APAL project. Through these efforts, we seek to better understand the needs of these families, and ascertain whether direct outreach to these families (contacting families to ask about their needs) will result in the receipt of services necessary to minimize placement ruptures. Center staff will report on these finding within the next year. Results of this analysis will be published in a Center report, and is anticipated to be the focus of journal reports and conference presentations. The Center is expected to hire additional staff to assist with this analysis.
Over the past year, Center staff has worked closely with Department and POS agency staff to develop a system to collect the data from interviews with the families selected to participate in the APAL program. In addition, Center staff have developed tools for reviewing and analyzing the data. These data collection efforts will continue into the next year as the POS agencies complete the interviews and submit their data to the Center. The Center is expected to hire additional staff to assist with data collection and entry.

Post-Permanence Round II Survey
Center staff embarked upon a randomized survey in 2005 with caregivers who had adopted or obtained guardianship of children from the Illinois child welfare system. The findings from this survey were distributed across the state and discussed during a state wide adoption forum. Findings from the survey helped to determine the type of services and supports adoptive and guardianship families need in order to remain stable. Beginning in the last quarter of FY2008, Center staff began to receive results from Round II of this survey. Round II survey will focus on gaining an understanding of the state-wide needs of families that have adopted or obtained guardianship of children as well as the effectiveness of the APAL intervention. The APAL intervention was implemented after the Round I survey as a way to provide preventative outreach to families. The sample of families for Round II will be half from families involved in the APAL program, and half from families that are matched to the APAL families in terms of ages of the children, region in which they reside, and other demographic characteristics. Results of this analysis will be published in a Center report, and is anticipated to be the focus of journal reports and conference presentations.

Beginning in the last quarter of FY2008, Center staff developed systems for collecting and analyzing the data that will be collected in Round II. Center staff worked with the UIC Survey Research Lab to develop training for field interviewers who will conduct the phone surveys. The Center worked with Westat on sampling and weighting issues, and the assistance of outside data entry staff. Center staff used both contact information on caregivers from DCFS as well as contact information obtained from a professional locator service. The Center laid the foundation for the survey in FY08 and conducted two months of surveys. The remainder of the surveys will be completed in FY09 along with the analysis of the data and writing of the final report. The results from the survey will help the Department to determine the level and type of services adoptive and guardianship families need in order to effectively meet the needs of children in their home. It is hoped that the service array developed based on these findings will support post permanence families, minimizing disruptions and supporting families as they face unique challenges raising children who were once part of the formal child welfare system.

Post Guardianship Support Program
The Center provides support staff for the Subsidized Guardianship federal waiver program and collects research data required for the federal reporting, input, and development of policy and practice. A staff person from the Center serves as a coordinator of post Subsidized Guardianship support services working closely with the DCFS Post Unit. In FY2006 an additional staff person was hired by the Center to work in this unit who focuses primarily on the direct assistance services. The work of the post guardianship support program staff is to serve as liaisons focusing
on provision of direct assistance and coordination of services between clients, court, DCFS, OLS, and community agencies to prevent dissolutions and disruptions in placement or to facilitate court proceedings and outcomes when a change of guardianship is necessary. In addition, the coordinator provides waiver assignment checks for foster/relative care cases; continuation of the ongoing compilation of the Subsidized Guardianship database of outcomes of SG cases that change legal status; participation in workgroups which involve Subsidized Guardianship concerns or issues; provision of training on the waiver program and; acts as a statewide source of information for clinical or waiver consultation. All of the activities listed above were ongoing throughout the past fiscal year and will continue into the following fiscal year.

Utilization:
The information gained from the tracking of this data, as well as the hands on work provided to families, provides the Department with valuable information on the success of the post guardianship program and the challenges and needs guardianship families are most likely to encounter. All of this information assists the Department in developing an effective service model for families who pursue this permanency option.

Family Reunification

Introduction:
For reunification to occur, biological parents must have an opportunity to interact with their children in a supportive environment. To ensure that every effort is made to return a child to their parents it is critical to enlist the help of the foster parent. Foster parents must understand that families of children entering foster care need support in their efforts at reunification and that caregivers are an important part of the team offering that support.

Two programs related to early and safe reunification of children with their families have been developed and implemented to achieve this goal.

Purpose and Objectives: Program I
The first program Guided Caregiver Self-Assessment for Reunification Support is a discussion and self-assessment tool to be administered by all foster care licensing staff, public and private, with the caregivers on their caseload. The completed assessment is used to identify caregivers prepared to work directly with parents and their children in a family setting, not an agency or fast food franchise, at least twice weekly. These caregivers are given priority for placement of children entering the child welfare system, ensuring that families get full support toward return home from day one. Priority placement is achieved by incorporating positive self-assessment results into the assignment data base used by the Case Assignment and Placement Unit (CAPU) that serves all Illinois foster care agencies. The CAPU software is being modified to give preference to reunification foster homes within defined geographic catchment areas and implementation is scheduled to begin July 1, 2008. This preference overrides the regular rotation, giving an incentive for agencies to develop foster caregivers for strong reunification support. The FY09 foster care contract with agencies will require that the guided discussion and self-assessment tool, CFS 250 and CFS 250A, be used by licensing staff with all current and
prospective foster caregivers and that the issues it raises be revisited at each succeeding semi-annual monitoring visit.

*Utilization:*
This matching of children entering care with caregivers in their geographic area who are ready to work with their families toward reunification directly supports the FFY 2005-2009 CFSP goal of increasing the percentage (%) of all children reunited with their families within 12 months or less from the latest removal from the home (an average of 43.6%). It also sets the stage for all of the supports to early and safe family reunification that are listed under the following program, the Family Reunification Support Special Service Fee, as it places children with families who are prepared to offer these services to the child and family in cooperation with the caseworker as long as a parent is making progress toward a return home goal.

**Purpose and Objectives: Program II**
The second reunification program is the Family Reunification Support Special Service Fee. The program provides financial incentive to caregivers for their efforts to support reunification. It is available to all caregivers for children with a return home goal and a parent who is available to work toward that goal. Caregivers involve parents in the daily tasks of parenting their children in the home of the caregiver, the parent or a relative. Caseworker approval and guidance of the work is required before the fee begins. Parents must demonstrate progress toward return home for the fee to continue. A benchmark for progress is the achievement of unsupervised visits within 6 months. The goal of the program is return home within 12 months of the initiation of the Family Reunification Support Special Service Fee.

**Plans for 2009**
To support the program the Center will analyze data, available from existing program materials and the Illinois Department of Children and Family Services administrative database, to address whether the financial incentive to caregivers increases rates of reunification.

*Utilization:*
This program supports the quality, frequency and continuity of family visitation and imbues it with a goal of increasing parental involvement with and responsibility for the well being of children in foster care. FFY 2005-2009 CFSP goals supported by this program include:
Priority II: Family Maintenance/ Reunification

Support and stabilize families so that children can safely remain at home or, if they have been removed, quickly return home

When Removal is Necessary, Ensure Placement Close to Home and Frequent Family Visits

- Implement mechanisms to enhance casework practices that support timely reunification (PIP Action Step 8.1)

- **Strengthen engagement of birth parents, especially fathers, in the lives of their children (PIP Action Step 16.1)**

- Strengthen and enhance visitation of children with parents and siblings in foster care (Originates from the PIP Item #12)

- Increase child and family involvement in case planning (PIP Action Step 18.1) (This occurs in the monthly planning meetings of caseworker, parent and caregiver required by the Family Reunification Support Special Service Fee)

Strengthen and Enhance Visitation of Children with Parents and Siblings in Foster Care

- Strengthen casework practices regarding the frequency and quality of family visitation (PIP Action Step 13.1)

- **Enhance contractual and administrative practices that support family visitation (PIP Action Step 13.2)**

Stability of Foster Care Placement

- Strengthen mechanisms to improve the stability of children in their substitute care placements (PIP Action Step 6.1)
QUALITATIVE RESEARCH

Project FYSH: Foster Youth Seen and Heard

Purpose:
Project FYSH began in 2004 as a way to seek perspectives on the child welfare system from older foster youth and former foster youth. From the start, youth expression gathered through participation in Project FYSH was intended to inform the DCFS/CFRC research agenda and increase understanding of life in foster care among foster caregivers, social service professionals, and child welfare decision makers. The in-depth qualitative data on foster care experience collected through Project FYSH represents a unique and crucial complement to administrative and survey data more commonly analyzed by the CFRC.

In FY 2008 and continuing into FY 2009, the initial goals of FYSH remain central to the project. In addition, during FY 2008 the Center began the transition of FYSH into a broader and more systematic program of research intended to address the project’s purposes more comprehensively and with greater scientific rigor. We piloted this new approach to FYSH during fall 2007 and spring 2008. By the end of the fiscal year, between 20 and 24 participants will have completed FYSH workshops using the project’s new structure and methodology.

Based on our experiences during FY 2008, we believe the new FYSH methodology will remain and grow even more productive during FY 2009. For the coming fiscal year, innovations with FYSH will involve program expansion to areas of the state outside Champaign County and among a more diverse array of respondents. As well, the program will concentrate more specifically on areas of investigation prioritized in the Department’s current vision—especially focused on the circumstances and needs of older wards who represent a growing proportion of the state’s foster care population, and on research questions based on themes emerging from the analysis of FY 2008 FYSH data as well as other existing CFRC research findings.

Objectives:
Based on results of a comprehensive FYSH evaluation conducted in FY 2007, the objectives accomplished for Project FYSH during FY 2008 included these:

- Restructure Project FYSH from an employment-based service program into a focused research effort based on customary qualitative research techniques, and pilot this new methodology, through a series of four five-session workshops, throughout Champaign County;

- Recruit up to 24 FYSH participants throughout Champaign County (for the pilot study), each of whom would complete at least one five-session FYSH workshop during FY 2008;

- Develop a methodology for systematically analyzing the qualitative data produced through Project FYSH; and
• Increase dissemination of findings from Project FYSH through refereed publications, policy briefs, the CFRC website, and presentations to relevant research, practice, and policy audiences.

In FY 2009 FYSH research will continue to build on progress achieved in FY 2008. Objectives for the coming year include these:

• Expand FYSH data collection beyond Champaign County;

• Introduce FYSH to a broader range of research participants, including wards younger than 16, other family members, and youth/young adults who are experiencing severe problems in the transition to adulthood;

• Develop focused research questions for qualitative investigation based on the Department’s vision for the future of child welfare in Illinois, with an initial emphasis on older wards and the transition from foster care to independent adulthood;

• Develop focused research questions for qualitative investigation based on analysis of FY 2008 FYSH data and other existing CFRC research findings; and

• Continue to expand dissemination of FYSH findings through relevant publications, presentations, and the CFRC website.

Methodology:

FYSH participants. By the end of FY 2008, between 20 and 24 participants will have completed FYSH workshops. Some of these participants also will have scheduled follow up interviews to provide more in-depth data on specific topics with FYSH research staff. At the time of reporting, the youngest FYSH participants were 16 years old and the oldest was aged 29. Final racial and gender proportions will become available after completion of the final workshop in early to mid June, but to date the program has involved 58% African American youth, 42% Caucasian youth, and no Hispanic youth. Participants received customary incentives, in the form of retail gift cards, for their involvement. To date, there has been no attrition among Project FYSH participants.

Instrumentation. Each of the four workshops conducted during FY 2008 consisted of five sessions. Instrumentation for the research consisted of the manual used to generate narrative data during these sessions. This manual included both unstructured and structured writing exercises, and the fifth session of each workshop involved the collection of multimedia narrative data (audio and video). Workshop sessions also were videotaped to capture data on interaction among workshop participants.

A small number of participants completed follow-up interviews with CFRC research staff. Questionnaires for the follow up interviews included general questions about participants’ reaction to their involvement with FYSH, as well as individual-specific questions articulated in workshop sessions.
Spring 2008 (but not fall 2007) workshops also included a questionnaire, administered at each session, to assess the therapeutic benefits of self-expression (written and multimedia narratives as well as group interaction) encouraged through involvement in FYSH.

**Procedure.** Participant recruitment included electronic listserv postings, campus newspaper advertising, and contacts through local foster care, adoption, and social service agencies. Recruitment materials requested that potential participants contact the FYSH project director for an informational interview prior to beginning the study. At this interview, the project director provided details on the workshop and obtained participant consent. For participants under 18 years, consent also was obtained from the Office of the Guardian at DCFS. In the fall, workshop sessions were held at a faith-based foundation in Champaign. Because the off-site location appeared to add no unique benefit, spring workshops took place at the CFRC. FYSH participants received gift cards at the beginning of each workshop session they attended. In spring 2008, they completed therapeutic writing questionnaires at the end of each workshop session.

**Data analysis.** All data (written narratives, audio/video narratives, videotaped workshop discussions, and follow up interviews) were transcribed and coded independently for major themes and sub-themes by at least two CFRC researchers. Inter-coder agreement resulted in the thematic clusters reported in the next section.

**Utilization:**
Final analysis of FY 2008 data from Project FYSH will take place during June 2008. Meanwhile, ongoing analysis of data already collected has generated a series of consistent themes in the narratives of research participants.

**Family life in and out of care.** Narratives produced by Project FYSH participants strongly reflect the continuing importance of family, defined broadly to include biological, foster, and adoptive families, immediate and extended. Writings most frequently deal with relationships between young people who have spent time in care and their biological mothers. Narratives about siblings also are a prevalent theme in FYSH narratives.

**The (child welfare) “system.”** Perhaps not surprisingly, the narratives produced in Project FYSH workshops frequently address participants’ relationships with DCFS. Very few of these accounts are highly critical of DCFS and many of them give credit to the child welfare system for its protection and support. Narratives offer substantial detail on the complexities of daily life as a foster child.

**Leaving care through adoption or guardianship.** Very few of the FYSH narratives focus on guardianship, but a substantial number of them describe post-adoption experiences. For reasons not completely understood without more research, most narratives of adoption and post-adoption life described these experiences as more negative than positive, and sometimes, as extremely unhappy.

**“Aging out” of care.** Relatively few FYSH participants actually had aged out of the foster care system—many had been adopted, and many remained in care during their involvement with the project. Those still in care expressed anxiety about their futures, but had very little concrete idea what to expect upon aging out. They felt inadequately prepared for the transition from care.
Attitudes about foster care. Expressed consistently throughout the workshop series, a central theme described FYSH participants’ feelings of social stigmatization linked to their status as foster children and youth. As consistently, the narratives voiced participants’ determination to reject these negative opinions.

Foster care and personal identity. Inherently precarious, life in foster care can make the development of stable personal identity especially difficult. Perhaps surprisingly, however, the positive role of foster care experience in clarifying identity emerged as a common workshop theme. FYSH participants expressed the belief that the instability of their lives growing up, and situations of devaluation that they experienced, forced them to develop a prized, robust internal sense of self.

Resilience in foster care. Research on young adults formerly in care has described an array of negative outcomes including educational deficiencies, unemployment/underemployment, poverty and economic insecurity, homelessness, incarceration, and early pregnancy/early parenthood. While in no way diminishing the seriousness of these problems or the urgent need to remedy them, at the same time analysis of FYSH data implies that a complete understanding of foster care experience must explore not only negative indicators related to contact with the child welfare system, but also the often overlooked yet important strengths of young people who have lived in foster care.

These findings from FY 2008 FYSH research have been utilized in two main ways, both continued as program objectives for the coming year.

First, for the first time since the FYSH program began, the CFRC research staff involved with FYSH have begun to formally integrate these results into the Center’s ongoing qualitative studies research agenda (in turn a component of the Department/Center research strategy overall). Doing so, during FY 2008 we have made substantial progress towards addressing this original goal of the FYSH program.

Broader dissemination of FYSH research findings was a second priority for their utilization accomplished by the CFRC in FY 2008. During this year, dissemination efforts focused especially on written presentation of findings for refereed journal publication. As well, in June 2008 FYSH research staff will complete an invited book prospectus (in preparation at the time of this report) on the project and its findings to Oxford University Press. Other FYSH publications for FY 2008 will include a formal final report to the Department at the end of the fiscal year. We expect sections from this publication to appear as research briefs on the CFRC website. Project FYSH dissemination efforts also included a number of presentations to child welfare agencies in Champaign County, a component of recruiting new research participants throughout the year. Finally, in April 2008 a group of FYSH participants spoke of their experiences in foster care with a group of social work graduate students at the University of Illinois.
Child and Family Services Plan Goals and Objectives Addressed by Project FYSH

Since its peak in the late 1990’s, Illinois’ foster care population has declined dramatically. As well, its composition has changed, and older wards now constitute a greater proportion of children and youth in care than was true in the past. These youth face much smaller chances of achieving permanence through adoption or guardianship than younger children in care, and consequently, the necessity to adequately prepare them for independent adulthood has grown more urgent. Now with several years of experience working with older youth, Project FYSH has unique potential to contribute to the Department’s CFSP Priority III (Permanence) and Priority VI (Education) as FYSH findings focus on the needs of older wards preparing to emancipate. We also expect FYSH research to enhance knowledge relevant to Priority II (Family Maintenance) and Priority III (Permanence), in particular as findings from this research reveal how DCFS and other agencies can best provide appropriate services and supports to families, optimize families’ success in meeting child welfare and self-sufficiency goals, and provide suitable post-permanence tools to children and families following adoption or the establishment of legal guardianship.

WORK OUTSIDE THE CENTER’S CORE AREAS

**Illinois Child Welfare Journal** *(collaboration with Loyola School of Social Work)*

**Purpose:**
The *Illinois Child Welfare Journal* is one means by which IDCFS (subcontracted through CFRC) provides for the dissemination of up-to-date knowledge about 1) best practices in child welfare practice and policy, and 2) child welfare problems. Born out of a partnership between IDCFS and Loyola University Chicago School of Social Work, this multidisciplinary journal now has Editorial Board members who are leaders in child welfare around the world. The global reach focus makes it possible for the journal to draw from knowledge in diverse cultural and social contexts and in other countries, maximizing the potential for scientifically robust, creative contributions to child welfare. Since a central issue for social science researchers has always been knowledge utilization, *Illinois Child Welfare*’s applied focus also furthers the Child and Family Research Center’s mission of developing knowledge that can contribute to improving child welfare practice and policy.

**Objectives of the Illinois Child Welfare Journal:**

1. To publish a journal of high scholarly quality that includes articles with direct applied relevance for improving child welfare practices and policy;

2. To contribute to IDCFS accomplishing its objectives by seeking out scholarly contributions that address problems existing in Illinois child welfare, which can then be used by IDCFS and other child welfare professionals;
3. To advance the education and skills of child welfare professionals, especially in Illinois, by making the journal widely available to practitioners;

4. To provide a forum for discussion and tackling difficult child welfare problems in a context of objective, inclusive scholarly research;

5. To further values important to the IDCFS, including cultivating respect for cultural diversity and developing the capacities of families and contribute to their preservation.

Background:
The *Illinois Child Welfare* journal project began under Director MacDonald’s leadership (he co-authored a paper in Volume 2) and it continued under Director Samuels’ leadership (he authored a paper in Volume 1). The concept for the journal was initially developed by Professors Mark Testa, Joseph Walsh, and Tom Kenemore, and then further developed by the Editor-in-Chief and Editorial Board members. The first years of the journal were devoted to developing Editorial Boards, submissions, editorial policies and practices, and readership. Now there are three published volumes, with Volume 4 forthcoming in summer of 2008. *Illinois Child Welfare* is distinctive in journals in the field of child welfare because it:

- Is multidisciplinary (incorporates law, social work and psychology, education, and medicine)
- Is international
- Has a flexible approach to inquiry that makes it more possible for practitioners to contribute articles based on case studies and that includes qualitative as well as quantitative research methodologies
- Has a human rights orientation in prioritizing research that highly values diverse cultural values and bringing about social justice
- Makes it possible for physicians and social workers to obtain Continuing Education credits by reading articles and answering quizzes that are composed by editorial staff

Methodology:
1. Publishing applied knowledge that responds to the IDCFS mission and objectives
Consistent with its mission to focus on publishing knowledge that applies directly to contemporary child welfare problems, especially the priorities for the Illinois Department of Children and Family Services, the *Illinois Child Welfare Journal* has, in all published volumes, tailored the topics that the staff address and that are published specifically to the mission and objectives of the IDCFS. The following table indicates the link between the IDCFS objectives and the journal’s published studies:

<table>
<thead>
<tr>
<th>IDCFS Child and Family Service Plan Objectives</th>
<th>ICWJ Publications</th>
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| Identifying causes and solutions for the problem of the over-representation of African-American children in the child welfare system. | Volume 1: Why are there so many People of Color in the Child Welfare System?  
*Deborah Major, M.S.W., LCSW*  
Volume 2: The Bloomington Model: A Plan to Strengthen Families and Decrease the Need for |
### Protective Custody
*Carl C. Bell, M.D., Juanita Redd, M.B.A., Hayward Suggs, M.B.A., Robert D. Gibbons, Ph.D., Leonard Muhammad, & Jess McDonald*

Volume 3: “From the Practitioner’s Desk”: Attracting African-Americans to Adoption Programs
*Erin Bass, B.S.W. and Wayne C. Evens, Ph.D.*

### Supporting policy and practice responsiveness to child welfare clients from diverse cultural backgrounds

*Luis Barrios, M.S.W., Layla Saleiman, Ph.D. & Maria Vidal de Haymes, Ph.D.*

Volume 2: Devising Practice Standards for Aboriginal Out of Home Care, *Mel Gray, Ph.D. & Bruce Valentine, Ph.D.*

Volume 2: Assessing the Best Interests of the Child in a Risk-laden, Multicultural Context: Insights from Practice with Latino Families, *Deborah R. Major, M.S.W.*

Volume 3: Citizens Speak About the Meaning of Genuine Community Governance
*Gerard Bellefeuille, Ph.D., R.S.W. and Dawn Hemingway, M.Sc., M.S.W., R.S.W.*

**University of Northern British Columbia – Canada**

### Understanding and supporting kinship care

Volume 2: Kinship Care: Parenting Your Children’s Children in an Unsupportive System
*H. Luke Shaefer, A.M. & Gwen Talley, M.S.*

Volume 2: Kinship Caregiving: Myths and Evidence
*Shyla Ford, M.S.W.*

### Understanding and supporting effective foster and adoptive parenting

Volume 1: Helping Foster Parents Manage the Addiction to Unhappiness in Their Foster Children: A New Approach to Preventing Placement Failures in Foster Care and Adoption Settings
*Martha Heineman Pieper, Ph.D. & William Joseph Pieper, M.D.*

Volume 3: Understanding the Healing Nurture in Foster Parents’ Psychological Availability, *Deborah R. Major, M.S.W.*

### Understanding effective services for the most troubled older state wards

Volume 1: Chaos on the Campus: Recognizing the Early Warning Signs. A Guide for Administrators of Residential Centers
*Robert Bloom, Ph.D.*

Volume 2: Gender Identity Disorder: Mental Illness or Child Maltreatment? Implications for Professionals, *Sana Loue, J.D., Ph.D., M.P.H.*

Volume 3: Intergenerational Addiction and Child Abuse: Treatment and Policy Approaches
*Dorothea Marie Epple, Ph.D., L.C.S.W.*

### Developing databases and research methods for optimizing program evaluation

Volume 2: Parent Education Evaluation Database: A Pilot Study
*Sandra K.M. Tsang, Ph.D. & Cynthia Leung, Ph.D.*

Volume 3: Children’s Stress Levels: An Evaluation Tool to
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<th>Topic</th>
<th>Volume 1</th>
<th>Volume 2</th>
<th>Volume 3</th>
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<tr>
<td>Understand and supporting family preservation and reunification while minimizing risk</td>
<td>A Successful Failure: Difficult Questions for the Interface between the Adoption and Safe Families Act and the Therapeutic Process</td>
<td>A Plan to Strengthen Families and Decrease the Need for Protective Custody</td>
<td>Vulnerability, Risk and Resilience Factors in Adoptive Family Relationship Development</td>
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<td></td>
<td>Dorothea M. Epple, Ph.D.</td>
<td>Carl C. Bell, M.D., Juanita Redd, M.B.A., Hayward Suggs, M.B.A., Robert D. Gibbons, Ph.D., Leonard Muhammad, &amp; Jess McDonald</td>
<td>Venessa Brown, Ph.D. and Kathy Gomez, M.S.W.</td>
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<td>Southern Illinois University, Edwardsville, Illinois</td>
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<td>Supporting child welfare professionals under stress</td>
<td>Reporting Child Abuse and Neglect: Good Faith Immunity for Health Care Providers</td>
<td>Multidisciplinary Training for Professionals Investigating Suspected Child Abuse</td>
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<td>Theodore R. LeBlang, Esq.</td>
<td>Leigh A. Cantrell, M.D., M.S.P.H. &amp; Rebecca Socolar, M.D., M.P.H.</td>
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2. Leading Child Welfare Scholars and Professionals in Editorial Board Membership
The journal’s Editorial Boards and authors are leaders in child welfare practice, policy, and research in Illinois, the United States, and around the world, ranging from Lithuania to the United Kingdom, to Hong Kong and Australia. In 2007-2008 several new members of the Editorial Board were appointed, from Illinois as well as from around the world, as is evident from the attached list of Editorial Board members. The first three volumes of the journal have had articles from Hong Kong, Canada, India, Lithuania, Estonia, and Australia as well as Illinois and diverse parts of the United States, and a similar global representation is anticipated for 2008-2009.

3. Prioritizing Scholarly Quality While Supporting Authors
We have continued to prioritize quality of the final product. As the Editorial Boards and submissions are now stable, the journal will continue to be an annual, with about 10-12 substantial articles in each publication as well as an annotated bibliography, book reviews, and “From the Desk of” articles (authored by practitioners and policy-makers with the help of editorial staff). We invest time in the editorial process, which makes it possible for a) authors for whom English is not their first language to contribute articles, and b) practitioners who may not be scholars to contribute articles. We work with the authors so the articles are reflective of sound scholarship as well as contributing important insights for practitioners and policy-makers as well as researchers.

In 2007-2008, with a more stable and committed Editorial Board, we have been able to shorten the review process so that for articles submitted in 2007 we averaged 4 month turn-around times for feedback to authors. The articles to be published in the 2008 issue were submitted in 2007-2008, indicating the journal’s focus on publishing the most recent research reports.

4. Stimulating Excellent Creative Innovation through International Competition
In 2007-2008 we initiated the Excellence in Child Welfare Research New Scholars International Competition. This allows young scholars to contribute summaries of their dissertations or theses for peer review, with the winner’s work being published in the next issue of the journal. The work of the winner of the 2007 competition will be published in the 2008 issue of the journal, which will be printed in June, 2008, and we look forward to continuing the stimulation of new ideas this competition has already engendered.

Utilization:
The journal is indexed in on-line databases, including Social Work Research and Abstracts, and is listed by the Library of Congress with an ISSN number for print and web-based versions.

2. Availability Illinois Child Welfare in hard copy and also web-based versions
Subscriptions to hard copies of the journal are available. Since the journal is publicly funded we made the decision with (former) Director Samuels’ endorsement to make it available on the world-wide web for free (see illinoischildwelfare.org). This means that people without funds for
library resources (such as many historically African-American colleges in the U.S., child welfare practitioners ‘in-the-trenches,’ and practitioners and scholars in other countries) can read the journal. In fact, in addition to our subscription readers, our web-based readership is substantial, as our internet statistics indicate that many people read the journal in Italy, Germany, Syria, India, and Ireland as well as in the United States. Our internet tracking mechanisms tell us that the journal’s website averages about 400 unique, non-robot, substantial hits a month, which is quite high for a relatively new journal. The broadening readership is also evidenced by submissions we have received from child welfare practitioners in Illinois, diverse parts of the United States, and around the world.

**Plans for FY 2009:**

1. **Publish Volumes 4 and 5:** The 2008 issue of the journal (to be published in Fall, 2008) includes a focus on the problem of child destitution, as it affects child welfare policies and practices, one of the most significant child welfare problems in Illinois (especially the destitution of families with children coming into the system and the destitution of those aging out of care). Child destitution is also one of the single greatest child welfare problems in the rest of the United States and around the world.

The following Table describes how IDCFS and CFRC Objectives will be met in planned subsequent volumes:

<table>
<thead>
<tr>
<th>IDCFS and CFRC Objectives</th>
<th>ICWJ Planned Publications</th>
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<tr>
<td>Developing Juvenile Court judges’ expertise and policies for handling child welfare involved parents and children</td>
<td>Volume 5: Articles in collaboration with Circuit Court Judges appointed to Editorial Board</td>
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| Understanding effective services for the most troubled older state wards                   | Volume 4: Youth Aging Out of Foster Care: University Support  
  *Linda Openshaw, DSW, LCSW, Brenda Moore, Ph.D., LMSW-AP*  
  Volume 4: Understanding The Impact Of Wilderness Therapy On Adolescent Depression And Psychosocial Development  
  *Christine Lynn Norton, Ph.D.*  
  Volume 4: Experiences of Street Children  
  *Gabriel Julien, Ph.D.*  
  Volume 4: Treating Substance Abuse in Adolescents in the United States  
  *Andrea Hohf, A.M.* |
| Understanding and supporting family preservation and reunification while minimizing risk    | Volume 4: Factors Impacting Permanency Outcomes for Foster Children Before and After Passage of the Adoption and Safe Families Act of 1997  
  *Sabrina Townsend, M.A., Annette Hignight, M.A., David Rubovits, Ph.D.* |
### Supporting policy and practice responsiveness to child welfare clients from diverse cultural backgrounds

Kui Hee Song, Ph.D. |
| Supporting improved foster care services | Volume 4: Understanding Caseworker Perspectives on a Pediatric Medical Home for Children in Foster Care  
Sandra H. Jee, M.D., M.P.H. and Amanda Kim Doyle, B.A. |
| Understanding effective trauma-focused treatments for children and youth | Volume 4: Annotated Bibliography: Helping Children Traumatized by Natural Disasters  
Ritu Thaker |

2. Other plans for FY 2009 include:

- A substantial mailing, including copies of the journal, to:
  - Justices of the Chicago Juvenile Court,
  - Noted scholars in child welfare services in the United States, inviting them to author papers for the journal;

- Pursuing topics and directions suggested by Director McEwen and Editorial Board members;

- Continuing the appointment of new Editorial Board members;


### Office of the Research Partnerships

During the middle of FY08, the Department of Children and Family Services and the Children and Family Research Center jointly decided to create the Office of the Research Partnerships. This office was set up to provide analytic and planning support to the Director of DCFS. Enhancing analytical capacity of the Department to improve delivery of child welfare services related to safety, permanency and well being, the office’s primary responsibilities include:

- Coordinate existing research projects at the Center that closely interface with the Department

- Conduct special research analysis and activities delegated by the Department Director
• Assist with the coordination of outside entities that conduct research with the Department.

There are numerous projects at the Center that require close collaboration between the Department and the Center including Subsidized Guardianship Enhanced Waiver, Alcohol and Other Drug Abuse Waiver Demonstration, and A-PAL evaluation. This office acts as a liaison between the two entities, ensuring that optimum cooperation is taking place to improve the quality of the project. The Office Director will be the point person for Departmental staff regarding issues or concerns with projects and/or Center staff. The office will be physically located in DCFS, providing departmental staff with quick access to Center staff that can provide research and analytical skills into the overall redesign of polices, programs, and practices.

In FY08, the foundation for this office was laid; staff were hired- Program Director and Research Specialist- and the initial agenda for the office was developed. During FY08, this office worked with DCFS to determine IV-E claiming for Center projects, started researching differential response models along with their proven effectiveness, and convened the second annual Child Welfare Data Summit comprised of experts and researchers who are working in some capacity to improve the Illinois child welfare system. The data summit provided child welfare researchers with an opportunity to discuss their current research and find increased opportunities to collaboratively improve outcomes for children and families in Illinois. The data summit focused specifically on a newly developed risk adjustment model to “level the playing field” for agencies participating in new performance based contracting initiative.

The Center will continue to convene data summits in FY09 on a quarterly basis. Each summit will have a specific focus. These summits will help to inform practice through research as well as guide research to focus on fundamental issues the child welfare system is facing.

Chapter Section II: Research and Evaluation Projects Conducted by the Chapin Hall Center for Children

**Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study)**

Brief description of the project: purpose, objectives, methodology and utilization of findings

The Midwest Study is a collaborative effort among the public child welfare agencies in Illinois, Iowa, and Wisconsin, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center. The study has been following a sample of more than 700 foster youth from the three participating states as they age out of foster care and transition to adulthood. All of the study participants were still in care at age 17, had entered care prior to their 16th birthday and had been placed in care due to abuse and/or neglect. Baseline interviews were conducted with 732 foster youth, including 474 from Illinois, who were 17 or 18 years old. Eighty-two percent \(n = 603\) of these young people, including 386 from Illinois, were re-interviewed at age 19 and 81 percent \(n = 591\), including 364 from Illinois, were re-interviewed at age 21.
The purpose of the study is to provide a comprehensive picture of how foster youth are faring during the transition to adulthood since the Foster Care Independence Act of 1999 became law. It examines the experiences of these young people across a variety of domains, including living arrangements, relationships with family of origin, social support, receipt of independent living services, education, employment, economic well-being, receipt of government benefits, physical and mental health, health and mental health care service utilization, sexual behaviors, pregnancy, marriage and cohabitation, parenting, and criminal justice system involvement. Because many of the survey questions had also been used in the National Longitudinal Study of Adolescent Health, it is possible to make comparisons between this sample of young adults who “aged out” of foster care and a nationally representative sample of their peers.

An important feature of the Midwest Study stems from the variation in child welfare policy across the three participating states. In particular, foster youth in Iowa and Wisconsin are generally discharged from care at age 18, or age 19 at the latest, whereas foster youth in Illinois can remain in care until they are 21. This difference in policy between Illinois on the one hand, and Iowa and Wisconsin on the other, provides an opportunity to examine the potential effects of amending Title IV-E to extend federal reimbursement for foster care beyond age 18.

**Research on Comprehensive Family Assessment**

**Background:**

The DCFS Integrated Assessment Program (IAP) is a critically important effort to provide comprehensive medical, developmental, and behavioral health assessments to children in out-of-home care during the early stages of state custody. Researchers consistently recommend that all children entering foster care participate in routine assessment for mental and physical health needs (Hartnett, et al. 1999; Halfon, et al. 1995; Burns, et al. 2004; Nugent and Glisson 1999; Schneiderman, et al.; Glisson, 1996; Simms, et al. 2000). Researchers also agree that child assessments should be comprehensive in nature – including mental, physical, and developmental health screening; individualized for each child; and should assist workers in planning needed services (Halfon, et al. 1995; Hartnett, et al. 1999; Leslie, et al. 2000).

The IAP is designed to provide systematic assessments of the medical, developmental, and behavioral health needs of children and families in the DCFS system early on in the case. The model also attempts to increase the engagement of biological families, and in particular fathers, in the system. The IAP is intended to do the following:

- Provide early assessments and an initial IA report that synthesizes information on a family’s case into one main report.
- Integrate clinical information into case planning.
- Identify service gaps and evaluate service effectiveness.

It is anticipated that the IAP will yield favorable outcomes for children and their families.
With the initiation of front-end screening and assessment activities, as well as much closer collaboration between casework staff and licensed clinicians, earlier and more appropriate interventions will occur. The collaborative nature of the IAP process also places an emphasis on fostering positive engagement between caseworkers and families, and as such, will lead to an improvement in the quality of the contacts that caseworkers have with families. This will result in a number of anticipated outcomes: (1) improved identification of service needs and allocation of resources for primary and secondary prevention activities, (2) increased provision of appropriate services, (3) shorter case duration, (4) decreased rates of placement or family disruptions, (5) reduction in the number of families re-entering the foster care system, and (6) improved child outcomes.

**Purpose:**

With funding and support from the Children’s Bureau, DCFS has launched a five-year long demonstration project in which they will further develop the IAP and extend its use to intact-family cases. As part of this demonstration project, Chapin Hall will conduct an evaluation, consisting of two inter-related parts – a non-experimental evaluation of standard placement cases in the IAP since 2005 and an experimental evaluation of the expansion of IAP to intact family cases.

This research will enable the Department to assess the ongoing implementation of the IAP and identify whether early identification of needs is being translated into service delivery for children and families. This research will also provide information regarding the ways in which the IAP improves outcomes for children and families.

**Objectives:**

1) **To further develop the IAP.** These efforts will include a practice evaluation component and non-experimental longitudinal evaluation.

2) **To evaluate the expansion of the IAP for use with intact family cases,** using a random assignment trial to provide integrated assessments to an estimated 400 families.

**Methodology:**

The evaluation of the IAP consists of two inter-related parts. One part of the evaluation is experimental and will utilize a randomized trial to examine the expansion of IAP to intact-family cases, with a particular focus on how the assessment approach affects key outcomes of interest including decreased rates of disruptions. A second part of the evaluation is non-experimental and will focus on the program as it has been implemented thus far, its ongoing development, and the use of historical and current data within administrative and program databases to assess who does and does not receive an integrated assessment and how those groups differ in initial status and over time. In evaluating DCFS’ efforts to accomplish these goals, Chapin Hall will draw on caseworker interviews, SACWIS documentation, and analysis of data already collected by DCFS regarding typical child welfare activities and IAP activities in order to assess improved quality of caseworker/family contacts. The specific databases used include the CYCIS system, the SACWIS system and the IA program database.
Utilization of Findings:

This research is directly related to the following PIP action steps:

3.1 – Ensure appropriate services are provided to families to prevent removal and reduce risk of harm.

16.1 – Strengthen engagement of birth parents, especially fathers, in the lives of their children.

17.2 – Strengthen mechanisms that ensure appropriate service provision based on identified needs.

19.1 and 20.1 – Strengthen caseworker visitation practices to ensure thorough, timely, and substantive observation and discussion during visits: Worker visits with child and parent(s).

23.1 – Strengthen the assessment and monitoring of children’s mental health needs.

35.1 – Implement mechanisms that will improve the availability and accessibility of services that meet the well-being needs of children and families.

As such, this research has the potential to be useful in the following ways:

- Findings from both parts of the evaluation will speak to the implementation and ongoing development of the IA program as comprehensive family assessment model, and to how this assessment approach affects key outcomes of interest for children and their families.

- The results of this work will have a direct benefit to DCFS administrators in Illinois who will be able to better understand the needs of children in foster care and issues related to service delivery or utilization. The study is intended to enable administrators to make future decisions about services and policies that are informed by analysis of data on children and families involved with the child welfare system.

PBC Risk Adjustment for Residential Care And Independent Living Programs

Purpose and objectives

The purpose of this project has been to assist the Department in developing a risk adjustment process that will be implemented within the context of performance-based contracting in residential care and independent living services.

Methodology

Chapin Hall has made use of administrative data from several sources to develop statistical models that characterize the "risk" of several PBC outcomes for youth based on a number of identified risk factors. The results from these analyses were then used to develop risk-adjusted performance thresholds for individual providers.
Utilization of the findings

These projects have yielded findings that will assist the Department in improving the performance of residential care and independent living providers. In particular, by helping the Department develop risk adjustment processes, these projects have facilitated the expansion of PBC to included residential care and independent living programs.

Also, the findings from these projects have supported the Department implement the following PIP actions steps:

- Improve initial and on-going assessment practices for older youth (PIP Action Step 10.1)
- Develop systems that support the provision of appropriate services to older youth (PIP Action Step 10.2)
- Maximize the rate of regional step-downs from residential placements
- Develop outcome measures for all areas of service and a process for managing to the desired outcomes

Racial Disproportionality Working Group

Purpose and objectives

The purpose of this project has been to examine the issue of overrepresentation of children of color in the child welfare system, and to provide DCFS's legal community partners, including the Cook County Juvenile Court, with information about child welfare outcomes.

Methodology

A combination of DCFS administrative data, Cook County Juvenile Court records, and Census data have been used to conduct a series of analyses concerning disproportionality at various stages of children's involvement with the child welfare system.

Utilization of the findings

In addition to yielding findings regarding a number of important outcomes, including indication of investigations, placement, and permanence, this project has provided the Department with information about the timeliness of case processing within the Cook County Juvenile Court.

The findings from this project may be used to support the following PIP action step:

- Implement mechanisms to help ensure timely movement of cases through the Cook County court system. (PIP Action Steps 7.3, 9.4a and 28.3)
- Decrease time of service of summons of parents to court in Cook County (PIP Action Steps 9.4e and 28.3)
Reunification Study

Purpose and objectives

The purpose of this project was to identify the factors associated with timely reunification. A number of topical areas were considered, including child and family characteristics, contact with families and visitation, characteristics of service agencies and the juvenile court, and services needs and receipt.

Methodology

A web-based survey was administered to approximately 900 DCFS caseworkers during FY 2006. The outcomes of children and families were followed for two years by linking the survey data to DCFS administrative data records. During the current fiscal year, the relationship between these outcome and the factors listed above have been examined.

Utilization of the findings

The findings from this project will speak to a wide array of Department goals and objectives related to reunification, including those concerning service assessment and provision and casework.

Also, the findings from these projects have the potential to support the Department implement the following PIP actions steps:

- Implement mechanisms to enhance casework practices that support timely reunification (PIP Action Step 8.1)
- Strengthen casework practices regarding the frequency and quality of family visitation (PIP Action Step 13.1)
- Strengthen mechanisms that ensure appropriate service provision based on identified needs (PIP Action Step 17.2)
- Implement mechanisms that will improve the availability and accessibility of services that meet the well-being needs of children and families (PIP Action Step 35.1)
- Strengthen casework practices that support the identification of timely and appropriate permanency goals (PIP Action Step 7.1)
- Strengthen caseworker visitation practices to ensure thorough, timely, and substantive observation and discussion during visits: Worker visits with child (PIP Action Step 19.1)

Child and Family Services Plan (CFSP) goals and objectives supported by the research

- Promoting the goals of Safety, Permanency, Well-Being, and Quality and Accountability
This research promotes the goal of well-being by providing information about the service needs of youth aging out foster care. It also promotes the goal of accountability by providing states with information about the extent to which they are meeting the objectives of the Chafee Foster Care Independence Program.

- Promoting best practices in delivering services to children and families served by the Department
- Promoting the development and refinement of programs and services for children and families served by the Department
- Promoting the development of an effective child welfare organizational design and service delivery system

This research promotes these goals by providing information about the provision of services to foster youth both before and after they leave care as well as unmet service needs among both current and former foster youth.

- Promoting the development and implementation of effective child welfare policies of the Department

This research promotes these goals by providing information about the benefits of allowing foster youth to remain in care until they are 21 years old, as is currently the Department’s policy.

- Identifying and supporting the strategic initiatives and plans of the Department

This research provides information about progress the Department is making with respect to the following priorities:

- Priority VI: Maximizing the educational achievement of children in care
  - Improving high school graduation rates
  - Increasing the number of current and former wards pursuing higher education or vocational training
- Priority III: Permanency
  - Preparing youth who are emancipating from care for adult living
  - Developing systems that support the provision of appropriate services to older youth
- Implementing the Chafee and the Education and Training Vouchers (ETV) components of the Child and Family Services Plan
CAPTA Report

The CAPTA Report is being submitted as a separate document at this time. After review and approval of the entire FFY 2008 Annual Progress and Services Report by the Children and Families Program Specialist in the ACF Region V in Chicago, the CAPTA Report will be integrated with the APSR.
FFY 2008 Annual Progress and Services Report
Chapter: 18
The Chafee Foster Care and Independence Program (CFCIP) and the Education and Training Vouchers (ETV) Program

Introduction

This is the FFY 2008 Annual Progress and Services Report based upon the Chafee and ETV components of the FFY 2005-2009 Child and Family Services Plan approved by the U.S. Administration for Children and Families. The FFY 2008 program instructions issued by the U.S. Administration for Children and Families and regulatory and statutory requirements have been used as a guide in developing this report. Staff from the Office of Education and Transition Services, along with assistance from many people in other divisions of DCFS, coordinated the development of this report.

SECTION I: Chafee Foster Care Independent Living Services

1. Service Description

Description of the Chafee Foster Care Independence Program and its Components

In 1999, Congress passed the Chafee Foster Care Independence Act, which replaced the previous Title IV-E Independence program allowing states greater flexibility and more financial resources to assist youth in transitioning to adulthood. In 2002, an Education and Training Voucher (ETV) program was added to the Act. Highlights of the Chafee Foster Care Independence program include: increased funding for independent living activities; increased assistance, including room and board for young people ages 18 to 21 who are leaving foster care; emphasis on the importance of securing permanent families or identifying dedicated adults to provide personal and emotional support for young people transitioning out of care; and expands the opportunity for states to offer financial, housing, counseling, employment and education services to young people transitioning from care. The anticipated outcomes resulting from implementation of the Chafee Foster Care Independence Act include: increasing educational attainment, obtaining employment, avoiding dependency, homelessness, incarceration, and high risk behaviors, and preventing non-marital births.

Description of the Illinois Department of Children and Family Services Chafee Independence Program and its Components

In 1990, the Illinois Department of Children & Family Services developed transitional policies and procedures to better serve youth transitioning from state care. Key program components
included continued educational opportunities, employment assistance, life skills assessments and training, placement services and other support program opportunities. The policies and procedures developed embrace: adoption of the Ansell-Casey Life Skills assessment resulting in well-defined transition plans to assist youth in transitioning to self-sufficiency; expansion of post-secondary educational opportunities for youth; supports for vocational training, job skills, job placement and retention; promotion of mentoring programs with dedicated adults; and financial, housing, counseling and other appropriate supportive services.

**Transition to Independence Philosophy of the Department**

It is the Department’s position that all youth in placement, regardless of their permanency goals, will be provided developmental activities and support services designed to enhance and monitor their independent living skill development. Transition planning for adolescents for whom family reunification, subsidized guardianship, or adoption is not an option, must be an ongoing process beginning with an assessment of the adolescent’s needs and allowing for input from the youth, caregiver, teachers, counselors, youth’s family, and caseworker. The Department recognizes the potential benefit of extending transitional services to guardianship and adoptive families through the Subsidized Guardianship and Adopted Youth Enhanced Subsidized Guardianship and Adoption Program (ESGAP). The Department continues to research outcome benefits related to this Subsidized Guardianship Waiver Program. Transition planning must also ensure accountability on the part of the youth, the Department and other service providers; and include periodic assessments of needs in light of services to promote successful transition to independence. All adolescents are unique; however, they share common needs when preparing for independent living.

**“Lifetime Approach” to Delivery of Child Welfare Services Implemented in Illinois**

The population served by the Illinois Department of Children and Family Services has changed dramatically over the last 5 – 10 years. Today the Department is responsible for approximately 16,200 children and youth, compared to a significantly larger population of 51,000 in 1997. For too long, child welfare systems have treated children as if their stay would be short, when in fact the average length of care in Illinois is 4.5 years. In late FFY05, responding to reality, the Department introduced a “Lifetime Approach” that alters and strengthens the direction of child welfare in Illinois.

For youth who move quickly into permanency, for those who stay in care for more than a year, and for our older youth who may never achieve permanency and therefore must look toward life on their own, their “lifetime” depends on the Department’s ability to embrace changes that will improve how the Department cares for them.

The Major Reforms implemented under this Approach include:

*Integrated Assessment* – Provides a comprehensive clinical understanding of each child at the start of care in order to develop a service plan directly related to the findings of the Integrated Assessment.
Child and Youth Investment Teams (CAYIT) – Streamlines decision-making, provides more timely and appropriate services, and fosters communication and continuity on each case. The primary users of this procedure are DCFS and POS caseworkers and supervisors, CAYIT Intake coordinators, Reviewers, Facilitators and Implementation coordinators and other child welfare personnel. The child’s Guardian ad Litem (GAL) is always invited to participate, as well as caregivers/birth parent when appropriate. Youth 12 years of age and older are expected to participate unless it would be deemed clinically inappropriate.

Juvenile Justice Initiative - Department is providing enhanced intensive services focused on pre-release from detention. Services focus on assessment and intervention and include pre-release placement, education, counseling, substance-abuse and mental health initiatives. Transitional services include vocational training and placement, career counseling, job readiness skills enhancement and life skills training.

Trauma Treatment – Recognizes the pervasive impact of trauma on the life of a child in care and seeks early and rapid identification of traumatized children in order to respond with appropriate behavioral health treatment protocols and programs.

Foster Care Caseload Re-Design – Reduces private agency and Department caseloads from 18-1 to 15-1 to improve the quality of casework and provide flexibility to reach new well-being outcomes.

Transitional Living & Independent Living Program Re-Design – Provides a continuum of services transitioning youth to adulthood, through progressive levels of responsibility, educational attainment, and functioning. As of July 1, 2008, the Transitional Living & Independent Living Programs will become performance based contracts.

Intensive Stabilization Services – Serves older youth who have a pattern of multiple placements and running away behavior through flexible, innovative approaches designed to engage and stabilize youth before they emerge from the system into adulthood.

Family-Supported Adolescent Care – Identifies and engages a new cadre of foster parents committed to working with the distinct needs of older adolescents during their transition to adulthood.

Residential Performance Unit – Systematically tracks the progress of youth during stays in residential facilities, ensuring progress toward goals and timely discharge back to their community.

Developing Services under the Chafee Program for Youth Remaining in Foster Care Until Age 18 – Service Overview

In response to the current reality of long-term placement for a growing percentage of youth in care, the Illinois Department of Children and Family Services has enhanced and refocused many services. Although the average length of care in Illinois is 4.5 years, children in foster care age 13 or older, are far less likely to be returned to a biological parent, adopted, or discharged to
private guardianship than younger youth in care. In FFY08, of the approximately 16,200 children and youth in substitute care, nearly half are ages 13 and older. Department services are designed to prevent or mitigate undesired trauma-related youth outcomes, and provide resource inputs, which support “Lifetime” optimal development and achievement outcomes. Long-term youth service components, for youth remaining in foster care until age 18, include comprehensive integrated assessment, coordinated case management, placement stabilization, education support, and adult transitional planning. Department services to youth comply with safety, permanency, and well-being standards, approved by the U.S. Administration for Children and Families. Specific outcomes for adolescent development and transitional preparation for adult self-sufficiency are guided by the 1999 Chafee Foster Care Independence Act, and include:

* Increased levels of educational achievement
* Increased employment opportunities & number of youth working
* Reduced at-risk behavior
* Reduced non-marital pregnancy
* Reduced incarceration
* Reduced homelessness and dependency.

Department service resources, allocated to reach Chafee transitional preparation goals, include intervention and advocacy to address academic achievement barriers, life skills assessments and application opportunities, recreation and cultural enrichment programs, mental health and substance abuse assessment/service, subsidized college/vocational training and successful program completion support, employment assistance, and appropriate post-DCFS self-sufficiency plans. A pilot program providing in depth career assessment, matchmaking and related education\training resource development is being implemented in cooperation with Northern Illinois University. Self-sufficiency plans may also include housing, transition to adult-care health systems, and extended community support networks. Youth services are delivered by DCFS or POS caseworkers, clinical and administrative staff, caregivers, DCFS Office of Education and Transition Services (OETS) staff, and various contracted and volunteer service providers. In addition to expanded provider/program resource components, the Department has enhanced vital application process factors, through an inclusive, collaborative process of research-based, policy revision, staff development training, and strategic interagency and community partnerships.

National Governors Association Center for Best Practices Policy Academy on Youth Transitioning Out of Foster Care

In 2006, Illinois responded to a proposal from the National Governors Association to participate in a yearlong Policy Academy that would provide a select group of states with intensive technical assistance in developing and implementing a new initiative in a specific policy area.

The challenge identified in Illinois’ proposal was the following:

In 1997, nearly 52,000 children and youth woke up each day with the State of Illinois as their parent. That number is now closer to 16,000. Yet the success of the Illinois Department of Children and Family Services (DCFS) in finding permanent, loving homes and families for so
many of its wards is tempered by the realities of those left behind. Illinois understands that larger portions of youth remaining in care are older and facing greater challenges across all life transitions. We know that our population of wards ages 16 to 21 will remain at approximately 5,200 over the next three years, with the subset of those ages 19 to 21 growing. These older wards, many preparing to make the transition from state care into independence without family support, have distinct needs.

To respond to those needs, DCFS has sponsored and collaborated on research into the experiences and outcomes of this population. The picture is most bleak for those youth, numbering over 2,000 annually in Illinois, who “age out” of the child welfare system without a permanent family placement, and are forced to try to make it on their own. To cite only a few representative measures from a multi-state study of these youth at age 17 by the Chapin Hall Center for Children at the University of Chicago (Courtney, Terao & Bost, 2004):

- Over half had been arrested
- One-fifth had been convicted of a crime
- 31.4% suffered from substance abuse disorders
- 7% had spent time in a psychiatric hospital in the past year
- 32.6% of females had been pregnant

Educational outcomes were similarly dire, despite the ambition and courage of these youth; while most expected to attend and graduate from college, they were reading, on average, at a seventh grade level, performing poorly in core academic subjects, and were substantially more likely than their peers to repeat grades and drop out of school (ibid.) A comparable study of wards in Chicago showed that they were twice as likely to be older than other children in their classroom and substantially more likely to be classified as learning disabled and placed in special education programs (Courtney, et al, 2004).

The progress Illinois has made in identifying the challenges of aging out youth was brought into sharp focus by the initial wave of the Chapin Hall study. DCFS gained an even better understanding of the difficulties youth experience over time through the second wave of research, which interviewed the same multi-state sample of youth two years later, at age 19 (Courtney & Dworsky, 2005). Leaving care had several noted consequences:

- 30% of males and 11% of females who aged out of the system had been incarcerated at least once in the two years after their initial interview for the study.
- Those who left care at the age of 18 were nearly three times more likely than a national sample of their peers to be disconnected from work or school.
- 14% of the youth who left care had been homeless at some point since discharge from the child welfare system, and a third changed their living arrangements twice or more.

Within this research, further analysis of outcomes for Illinois youth (Courtney & Dworsky, 2006) identified a key finding which will be the focus of this state’s participation in the NGA Policy Academy: remaining in care after age 18 conveys significant advantages, yet a great disparity in how many youth remain in care exists between Illinois’ major urban area (Cook County) and its downstate, less populated regions. Simply put, youth in Cook County who stay
in care achieve better outcomes, while youth downstate, not as likely to stay in care after age 18, suffer. Based on interviews at age 19, this analysis found:

- 87% of the young adults in the Cook County sample were still in care at age 19, compared to only 42% of the young adults downstate.
- Those still in care and those in Cook County were more likely to have received independent living services such as educational, vocational and employment services.
- 66% of those still in care were enrolled in a school or training program, compared to only 20% for those not in care.
- Youth in care held jobs for longer periods of time than those not in care, and were likely to earn a higher wage.
- Those in care experienced fewer economic hardships; as one example noted, 22% of those no longer in care reported not having enough money to pay rent, compared to less than 5% of those still in care.
- Youth no longer in care were more than twice as likely to have been hospitalized in the last year, and were less likely to receive health and mental health services.
- Those no longer in care were more likely to engage in high-risk sexual behavior, and females no longer in care were almost twice as likely (62% vs. 32%) to have become pregnant in the last two years.
- Over the past two years, youth no longer in care as compared to those still in care were almost twice as likely to have been arrested, and more than three times as likely to have been convicted of a crime.

While these numbers paint a stark picture, the reality behind the data – young men and women in need, prematurely removed from the help they deserve – is even more compelling. Illinois and DCFS are therefore committed to addressing this disparity, and building better futures for youth in all regions of our state.

Illinois was one of only 6 states chosen to participate in the National Governors Association Center for Best Practices Policy Academy, Youth Transitioning Out of Foster Care. Using a multidisciplinary team of statewide leaders to confront systemic barriers to equitable provision of services Illinois’ participation in the Policy Academy created an opportunity to address this disparity. While much work remains to be done, through a growing mix of services and supports the state has had success in extending care to age 21 and beyond. Downstate youth need and deserve the same care and support as their urban and suburban peers.

Through the work of the Policy Academy, Illinois’ team participated minimally in bi-monthly meetings, attended 2 Policy Academy meetings that brought together representatives from all 6 states, and participated in a data collection informational meeting in Washington, DC. Team members have conducted focus groups with youth, caregivers, caseworkers, Department staff, private agency staff, and court personnel to gain input from various stakeholders regarding reasons why youth tend to leave care earlier downstate. In support of youth in care, extensive work is also ongoing with the Illinois Community College Board to identify and make more available, additional educational resources, particularly those addressing remedial issues. The Policy Academy Team continues to meet on a regular basis to complete objectives and goals it has identified, including a project to pilot the use of an internet based program called “Career
Cruising” to help youth identify future career paths and post-secondary choices and the employment of alumni foster youth to serve as peer mentors for youth still in care. Reserve funding is set aside in the SFY 09 Spending Plan to address the priority needs and services identified by the Policy Academy.

**Team Case Management Services for Adolescents: Caseworker and Caregiver**

For adolescents in care until age 18, the transition-related service plan is a vital service component. Chafee adolescent development and transition objectives are coordinated with permanency goals, through caseworker, DCFS Transition Managers, and contracted service provider collaboration. The caseworker documents interventions and services that are to be provided, specific time frames for completion, and desired outcomes, and who will be responsible for completion. Specific adolescent service plan components include:

- Anticipated length of time support services will be needed until the ward is fully independent;
- The person(s) responsible for monitoring the ward’s progress;
- How and which support services will be offered in the following areas:

  Counseling, education training, life skills training, human sexuality education, vocational/technical training, employment, health, housing, legal services, socialization (cultural, religious, and recreational activities), support groups, and aftercare; and

- Financial responsibility of the youth and Department.

The permanency goal entails both the living arrangement and the legal relationship, which is determined to be in the best interests of the child. Permanency goals may include:

* Remaining at Home
* Returning Home
* Adoption
* Permanent Family Placement With an Unrelated Foster Family
* Permanent Family Placement With Relatives
* Independence
* Long Term Care in a Residential Facility
* Substitute Care Pending Court Decision Regarding Termination of Parental Rights
* Subsidized Guardianship

For youth who may remain in DCFS care until age 18, the permanency goal will usually change, as the child and family’s needs, and circumstances change. For adolescents in DCFS care, the preferred goal remains return home; however, if reunification is not possible, caseworkers explore adoption and subsidized guardianship options. When these goals have been ruled out, independence may be selected as the most appropriate permanency goal, while assessing, with
each service plan, whether changing circumstances might allow return home, adoption, or subsidized guardianship to become the preferred goal. When Independence is selected as the permanency goal, the caseworker documents on the CFS-497, Part I:

- The reason for selecting this permanency goal;
- That the child is at least 15 years of age;
- The reasons why remain home, return home, or adoption are not appropriate permanency goals for the child; and
- That the child has demonstrated the potential to care for himself.

With an Independence goal, caseworkers also practice concurrent planning and develop alternative ways to accomplish the independence goal, in the event the youth is unwilling or unable to accomplish established objects and tasks.

While not all youth, remaining in care until age 18 will have a permanency goal of independence, Department policy specifies “all youth fourteen and older, regardless of their permanency goal, will have included in their service plan, objectives and tasks designed to prepare them for self-sufficiency. This part of the plan is commonly referred to as a transition plan.” (Rule 302, Appendix M, Transition Planning for Adolescent Wards) Caseworkers incorporate transition-related objectives and tasks into the youth’s portion of the CFS 497, Client Service Plan, within 30 days following the youth’s 14th birthday. For new placements, transition related tasks must be developed within 30 days of placement. The caseworker bases transition tasks on a thorough assessment. Input from a supervisor, the adolescent, caregiver, and other relevant stakeholders, such as counselors/therapists and teachers are presented at a family meeting.

For adolescents, the caseworker and caregiver relationship with the youth is pivotal to the successful and meaningful strategic planning for the youth’s future. The caseworker/caregiver may assume multiple roles in relation to the adolescent. These roles may include coach, mentor, mediator, advocate, and role model. The given role may vary, and is dependent on the needs of the youth at any given point in time. Practice has proven that the following continuum of preparation services and supports are most beneficial to adolescents in substitute care:

- **Informal life skill development that naturally occurs in day-to-day activities**
  Most youth will learn the majority of these skills from their caregivers. Caregivers are expected to take advantage of teachable moments in the home to teach youth varied skills related to housekeeping, budgeting, shopping, personal hygiene, and other skills that naturally occur in the home setting.

- **Life Skills Practice Opportunities**
  Upon completion of the assessment and learning plan youth are referred to a life skill service provider that provides life skill instruction to the youth. Caregivers, caseworkers, and other significant others should assist youth in practicing/giving feedback to what they have learned in life-skills classes. During SFY 09 the Department will be re-designing the life skills delivery system based on input received from focus groups consisting of youth in care, alumni youth, caregivers, and caseworkers.
will be available to youth at Youth Summits held multiple times in various locations across the state.

• **Ensuring and developing community and cultural support systems**
  Caseworkers and caregivers assist youth to maintain native language and ethnic cultural connection, as support to youth’s self-identity.

**Relationship of the Chafee Program to the Subsidized Guardianship Waiver Demonstration**

Under section 1130 of the Social Security Act, the Department of Health and Human Services (HHS) is given the authority to permit as many as 10 states per year to conduct demonstration projects which involve the waiver of certain requirements of titles IV-B and IV-E to facilitate the demonstration of new approaches to the delivery of child welfare services. On July 31, 1995 the Illinois Department of Children and Family Services submitted an application to HHS requesting waiver authority to permit a 5-year demonstration of federally subsidized private guardianship as a permanency status under title IV-E. On September 22, 1996, Illinois became the second state after Delaware to obtain a child welfare waiver. During the first five years of the waiver demonstration, local courts transferred 6,822 to subsidized guardianship; as of December 31, 2004 local courts had moved over 8,000 children.

In the winter of 2002, DCFS applied for an extension of the Subsidized Guardianship Waiver Demonstration. In January 2004 DHHS granted Illinois a five-year extension of the program through December 31, 2008. The newly negotiated terms and conditions provide for extending the existing guardianship program (standard program), as well as expanding the program to test whether offering transitional support and other independent living services to youth age 14 or older regardless of whether they achieve permanency or remain in foster care will further enhance permanence for older wards (enhanced program). In a letter addressed to Dr. Susan Orr, DCFS asked permission to extend the implementation from September 2004 to June 30, 2005. DCFS received permission from the Children’s Bureau to extend the implementation date.

Because the subsidized guardianship program achieved great success in improving permanency outcomes for many children and youth in Illinois, the IV-E waiver extension allows for the continuation of the standard guardianship program. The second component of the extension (enhanced program) builds on the established success of the standard program by enabling Illinois to rigorously evaluate innovative strategies in favor of pursuing permanency for older wards. Specifically, the waiver will enable the State to test the efficacy and impact of the offer of transition programs (post-permanency), currently only available to youth who age out of the child welfare system, to youth who are adopted or enter subsidized guardianship at or after the age of 14.

Currently, a number of Chafee Foster Care Independence Program transition programs are available to support youth as they transition from foster care to adulthood. These services are only available to youth who remain in care or who exit the child welfare system without a permanent and legal relationship with a family. These programs are a significant resource for eligible youth and provide a range of support including a monthly stipend, medical card and
other services for wards. Unfortunately, casework staff and court personnel often counsel youth (as well as their caregivers) to remain in care in order to access transition programs and other resources. This advice, while well intentioned, creates a perception that the availability of these services is inherently more valuable than permanency and that the loss of access to certain transition programs is too great a cost compared to the benefits of permanency. The extension of our current waiver under the terms negotiated with the Children’s Bureau will enable the State to offer a series of transition programs - Education and Training Vouchers without federal restrictions, Youth in College/Vocational Training, Employment Incentive Program, Housing Cash Assistance and Life Skills Training in order to support, rather than compete with, the achievement of permanence for older wards. Youth who move to adoption or guardianship at age 14 or older in Illinois would remain eligible for some of the same transition and Chaffee services that they would have received had they remained in foster care.

Effective July 1, 2005, the Enhanced Subsidized Guardianship Program became available to children who meet the eligibility requirements for the program as described below.

- **Site Eligibility:** The enhanced program is ONLY available to children whose cases are assigned to the Cook Central (6C), East St. Louis Sub-Region (4A) and the Peoria Sub-Region (1B) and who meet eligibility for BOTH the Standard Subsidized Guardianship Program and the Enhanced Subsidized Guardianship Program.

  The Department issued an Information Transmittal on May 22, 2006 announcing the statewide implementation of the Enhanced Subsidized Guardianship Program. Effective April 1, 2006 youth living in all regions of the state that meet the eligibility criteria can participate in the program.

- **Age Eligibility:** Eligibility is determined when children reach age 14. As they reach that age, children will randomly be assigned to either the demonstration/eligible group or the control/ ineligible group. In order to be eligible for the Enhanced Subsidized Guardianship Program, a child must first be eligible for the Standard Subsidized Guardianship Program and must not be older than 18 years of age. A child’s eligibility can be found on CYCIS screen CM-24 as ‘enhanced-eligible’ or ‘enhanced-not eligible’. For casework staff that do not have access to CYCIS eligibility information can be obtained through AP liaisons and quarterly reports mailed directly to private agencies. The reports will indicate eligibility for both the standard and enhanced components of the program.

- **Enhanced Service Package:** The program makes available a limited package of transition services to a child who goes to guardianship or is adopted at 14 years of age or older. The enhanced service package being offered as part of the Enhanced Subsidized Guardianship Program includes services that are currently only available to youth who are being transitioned to independence from the foster care system: Youth in College; Youth in Employment; Housing Cash Assistance; and Life Skills Training. In addition the program will also offer Education and Training Vouchers. This program is currently available to youth who go to guardianship or are adopted at age 16 or above will be available under
the waiver at age 14. The enhanced service package does not include transitional or independent living placement programs.

- **Control Group**: Youth assigned to the control group of the Enhanced program continue to be eligible for the Standard Subsidized Guardianship Program, but they will not have access to the enhanced service package if they are adopted or go to guardianship.

For additional information, please refer to the chapter on “Other Support Information”.

**Specific Accomplishments/Progress made by the Illinois Department of Children and Family Services to Improve Outcomes for Children and Families**

**A. Educational Services**

- **The Educational Access Project** is provided through a partnership with Northern Illinois University. Educational Advisors in all of the DCFS regions provide technical assistance and training to DCFS and POS staff, foster and adoptive parents, school personnel, court personnel and the youth themselves (whether they are in DCFS custody or are adopted or in Subsidized Guardianship living arrangements) on behalf of any youth who experience educational problems. In 1999, the concept was expanded to the contractual agreements with private agencies requiring them to appoint Educational Liaisons to perform similar functions for the youth in their care. The Educational Access Project has established a post-secondary education program to support students, who are wards and former wards, to identify issues that would be a barrier to academic success and offer them support by identifying resources to network with others and assisting them to access services available on the college campus. The following figures represent meetings, youth served, and people trained regarding the education of youth in care through the first 6 months of FFY 2008.

  Number of Youth Served  
  October 2007 through March 2008 - 2,296

  Number of Persons trained  
  October 2007 through March 2008 - 1,865

- **The Youth in College/Vocational Training** program supports DCFS students attending state or private universities or community colleges. Participants receive a monthly stipend of $458.00 per month (increased in 1999 from $250.00 per month) and a medical card until age 21 or case closure. As of May 19, 2008, there are 349 youth in the Youth in College program: 139 youth attend a 4 year college or university, 169 youth are in a community college and 41 youth are in vocational/technical programs and 4 are in online schools.

- **The Youth in Scholarship** program is a competitive college scholarship program open to all DCFS current wards and former wards that left care through guardianship or adoption. Forty-eight scholarships are awarded annually (up from 40 in 1999). The awarded receives a monthly stipend of $458.00, also increased in 1999 from $250.00, a medical card and a
tuition and fee waiver to a four-year state university or to an Illinois community college. Currently, there are 172 youth in the Youth in Scholarship program: 138 youth attending a four year college or university and 34 youth in a community college.

- Morgan Stanley donated $20,000 to the Department of Children and Family Services to be used to supplement the current DCFS Scholarship Program. The money will be used to offer twenty $1,000 scholarships to the first 20 applicants who do not receive a Department funded scholarship.

- In March 2001, the Department inaugurated the Project STRIVE (Strategies To Rejuvenate Interest and Value in Education) Network in 17 Chicago schools, using three social service agencies. Currently, the program has expanded to include 21 elementary and high schools across the Chicago area. The program design is simple, although the implementation is far from routine. A trained social worker is sent into the school with an average number of 40 wards to engage them in the whole educational process. The worker performs a wide variety of functions, depending on the receptivity of the school and the needs of the wards. The STRIVE worker connects and coordinates with the case manager from the POS agency or DCFS and gets to know the school intimately. The worker may counsel the student, attend staffings, initiate conferences with teachers, broker tutoring and other services, introduce a ward to an appropriate activity sponsor, help the ward find a job, help the ward get a scholarship, pick up a ward at his house when he is truant, etc. In each case, the worker must also engage the student’s family in both the program and the school. Due to the many instances that family is unavailable or unwilling to work with the school, this can be a difficult (but crucial) process. The STRIVE worker will often go to the home, at a time convenient for the family, to discuss school progress and plans for improvement with the youth and caregiver.

- The Brown Eyed Girl Program is contracted to service 30 female youth between the ages of 6-17, who reside in the Austin, North Lawndale, and Oak Park communities in and near Chicago, Illinois. The program will meet with youth for a 6-8 week periods, 4 times per year during their summer, fall, Winter and Spring Empowerment and Engagement Sessions. The program, which is based on an E5 Methodology, includes education, empowerment, exposure, engagement, and evolvement is scheduled to meet with the youth once per week and focus on the following developmental areas that impact one’s ability to progress academically: sexuality, community services, and self-esteem. While meeting with the youth, staff have encouraged youth to focus on developing a greater knowledge of self, exposure to cultural differences and engagement in service to humankind, which results in the development of positive women with a purpose.

- DCFS established a contract with North Lawndale College Preparatory High School (NLCP) in 2005 in order to provide strategic educational, social and emotional support services for high school students. The goals of the program include ensuring high school graduation in four years, successful acceptance into college or junior college, and graduation from college. NLCP also provides educational support services to our youth, including
tutorial and counseling services, summer enrichment experiences and college transition support services, which include college visits, workshops on completing college applications, financial aid paperwork, and scholarship applications. In order to ensure supportive services for youth attending post-secondary institutions, a 5th year counselor is assigned to the youth upon graduation from high school to assist with college needs including transportation, care packages, etc. These counselors track the student’s grades, credits, and academic progress towards college graduation and provide additional assistance when needed.

- **The High School to College Program** was established in October 2005 to work directly with youth attending four Chicago Public Elementary and High Schools. The purpose of the program is to assist youth in care as they matriculate into high school and other post-secondary training programs, while also focusing on improving their academic and professional skills. Staff will work with the youth by linking them with DCFS resources, as well as currently existing programs within their communities. In addition, the program provides opportunities and support by maintaining an ongoing relationship with the youth. The program will connect students with the professional training options available to them; will work with the youth individually and in groups for the purpose of promoting self-esteem, social skills, and positive peer networks within their schools. High School to College also utilized the Extra Learning program in order to help students improve their academic skills.

- During State Fiscal Year 2008, DCFS is considering a partnership with Chicago State University and the National Association of Black Accountants in order to provide 5 DCFS high school age youth an opportunity to participate in a weeklong on-campus program geared towards expanding the youth’s post-secondary knowledge of the business field, encourage post-secondary attendance and completion, developing positive peer networks, and establishing relationships with professional mentors who are employed in the business field. Youth were exposed to college life for 5 days, which entailed residing on campus for 5 days, attending business classes taught by Chicago State Professors for 5 days, being assigned professional mentors in the business field, and touring the Deloitte and Touche Accounting Firm in Chicago. While touring the accounting firm, the youth had the opportunity to meet and converse with one of the partners at the firm about the field of accounting/business and what it takes to be successful in the field. This was a first time opportunity for all youth who participated in the program.

- **Introspect Youth Services** provides college admission direction to youth in care. Youth in care receive assistance in all aspects of the college application and decision making process and can visit the offices of Introspect and receive individual counseling services. Introspect participated in a DCFS financial aid workshop for youth, foster parents and caseworkers on March 3, 2008. Forty six youth in care have been serviced this state fiscal year.

- **The Community College Payment Program** pays for the tuition, fees, and books, as well as supplies and uniforms for those youth attending a vocational program, not covered by
financial aid for up to four semesters for youth in care. This assistance is for youth who are attending an in-district community college and is offered regardless of living arrangement. To date, for State Fiscal Year 2008, 50 youth have participated in this program. The Alternative Schools Network (ASN), in collaboration with the Illinois Department of Children and Family Services, has developed the Youth Scholars, Skills and Service Program with 17 community based alternative high schools for DCFS youth who are out of school and do not have a high school diploma or GED. Each school provides a teacher and mentor who work closely with DCFS students to monitor academic achievement, personal development and supportive services. All programs offer the following: year-round academic program, after school enrichment program, full-time school based mentor, student savings, and scholarship program for post-secondary education. The ASN YS3 program has served 369 DCFS youth for SFY 08. Two hundred seventy-five youth were officially enrolled in the ASN YS 3 program out of the 369 served. Twenty-four youth are currently pending official enrollment and seventy. Seventy youth who were served were not accepted into the ASN YS 3 program, because of academics, attendance, behavior, truancy etc. In SFY 08, (up until April 28th, 2008), twenty-one DCFS youth received their high school diploma in the YS 3 program and one DCFS youth received a GED.

- **The Alternative Schools Network Project New Futures** is a program that provides pre and post graduation transition services for DCFS youth in the Alternative School Youth Scholars, Skills and Service (YS3) Program. Project New Futures provides transitional support to (YS3) graduates into employment, vocational training and/or college. Participants are tracked for three years by the Alternative Schools Network staff.

The Project New Futures program was a collaborative effort among the Alternative Schools Network, the Department of Children and Family Services, the Department of Labor and the Department of Commerce and Economic Opportunity. The Casey Family Programs is replacing the Department of Labor as a funder for the Project New Futures program. The Project New Futures services include teaching life skills, daily living tasks, self-care, social development and relationships, work and study skills, money management, information on housing and community resources, preparation for job and college placement after graduation and leadership development activities.

There are Transition/College staff mentors at these schools. There are also three full time staff. These staff provide comprehensive pre and post exit follow up services.

The ASN Project New Futures Program has served 187 youth for SFY 08.

- **The Extra Learning Program** uses computer-based technology to promote and increase academic skills and achievement in the areas of reading, math, and science. This tutorial program offers youth the opportunity to work at their pace, while improving their academic performance in the area of reading, literature, comprehension, writing and other academic subjects. The program offers curriculum in each subject to promote subject mastery. At the conclusion of each lesson, an assessment is administered to document mastery of that subject. A total of 744 youth have participated in the Extra Learning program in SFY 08.
- The **DCFS Find Your Futures Program** was established in the summer of 2005. The internship program originally matched DCFS youth in college with employers in the Chicago area. The Program was expanded to include opportunities in downstate Central Illinois and for 2008 several interns will be allowed to repeat. Fifty applications were received for the Summer 2008 program; 37 applicants were interviewed - 30 in Chicago and 7 outside which include Lisle, Rockford, DeKalb, Tampico, North Chicago, Bloomington-Normal and Byron. The Find Your Future Program anticipates hiring 35 youth, 30 of which would be stipends. This would be an increase of 10 over 2007. Five (5) employers will be supporting and paying their own interns. The Internship program includes an orientation that features business etiquette, networking and job evaluation workshops to help prepare the youth to be successful in their employment settings.

- The **Child Welfare Student Loan Forgiveness Program** creates a financial incentive to help DCFS recruit and retain promising students who are considering social work with children as a career. The Program forgives loans for students who receive undergraduate or graduate degrees in social work or human services and commit to working for DCFS or its contracting child welfare agencies. Students must attend a public or private university in Illinois and meet minimum academic standards to qualify. This program is available for youth in DCFS care and former youth in care.

- The **Work-Attitude-School-Study Youth Program (WASSUP)** is a program that focuses on skill building, increasing academic performance, and career development. Using the Seven Habits of Highly Effective Teens as part of the coursework curriculum, the Springfield Urban League will provide services through individual case management, self-directed learning options, structured mentoring sessions, individual tutoring instruction, job shadowing and on-the-job work experience. Program participants are 16-20 years old, under court-ordered legal supervision of DCFS, and have completed the Ansell Casey Life Skills Assessment. Twenty-five (25) participants are targeted to be served: Fifteen (15) out-of-school and ten (10) in-school youth. The program will be divided into semesters. All participants receive case management services where goals are established and monitored. Upon completion of the program a graduation is held. Once the work experience component is completed, participants enter into follow-up status where contact is made at a minimum of once per month. Assistance is provided as deemed necessary. Despite many presentations to agencies, and mailings to area caseworkers detailing the benefits of the program, youth were not referred at the rate anticipated and desired. In addition to this component, participants required intense case management, intervention, incentives, and follow-up due to low reading and math scores, poor peer influences and in the case of out-of-school youth, lack of employability skills. In an attempt to cover these issues, the provider will add a dedicated staff person. Early identification of participants through expanded marketing and outreach, identifying a mentor support system (preferably of the participants choosing) to help motivate greater participation and commitment will continue to be the focus. All participants will complete the program as outlined despite the challenges encountered.
• The **Girls Awakening Power** (GAP) Program is a Springfield YWCA program designed to find the hidden voice within each young girl and give it validation, power and a forum. The program offers a safe, yet challenging, academic and social environment that provides opportunities for girls ages 9-14, in an all girl setting, to participate in computer lab and homework tutoring, project based education (visiting women owned businesses), meeting women CEO's, mentoring/job shadowing opportunities from women leaders within the Springfield community; social and emotional learning through staff guided group discussions; exploring friendships and other relationships with more support and less peer pressure; expanding their view of the range of life options available to women; build healthier and more appropriate views of their bodies, minds and potential; study non-traditional subjects such as computer science, welding and engineering; and business etiquette classes. (GAP) has had a very slow beginning despite the YWCA’s staff enthusiasm and readiness to work with this specific group of young girls. Despite many presentations to agencies, and mailings to area caseworkers detailing the benefits of the program, youth were not referred at the rate anticipated and desired. The difficulty stems from trying to get caseworkers (especially private agencies) comfortable with using the service and partnering with another social service agency.

In order to ensure greater participation, the Provider is committed to work with each individual caseworker and agency to make sure that there is a thorough understanding. This is an attempt to allay any concerns regarding the specific service that the YWCA will provide and not have the agencies conclude that “case management” of their youth will be the outcome. A much more concerted attempt will be made to enhance the message that the overriding emphasis will be on the girls and the desire to facilitate the growth, independence and self-esteem of their pre-teen and teenage girls. There is unlimited potential and benefit to this specific group of young girls to become future leaders in the community and they can empower themselves to become strong and independent women who see their success as obtainable rather than elusive.

• Beginning in SFY 08, the Office of Education and Transition Services began to implement the International Pentecostal Assembly Ecumenical (IPAE), **Mentoring and Coaching for Success Program**. This program is a 6-12 month intervention, community-based mentoring program for DCFS youth and families that will utilize evidence-based best practices to decrease truancy, suspension and expulsion and build self-worth, positive socialization skills and healthy self image for DCFS youth 9-17 years of age in Chicago Heights and surrounding areas. This contract was implemented in March 2008. Seven DCFS youth have been served in SFY 08.

• Beginning in SFY 08, the **Building Our Own Communities (BOOC)** program provided intensive outreach services to DCFS youth ages 9-18 and their caregivers in order to assist youth in the development of positive social skills aimed at promoting academic progression and self-sufficiency. The BOOC is designed to stabilize teen placements by providing additional support to caregivers and youth via educational supports, crisis counseling, tutorial, life skills, employment, and employment training. BOOC will also interact with local schools in Districts 205, 147, and 148 in an attempt to decrease truancy, suspension,
expulsion, and criminal involvement. The BOOC program has served 29 DCFS youth in SFY 08.

B. Marketing Strategy for Programs and Services Offered by the Office of Education and Transition Services

In December of 2005 Illinois convened a statewide Youth Action Summit comprised of caseworkers and staff from both the state and private agency systems to have a focused conversation on programs and services currently available for older adolescents, what are expected outcomes and what needs to occur to achieve the desired outcomes. The Summit involved youth in care and emancipated youth as keynote speakers, workshop facilitators, and panelists. A major theme that emerged from the 2-day summit was that, although there are areas where services and resources are lacking, it was very evident that there was a lack of knowledge in the field and among youth about the programs and services currently in existence.

As a result, the DCFS Office of Education and Transition Services Staff delivered 14 Regional Youth Summits during the spring of 2006 to educate front line caseworkers about the programs and services available to older youth. The Regional Youth Summits included a Youth Panel comprised of youth in care from that Region who discussed barriers they were confronted with, how they overcame them, and how caseworkers could better “connect” with older youth. The panel discussions were extremely successful in offering valuable insight to front line caseworkers about working with older youth. In the Summer of 2007, Regional Youth Summits were held that were designed by and geared specifically for youth in care. The youth driven Regional Youth Summits are again scheduled for Summer 2008. Staff from Northern, Cook, Central, and Southern regions have nominated youth to participate in planning subcommittees. The youth participate in monthly planning meetings with adult staff to design and plan for the execution of regional Summits. Adult staff volunteers serve as co-chairs to assist the youth in planning and coordinating the events.

Three additional resource tools either have been or will be created as a result of input received at the Statewide Summit: a brochure titled “Get Goal’d” aimed at youth in care and a larger “cookbook” type resource guide aimed at caseworkers and staff in the field. The Get Goal’d brochure, when folded, is the size of a baseball schedule that easily fits into a back pocket or wallet. The brochure is included at the end of this report. It has been received with an overwhelmingly positive response from both youth and caseworkers. The brochure was designed along the theme of a video game. When unfolded, one side of the brochure contains the various domains of life, i.e. . . . “Get a Good Education”, “Be Job Smart and Money Savvy”, etc., each identified by a specific color that then matches on the reverse side to those same resources with additional information and a phone contact. In order to keep the brochure small the information provided is very minimal. The goal is to stimulate the youth who will then advocate on his or her own behalf with a caseworker, caregiver, or other adult in their life to obtain additional information on the program or resource and, if eligible, take advantage of it. The Get Goal’d brochure has
been updated twice since its inception to include additional Department and community-based resources.

The second tool is a larger resource guide created along the same color theme that contains additional information about the programs and services, including specific eligibility criteria and corresponding Department Policy and Forms references, to be used by caseworkers as a user-friendly resource guide to Education and Transition related programs and services. The goal is to create better-informed caseworkers and youth who take advantage of those programs and services. Better-informed individuals make better advocates for those services and resources that are missing or insufficient to meet a specific need. This resource was recently completed and distributed to DCFS and private agency caseworkers across the state by the OETS Transition Managers. The feedback received has been overwhelmingly positive.

The third tool is a website for youth, created and maintained by youth. The Office of Education and Transition Services is working with the Department’s Training Division and Western Illinois University to develop a website designed specifically for youth in care and those formerly in care. The website will be designed by youth who will work with WIU programmers and will be maintained by youth. The Department hopes to have the site functional within State Fiscal Year 2008.

- DCFS changed direction, slightly, in its original intention to develop a newsletter on Education and Transition Services and instead developed “tip sheets” on the educational and transitional programs and services offered by the DCFS Division of Service Intervention. These “tip sheets” are available at each field office, thru the DCFS Stores, which provides all DCFS documentation to all agencies contracted by DCFS that provide services to our youth, and on the D-NET, the computer information system of DCFS which many DCFS contracted agencies have access to. The number of tip sheets covering more topics has expanded in FFY 08 and ones previously in circulation have been updated as necessary. These tip sheets are enclosed at the end of this report.

- The Department issued newsletter, “Illinois Families Now and Forever,” has run many articles and informational columns during FFY 2008 targeting services for older adolescents. This is in conjunction with a Department wide refocusing on the needs of older youth in care and providing more support for both the youth and their foster parents. Recently issued newsletters contained articles addressing older youth concerns including one containing registration information for the Caregiver Training Institutes focusing on older youth concerns, DCFS scholarship information, scholarship information outside of DCFS, web sites to find college info on the web, preparing youth for life with the new Casey Life Skills curriculum, and information on the Education and Training Voucher Program, the Community College Payment Program, and the Employment Incentive Program.
• The Statewide Youth Advisory Board publishes the newsletter, “For Youth by Youth,” for youth in care in the State of Illinois. The primary purposes are to communicate information to youth and to provide a forum for creative writing, research articles, and poetry.

• The department funds the Statewide Youth Advisory Board. Chicago Area Project supervises the Youth Advisory Board. The board is comprised of youth from regional boards (Regional Youth Advisory Boards) across the state of Illinois who helps to set policies and make decisions, which concern themselves as well as other youth in care. Eligible youth must be between the ages of 14-20. The Youth Advisory Board is made up of youth from various cultural, ethnic and economic backgrounds. The board meets bi-monthly and its standing committees hold conference calls on off-months. During this fiscal year the boards worked on the following initiatives: DCFS graduation celebrations, Emancipation Readiness and Ethics Training. In addition, DCFS is utilizing 5 assistance days from the National Resource Center on Youth Development to receive board development training by an NRC program specialist and an NRC former foster youth consultant.

B. Training

• Staff from the Office of Education and Transition Services continue to conduct trainings across the state informing foster parents, relative caregivers, adoptive parents, DCFS and POS staff, and court personnel on the availability, procedures, and requirements for applying and accessing services thru the Division of Service Intervention, including post-secondary educational services.

• Revision of the DCFS Foundation Training for new caseworkers began in FY’06. OETS staff participated on a cross-divisional curriculum development workgroup to ensure that educational and vocational issues related to older youth are addressed, and resources for them identified. This workgroup has been temporarily suspended. OETS staff will continue to participate when the Workgroup resumes its work.

• In FY08, the Department launched the Trauma Informed Practice Program (TIPP) through a contract with Chicago State University (CSU) and a subcontract with the Community Mental Health Council of Chicago (CMHC). TIPP will work closely with Northwestern University staff already providing services to the Department. Expansion of the piloted trauma-informed treatment models (Parent Child Psychotherapy, Trauma-focused Cognitive Behavioral Therapy, Structured Psychotherapy for Adolescent Responding to Chronic Stress [SPARCS]) throughout the state will begin in FY09. Furthermore, Trauma Systems Therapy and Psychological First Aid will be modified and added as a modality of TIPP training. An additional activity will be the initiation of SPARCS in all Department-funded residential programs in FY09. The TIPP program
will undertake the continued training of the Department's trauma curriculum and will create a residential-specific curriculum and an advanced version of the existing one.

- Training in the Child & Adolescent Needs and Strengths (CANS) continues, with current focus on completing training for case management staff of both the Department and community agencies with which the Department contracts for service provision. The deadline for this training is the end of the first quarter of FY09. CANS on-Line capacity is functional for the Integrated Assessment Program, and is slated to go live for all other CANS-using programs in the Department by the end of the second quarter of FY09. In conjunction with Northwestern University, the Department has undertaken a revision of the CANS, based upon the experience gained in its use since 2006. The revised draft has been distributed for internal review and comment, with immediate training and implementation thereafter.

- On July 2, 2006 Policy Guide 2006.04 was distributed to DCFS and Private Agency caseworkers and supervisors, CAYIT Intake Coordinators, Reviewers, Facilitators and Implementation Coordinators and other child welfare personnel. The Policy Guide describes the role of the Child and Youth Investment Teams (CAYIT), the events that require a CAYIT staffing, and the steps that must be taken to refer a child or youth in residential settings, group homes, specialized foster care or independent living/transitional living require the prior approval of the Child and Youth Investment Team. A CAYIT staffing may also be convened for children or youth in emergency shelters, placed in detention or a Department of Corrections facility or for those who require additional services.

As a part of the Department’s Lifetime Approach in providing services, the broad goal of this major initiative is to improve the quality of life of children and youth in the Department’s care by streamlining decision-making processes, delivering services earlier, shortening lengths of stay in residential and stabilizing out-of-home placements.

- The DCFS Office of Training and Development Services, in partnership with the Western Illinois University Center for the Application of Information Technology, have been developing a web-based training course on Children with Developmental Disabilities. This training is targeted to DCFS and POS staff who may be providing case services to children with developmental disabilities, and to foster parents who may be caring for a child with developmental disabilities.

Staff from the Department of Human Services and the University of Illinois at Chicago's Department of Disability and Human Development are also participating in this workgroup. The new course was completed and posted in the summer of 2007.

C. Expanding Post-Secondary Educational Opportunities

- ETV funding has also been used to assist youth who begin a program in an accredited institution prior to age 21 and have not yet finished their degree to provide financial
assistance for tuition, books, and fees to support these young adults in completing their education.

- Those in the Youth in College program, who elect to continue in their educational program over the summer months, are allowed to access ETV funding to pay summer school tuition. Currently most Federal Financial Aid and State Financial Aid ceases during the summer months. It is estimated that over 75 youth will take advantage of this opportunity during the summer of 2008.

- During SFY08 the ETV program has funded educational expenses for 260 youth. Of these, 131 youth had previously participated in the ETV program, 129 were new for this fiscal year. This is the number of approvals for the period of July 1, 2007 until April 25, 2008. Illinois allows youth to access the full amount (up to $5000), if they have eligible expenses. The average amount granted per youth is $2582.

- Typically, youth accessing ETV funding have used the monies for tuition, fees, and books, specialized equipment required by their training or educational program, room and board living expenses costs not covered by financial aid grants at college, university, and vocational training programs. In addition, funds are used for transportation costs and paying off previous school loans.

- For SFY 2008 as of April 25, 2008, 50 youth participated in the Community College Payment Program. The CCPP program is for DCFS youth in care only and pays up to 4 semesters of tuition, fees, books, equipment, and uniforms if needed at an Illinois Community College after financial aid grants have been applied. Each community college also has committed a contact person, often a guidance and/or career counselor, on the school campus to assist DCFS youth in career selection, financial aid advice, placement services, and tutoring in reaching their educational and employment goals. The average cost per youth for SFY08 is $765.14

Progress by the Illinois Department of Children and Family Services in operating the Chafee Program Efficiently

A. Outreach and Notification

- Regional Youth Summits are being planned for the summer of 2008. Currently Planning Subcommittees, comprised of youth in care and chaired by adult staff, are meeting to develop the agenda and coordinate the events. The purpose of the Youth Summits is to better educate youth on programs available via the Department and the community they live in and to persuade youth to be better advocates on their own behalf.

- During FFY08, Transition Managers from the Office of Education and Transition Services continue to spend one day a week in field offices in various areas across the state. In spring of 2008, Transition Managers were transferred permanently to field offices. In addition, two OETS staff were assigned as liaisons to the TLP\ILO programs (one staff member for Cook County and one staff member assigned to downstate
regions). During their time in the field offices they participate in regional meetings, management meetings, team meetings, staffings with clients and foster parents, and present information on and guidance on accessing all available Chafee funded and Chafee eligible programs.

- Staff from the Office of Education and Transition Services continues to conduct trainings and information seminars at foster parent conferences, Hispanic and African-American Family conferences, educational trainings on suspensions and expulsions, and with juvenile court personnel, which include information about the Chafee programming available to youth.

- This state fiscal year approximately 150 new youth were approved for and approximately 350 have participated in the Youth in College / Vocational Training program, 48 new youth were selected for the merit-based 2008 Youth in Scholarship program out of the 216 youth who applied and approximately 600 youth who were sent information on the program, 170 are currently participating in the Youth in Scholarship program, 50 youth were approved for the Community College Payment Program, and 260 youth were approved for ETV funding. Every youth and caseworker who applied for funding through one of these programs received notification from the business office of the Office of Education and Transition Services of acceptance to the program or information on why the youth did not qualify for the program.

- The Department issued newsletter, “Illinois Families Now and Forever,” has run many articles and informational columns during FFY 2008 targeting services for older adolescents. This is in conjunction with a Department wide refocusing on addressing the needs of older youth in care and providing more support for both the youth and their foster parents. Recently issued newsletters contained articles addressing older youth concerns including one containing Department resources available for older youth, information regarding financial aid for college, information regarding the upcoming Youth Summits, an article containing information about the new federal law allowing expanded access to federal financial aids for adopted youth, article on the DCFS Scholarship Program Luncheon and the scholarship awardees, and an article containing information on a resource for post-adoption search and reunion services.

- The Newsletter generated by the Statewide Youth Advisory Board periodically contains information on programs offered by the Office and Education and Transition Services and how to apply for them.

B. Surveys

- All Youth in College recipients and Youth in Scholarship recipients are expected to complete a yearly client satisfaction survey. Unfortunately the response rate is not as high as we would like, however it improved in FFY 07. As we begin the process of developing a data system to respond to the National Youth in Transition Database requirements, this survey will be eliminated or modified to fit into this new process.
• Although not via a formal survey, the Office of Education and Transition Services continuously solicit youth input via Youth Advisory Board members and other youth that participate in the Youth Summit Planning Subcommittees and Regional Graduation Celebrations.

• As part of the work of the NGA Policy Academy’s work, focus groups of youth were convened across the state to get their input regarding why youth downstate tend to leave care at an earlier age than those in Cook County. The information gained will help guide policy recommendations from the Academy.

C. Quarterly Orientations

• Focus has changed slightly in this respect since we now have Transition Managers in each region one day a week or participating in management/staff meetings. Instead of quarterly, they are available weekly to assist staff, foster parents, and youth in accessing any/all services available under the Office of Education and Transition Services.

• The Department has committed to continue holding the Youth Summits on an annual basis. During 2008, four Regional based Youth Summits will be held. The agendas for the Summits are being developed by youth since they are focused specifically for youth audiences.

• The Department continues to sponsor annual Graduation Celebrations to honor youth in care who graduate from high school or a post secondary program. This year’s events are all scheduled for June and include a fun activity for the youth to participate following the luncheon. Youth are also given a monetary award in recognition of their efforts.

D. Program Monitoring and Data Collection

• The Office of Education and Transition Services 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 a bi-annual service and fiscal review, 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. In addition Life Skills Providers are required to submit a class evaluation form. This instrument is completed by the youth to aid in determining the retention capacity of the youth, as well as provide feedback regarding the class. In FFY 07, the OETS implemented the use of standard monitoring tools to be used in on-site monitoring visits to provider agencies.

• DCFS staff and caseworkers and Education Advisors under the NIU Educational Access project have access to the “Education Passport”. The Passport is a database that is
populated by information collected from Chicago Public Schools, Illinois State Board of Education, and DCFS internal databases—Management Accounting and Reporting System (MARS) Children and Youth Centered Information System (CYCIS) and Statewide Automated Child Welfare Information System (SACWIS) and the NIU database. The educational passport provides a comprehensive look at a youth’s academic performance by compiling data from several internal and external systems. In FFY 2006, the Office of Education and Transition Services continued working with the Office of Information Technology to further improve the Education Passport. OETS identified standard reports to be made available via the information stored in the Passport database that staff can easily access, i.e., number of DCFS youth over age for grade in a specific school district, number of youth with 2 or more expulsions, etc. These standardized reports were made available in FFY 2007.

- The Office of Education and Transition Services database and tracking form is currently tracking Chafee and ETV services and expenditures. Data is also received from the Division of Budget and Finance. The OETS, the Division of Budget and Finance, the Office of Information Technology, and other identified partner are planning to convene a work group to design and implement a data system necessary to comply with the requirements set forth by the National Youth in Transition Database.

E. Client Satisfaction Survey: Youth Who Have “Aged Out”

To ensure the programs are meeting youth needs and that youth have an opportunity to participate in identifying their needs, Client Satisfaction Surveys were created to send out to the youth after they successfully complete transition programs. The response rate on the surveys is not as high as the Department would like. The Department/OETS needs to develop a better system for obtaining outcome data from youth who have aged out of the system or completed OETS programs. (Please find attached form)

F. Monitoring to Verify Continued Program Eligibility

- All youth in the Youth in College and Youth in Scholarship programs are required to submit grade reports documenting a 2.0 “C” average or above grade point average to the Office of Education and Transition Services each quarter or semester to verify their continued eligibility for the programs. Previously youth in these programs were also required to submit schedules verifying 12 semester hours or a full caseload per semester or quarter. Upon receipt of the Consent Form signed by the youth, OETS is now confirms full time enrollment via the National Student Clearinghouse. This is effective for all Youth in Scholarship participants as well. The use of the Clearinghouse is a more efficient way for OETS Business Office staff to verify school enrollment and eligibility for the programs. If youth fail to meet the minimum eligibility requirements, below 2.0 average, or less than full course load, they are referred to an Education Support Coordinator or Transition Manager to develop a plan to implement tutoring and other supports to assist the youth in regaining eligibility. If the youth agrees to participate in this plan, he/she is given one semester or quarter to rectify problems and improve educational performance. In addition to more focused follow up with individual students
having academic issues, OETS Education staff have continued a concerted effort to visit transitional and independent living programs to discuss strategies for optimizing student success in post secondary programs.

- Employment Incentive Program participants are expected to submit copies of check stubs or verification of continued employment or participation in a certified job-training program on a monthly basis to their caseworker. The caseworkers forward the check stub or verification of continued participation to either the Cook or Downstate Employment Incentive Program Coordinator. Receipt of the check stubs initiates the process for the youth to receive the monthly grant. If youth fail to meet the minimum eligibility requirements, less than 20 hrs per week of work, they are referred to a Transition Manager to coordinate a plan with the youth, educational adviser, and caseworker to implement supports to assist the youth in regaining eligibility. If the youth agrees to participate in this plan, he/she is given one month for the Employment Incentive Program.

- Youth participating in the Community College Payment Program are required to obtain a letter verifying DCFS guardianship from their caseworker. This verification must be submitted with the payment request each semester. The OETS Business Office verifies via a database tracking system that participants receive no more than 4 semesters of payments.

2. Collaboration – Chafee/ETV

Coordination and Collaboration Efforts Across the Entire Spectrum of Child and Family Service Delivery System

- The Department maintains a close working relationship with a number of other State agencies, 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 Department of Employment Security in regards to employment programs; the Department of Commerce and Economic Opportunity; the Department of Juvenile Justice; and the State Board of Education. In addition, the Department 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, the Chicago Department of Youth and Child Services, and the Chicago Public Schools. DCFS collaborates with other state agencies that provide services to our youth now, and when they emancipate, to ensure there is a seamless transition to adult and community-based services for our youth who will continue to need supportive services through adulthood.

- The Illinois State Advisory Council on the Education of Children with Disabilities is statutorily created by Section 14-3.01 of the School Code of Illinois. The role of the Illinois State Advisory Council on the Education of Children with Disabilities is to be a proactive body, advising the Governor, Legislature and the State Board of Education on
current issues relating to the education of children and youth with disabilities. It is also the responsibility of this Council to encourage new strategies and technologies, while advocating high standards of excellence throughout Illinois. DCFS has a legislatively appointed seat on the Council. The Associate Deputy Director of the Office of Education and Transition Services serves as DCFS’ representative to the Council.

- DCFS is currently developing ongoing communication, meetings and trainings to increase collaboration among the state agencies that are mandated members of the Interagency Coordinating Council (ICC). The ICC is a legislatively created council composed of directors or designees of the Illinois Board of Higher Education, Illinois Community College Board, Illinois Council on Developmental Disabilities, IDCFS, Department of Commerce and Economic Opportunity, Illinois Department of Corrections, Illinois State Board, DHS. The role of the Council is to provide information, consultation and technical assistance to state and local agencies, and school districts involved in improving delivery of services to older youth with disabilities, thus allowing disabled youth to achieve self-sufficient independence to the best of their ability.

The Associate Deputy Director for Health Services serves as DCFS’ representative to the Illinois Council on Developmental Disabilities (ICDD). This involves attending bi-monthly ICDD meetings, Self-Determination and Health Committee meetings, annual retreat, and participating in the development of questions for and in interviews of respondents to various Calls for Investment.

The Associate Deputy Director for Health Services serves as DCFS' representative to the Maternal and Child Health (MCH) Advisory Board. The MCH Advisory Board advises the Illinois Department of Human Services on the implementation of the Illinois Family Case Management Act, including assessments and advice regarding rate structure, and other activities related to maternal and child health and infant mortality reduction programs in the State of Illinois.

- While coordination with substance abuse treatment systems is working well, the goal is to enhance the services for older wards to increase engagement/retention rates so that these youth are able to attain self-sufficient independence without alcohol and/or drugs impeding their success. The services are delivered in the community via private agencies contracted through the DHS/OASA with state general revenue funds and Medicaid funding. In addition, policy recommendations to the directors of DHS/DASA and DCFS are formulated through monthly meetings attended by lead staff from each agency.

DASA received a youth infrastructure grant from SAMHSA/CSAT to improve the overall youth substance abuse service delivery system in the state. The two areas focused on are:

1. Improving collaboration and working relationships between state agencies serving youth; and
2. Developing and improving work force skills.
DCFS is involved in the steering committee for this grant and is also working with DASA to have DCFS involved youth, families, and service providers represented on the advisory committee and working groups for the grant.

Two interagency work groups of DASA and DCFS staff continue to meet in the central and southern regions of the state. The work groups come together to address youth substance abuse issues. The southern region work group collaborated on a substance abuse awareness training for foster parents and has assisted with the coordination of multiple trainings of methamphetamine abuse/child abuse and neglect issues. The central region group developed a fact sheet for judges to consider before emancipating older youth.

The DCFS Integrated Assessment includes a screening process to identify youth with potential substance abuse problems. All new placement cases coming to the Department receive an Integrated Assessment. A separate youth substance abuse screening process for existing cases was also developed during SFY 06 and is was implemented in SFY 07.

- DCFS contracts with 17 public and private agencies across the state to deliver 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. Fourteen of those agencies are located outside of Cook County, often referred to as downstate. For the first 7 months for FFY 07 190 youth have been referred for services downstate (53 youth from Northern). This increase in referrals validates the efforts of the Department and life skill provider’s to get the word out regarding the life skill program. These contracts will not be renewed for SFY 09. The Department will use SFY 09 as a planning year to re-design the delivery of life skills training for youth in care. During this time, life skills training will be offered at numerous Youth Summits held in locations across the state.

- DCFS and the Department of Human Services/Division of Mental Health (DHS/DMH) have established two Transitional Living Programs for youth with chronic psychiatric conditions that will require the service of the adult mental health system, upon their aging out of DCFS. These are located in Chicago and Carbondale (southern Illinois). To date, approximately 76 youth have been referred, 39 were determined to be appropriate, and 27 have been admitted to the program - 18 in Chicago and 9 in Carbondale. There are 6 referrals currently pending admission. Of the referrals not accepted, recommendations concerning alternative placement were made in each case. The site in Chicago has transferred 4 clients to the adult mental health system, and the Carbondale site has transferred 3.

- As part of the System of Care Evidence Based Practice Initiative, coordination between community based mental health agencies and identified department system of care providers has been established. The Department funded providers to offer three evidence-based, trauma-informed treatment models: Parent Child Psychotherapy, Trauma-focused Cognitive Behavioral Therapy, and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS). All models demonstrated positive outcomes in
the Illinois child welfare system. Based on those positive outcomes, the models will be expanded throughout the state in FY09. To that end, the Department has initiated the Trauma Informed Practice Program (TIPP) through a contract with Chicago State University (CSU) and a subcontract with the Community Mental Health Council of Chicago (CMHC) to provide direct clinical training in each model and to offer training and technical assistance to the community providers with whom the Department contracts, as they begin implementing the evidence based models. Additionally, Trauma Systems Therapy and Psychological First Aid will be modified and added as a modality of TIPP training. Furthermore, SPARCS will be integrated into all Department-funded residential providers, beginning in FY09.

- The Department concluded its partnership with the Domestic Violence Mental Health Partnership Initiative (DVMHPI) at the end of State Fiscal Year 2006, with a core trauma curriculum having been developed. The core curriculum has been modified by the DCFS Division of Professional Education and Training. Training has been provided to Department supervisory staff, and with the implementation of TIPP, all future training of this curriculum will be undertaken by Chicago State University. A modification of this curriculum is under development for residential providers, and an advanced curriculum is also being developed.

- The Alternative Schools Network Project New Futures is a program that provides pre and post graduation transition services for DCFS youth in the Alternative School Network Youth Scholars, Skills and Service (YS3) Program. Project New Futures provides transitional support to (YS3) graduates into employment, vocational training and/or college. Participants are tracked for three years by the Alternative Schools Network staff.

- The Project New Futures program, collaboration described earlier in this report, is in its final year of funding from IDCFS and IDCEO. Casey Family Programs provided funding for the project beginning in January 2008 for an 18 month period.

- The Office of Education and Transition Services worked in collaboration with the Illinois Community College Board to identify community colleges that have TRIO Programs. The Programs are intended to offer additional assistance for at-risk students with homework, study skills, time management, class schedule preparation, etc. This information has been shared with OETS Transition Managers and Education Specialists to share with caseworkers and staff in the field.

Collaboration between DCFS and the Courts

- NGA Policy Academy

Illinois was one of only 6 states chosen to participate in the National Governors Association Center for Best Practices Policy Academy, Youth Transitioning Out of Foster Care. One of the stakeholders identified by the Policy Academy Team is the courts or judicial system. A member of the Policy Academy Team from the Chapin Hall Center for Child Welfare Research conducted interview sessions with six downstate
Illinois judicial jurisdictions to gain insight from the Judges as to why they believe youth tend to leave state care earlier downstate than in Cook County. The information gained from these interview sessions will be used by the Policy Academy Team to develop strategies to implement downstate with all judicial jurisdictions to increase the likelihood of appropriate youth remaining in care and accessing the available educational, medical, and vocational programs available to them.

- Child Welfare Summit

The state of Illinois has been studying and been an active participant in understanding issues and enhancing outcomes in the juvenile justice system. A recent conference, "Connecting the Pathways", brought together stakeholders from all areas of Illinois' juvenile justice system, including judges, state's attorneys, law enforcement, social services, education, probation, young people, etc. to learn, discuss, share, and ultimately, develop new and innovative partnerships to positively effect youth in Illinois.

Planned by representatives of the Illinois Balanced and Restorative Justice Initiative, Disproportionate Minority Contact, Juvenile Detentions Alternatives Initiative, Models for Change, Redeploy Illinois, and the Illinois Department of Human Services, this event included six keynote speakers, and dozens of workshops. The conference was held in Springfield, Illinois on October 31-November 2, 2007. Regional court improvement workgroups have convened to focus on focused geographically focused issues. The statewide court improvement plan participants will continue to meet on an ongoing basis.

3. Program Support – Chafee/ETV

Enhancing Information and Data System Capacity

The number of eligible youth for the CFCIP program in FFY 2008, as of 5/09/08, was 7,862. The number of youth served with Chafee funding was approximately 2,000. DCFS will continue to ensure eligible youth are aware of the independent living services and encourage all eligible youth to participate. The Service Intervention staff will continue to work with the Office of Information Technology to compile numbers of eligible children using available data and apply direct outreach efforts towards engaging them in services.

The number of youth eligible for the ETV program, based solely on the fact that they are 17-21 years of age and there case is still open, as of 5/09/08, is 3,632. All of these youth may not meet the high school graduate and enrollment in post secondary education eligibility requirements. Approximately 109 additional youth who have gone to Adoption or sub-guardianship at age 16 or older during FFY 08 are also eligible based on this requirement alone. The number of youth to receive ETV services as of May 15, 2008 is 273 wards and former wards between the ages 16 - 22. In addition, currently there are 268 youth in college who are age 21 or older who DCFS is providing educational support through other DCFS funds. Our goal is to serve 350 youth by the end of the FFY 08.
Financial and Statistical Information Reporting

- The Office of Education and Transition Services has primarily relied on spreadsheets maintained by the OETS Business Office, OETS Contract Monitors, and the OETS Services Database for gathering data for annual Chafee/ETV reporting. OETS staff were hopeful these two systems could effectively meet the data collection and analysis needs of the Department. Administrative staff of the OETS have met with the Office of Budget and the Office of Program Development and Support and have started discussions regarding developing a plan and implementation date for an enhanced data collection system. This will be given higher priority status with the implementation requirements for the National Youth in Transition Database.

- During SFY 2007, 397 youth were served via the ETV Program. This number includes 113 youth who began receiving services in SFY 2006 and continued receiving services in SFY 2007.

- For SFY 08 as of April 25, 2008 129 new youth have applied for ETV benefits and 260 total youth have benefited from ETV awards. Illinois requires students to reapply for funding each semester. They are not automatically awarded benefits based on previous participation in the program.

- Illinois estimates that 350 ETV vouchers will be awarded in FFY 08 and again in FFY 09, and that approximately 150 youth will continue receiving benefits that entered the program during a previous federal fiscal year.

- 463 youth were served via the ETV program in FFY 07; 275 were new youth accessing the program and 188 were youth continuing from the previous year.

- 240 youth have been served to date via the ETV program in FFY 08; 116 have accessed the program for the first time and 124 continued from the previous fiscal year.

9. Chafee Foster Care Independent Living Services

Strengthening the Chafee Programs to Assist Youth with the Transition from Dependency to Self-Sufficiency by Employing Specific Strategies

A. Goal Oriented Transition Service Plan

- The OETS implemented several initiatives by September 30, 2005. The transition to the Ansell Casey Life Skills Assessment was effective July 1, 2005. The Individual Plan, that is generated based on the results of the Assessment, must be incorporated into the youth’s service plan; implementation of annual high school academic planning meetings with the
youth required to be in attendance begins in the Fall of 2007; and OETS Transition Managers are more accessible to caseworkers by co-locating them in field offices to provide information and serve as a technical resource when developing transition plans for youth.

All of the above initiatives have continued in FFY 2008. In addition, life skills providers are now required to incorporate an individualized component, “learning by doing” techniques, and peer-to-peer mentoring as part of their life skills curriculum.

The Department continues to struggle with challenges associated with implementing the Ansell Casey Life Skills Assessment uniformly across the state. Ongoing challenges include timely completion of the assessment, involvement of the caregiver in the assessment process, completion of the individualized life skills plan, and coordination of the assessment results with the life skills provider, youth, caregiver, and caseworker.

The life skills contracts will not be renewed for SFY 09. The Department will use SFY 09 as a planning year to re-design the delivery of life skills training for youth in care. During this time, life skills training will be offered at numerous Youth Summits held in locations across the state.

- Transitional living and independent living programs, which serve older youth in DCFS care, have traditionally lacked uniform standards or consistent program structures. An extensive collaborative effort involving three divisions of DCFS and the provider community spent several months surveying existing program structures and available services. Building on the research, this collaborative initiative has developed a seamless continuum of services for youth transitioning into adulthood. The continuum of services has been completely rolled out statewide.

Three major principles guided the development of the new TLP/ILO continuum:

- **Progressive independence**—holding youth increasingly accountable as they progress;
- **Kinship connection**—identifying an adult person with whom providers can help the youth develop and nurture a lifelong relationship; and,
- **Sustainability**—placing youth in circumstances that they can continue successfully in as they reach adulthood.

A youth may enter a transitional living program at one of four levels depending on his or her age, educational attainment, behavior and level of functioning. A fifth level is an independent living program (ILO), which youth may access directly, or progress to from a transitional living program. Even when a youth is admitted into an ILO, she or he will not be completely on his or her own. However, the continuum of services is designed to support progressive responsibility with the expectation that by the age of 21 a young will be able to pay his or her own rent and that which accompanies that particular
The Older Adolescent Work Group of the Child Welfare Advisory Council is currently working on the development of Performance Measures for TLP and ILO contracts. Implementation of the Measures will continue through SFY 08 with accountability expected from the providers beginning in SFY 09.

B. Transition Plan as Part of the Administrative Case Review (ACR)

The OETS continues to believe ACR’s are extremely valuable and necessary. It is imperative that the youth attend and participate in their ACRs and that ACR staff are more informed regarding the services available for this population. When conducting an ACR, ACR staff will ask the caseworker a series of questions relative to the completion of the life skill assessment and referral for life skill services. Based on the responses the ACR staff may complete a feedback report detailing the responses and recommending action to be taken. When appropriate the feedback report is forwarded to OETS for response or as general information. OETS staff recently presented at quarterly meetings for all ACR staff on the transition to the Ansell Casey Life Skills Assessment tool (ACLSA) and the implementation of the Education Passport. OETS staff have worked with ACR staff and believe much was accomplished by the due date of December 30, 2005, however additional and ongoing work is required to make the ACR process more productive and successful. OETS staff participated in ACR management meetings in July and August of 2006 and plan to initiate similar meetings during prior to the end of FFY 08. In addition, the Older Adolescent Workgroup of the Child Welfare Advisory Council has committed to initiate a subcommittee to meet with ACR staff and further work on the issue of actively engaging youth in the process. This subcommittee has not yet been established, but remains a priority for the Workgroup.

C. Personal Assessment Tool

- **Ansell Casey Life Skill Assessment**

  In support of the Department’s ongoing commitment to provide youth in placement with targeted activities and support services to enhance the development of their self-sufficiency skills, the Department transitioned to the use of the ACLSA on July 1, 2005. The accompanying ACLSA Learning Plan provides curriculum/activities for each of the nine life skill domains assessed: daily living, self care, work and study skills, social relationships, housing, money management, communication, home life, work life and career planning. The assessment may be administered to children as young as eight years old on their caseload. The assessment must be administered to adolescent youth no later than 30 days after the youth’s 14th and 16th birthdays, and six months prior to the youth’s planned discharge from guardianship. Those youth entering the child welfare system after their 14th birthday will be administered the life skills assessment no later than 60 days after their entry into substitute care. Administering the ACLSA at the specified intervals...
provides an ongoing guide for Department or purchase of service providers in developing appropriate service plans for adolescent youth.

D. Transition Plan as a Developmental Plan

The Department continues to believe the formation and implementation of a Transition Plan for adolescent youth is essential. In addition, it is critical that the youth be involved in developing their Transition Plan. The Department has implemented several initiatives to address service needs of older youth, i.e. transition to the ACLSA, Child and Youth Investment Teams, the Education Passport, the refocus of the LANS, implementation of the CANS assessment tool, and the redesign of the Independent Living/Transitional Living Programs that are vital elements of the initiation of the Transition Plan. These new initiatives were implemented by the projected completion date for this task of July 30, 2006.

E. Life Skills Assessment for All Youth 14-21 Years of Age

The Department implemented the transition to the Ansell Casey Life Skills Assessment tool on July 1, 2005. A life skills assessment is required for all youth at age 14, 16, and 6 months prior to emancipation. The Department continues to work on the successful transition to the Ansell Casey Assessment tool. This has required continual staff training and outreach efforts to inform youth, caregivers, and caseworkers about the use of the new tool.

F. Use of Ansell-Casey Life Skills Instrument

The Department has completed all tasks by the scheduled due date and is on track to complete the outstanding tasks as outlined in the FFY 2005-2009 Child and Family Services Plan.

G. Interactive Life Skills Program

- The Department continues to deliver interactive life skills programming via contracted vendors across the state. With the transition to the ACLSA on July 1, 2005, the Department stresses life skills activities that are more experiential and interactive in nature. The Department provided the ACLSA Curriculum Guidebook Set to every life skills vendor in the state. Beginning in SFY 2007, life skills providers were required to incorporate individualized training, “learn by doing” teaching styles, and peer mentoring as part of their overall life skills training curriculum.
The Department continues to struggle with challenges associated with implementing the Ansell Casey Life Skills Assessment uniformly across the state. Ongoing challenges include timely completion of the assessment, involvement of the caregiver in the assessment process, completion of the individualized life skills plan, and coordination of the assessment results with the life skills provider, youth, caregiver, and caseworker.

The life skills contracts will not be renewed for SFY 09. The Department will use SFY 09 as a planning year to re-design the delivery of life skills training for youth in care. During this time, life skills training will be offered at numerous Youth Summits held in locations across the state.

- A Knock at Midnight (AKAM) is a life skills provider on the south side of Chicago. Thirty-eight referrals have been approved for AKAM since July 1, 2007. Twenty-eight DCFS youth have participated in AKAM’s life skills classes in SFY 08. Nineteen DCFS youth have completed AKAM’s life skills classes in SFY 08. Additionally, AKAM provides life skills instruction, each month, to members of the Regional Youth Advisory Boards during their meetings.

- Chicago Area Project provides culturally based life skills training for youth in care. CAP is committed to providing youth in care with the necessary tools to reduce anti social behavior. The youth are provided with hands on training that includes visiting cultural and civic locations.

- The male program is entitled Menes. The female program is called Silhouette. Twenty two youth have completed the Rites of Passage program this fiscal year.

- Universal Family provides life skill training for youth that primarily reside on the far south side of Chicago. Universal services provide traditional life skill training based on the Ansell Casey domains. Life skill classes are conducted weekly at both the Universal Family administrative office as well as at the DCFS Harvey South Suburban office. Universal Family partnered with Sankofa in order to provide services to youth residing on the Westside of Chicago. The Westside of Chicago was identified as an underserved area. This fiscal year eighteen youth have successfully completed the program.

Consulting Professionals provides life skill training for youth that primarily reside in the south suburbs of Illinois. Consulting Professionals provides both group and individualized sessions to youth in care. Five youth have successfully completed the life skill program at Consulting Professionals this fiscal year.

- Cunningham Children’s Home is assigned to cover Champaign and Vermillion Counties. Group classes routinely occur once a week at the Champaign location. On occasion group services are delivered within the respective communities, such as grocery shopping.
• Bridgeway is assigned to cover Fulton, Henderson, Henry, Knox, McDonough, Rock Island, and Warren Counties. Given the seven county coverage area, Bridgeway tailors its services to both group classes as well as individualized instruction. Classes are conducted at the Galesburg and Rock Island sites.

• Lincoln Land Community College is assigned to cover Cass, Christian, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott Counties. Group classes primarily occur on the Springfield campus; however the agency will utilize its satellite campuses to also deliver services. In addition classes are conducted two to three Saturdays in a row primarily in May and June. On occasion the agency has conducted individualized services.

• Henry Johnson is assigned to cover Peoria County. Group classes are held at the public library in downtown Peoria. More recently he has been conducting individualized classes due to the limited abilities of some referrals.

• Children’s Home and Aid Society of Illinois is assigned to cover five downstate counties. Group life skill classes are conducted at the agency facility located in Bloomington. The agency also utilizes their satellite offices located in Tazewell and Logan Counties.

• Kids Hope is assigned to cover sixteen downstate counties. There are a small number of eligible youth residing in each of the counties. Life skill services are delivered individually as opposed to group setting.

• Chestnut is assigned to cover three downstate counties. Group life skill classes occur in 2 of the agency’s 3 sites. Classes occur at the Belleville and Granite City sites. Classes routinely occur once a week at each site, serving two separate groups of youth. On occasion group services are delivered within the respective communities such as grocery shopping.

• Chambers and Associates is assigned to cover six downstate counties. The agency conducts both individual and group learning with a heavy emphasis on community based services.

H. Education Passport

The Education Passport is fully operational and in use by Education Advisors across the state. Currently, the Advisors can provide caseworkers with Passports for children/youth on their caseload. The Department implemented an Intranet based system to allow caseworkers to download Passports for children/youth on their caseload. The Passport is for internal use only as a reference to assist with service planning. In FFY 2007, the
OETS completed work with the Office of Information Technology to further improve the Education Passport. OETS identified standard reports that are now available via the information stored in the Passport database that staff can easily access, i.e., number of DCFS youth over age for grade in a specific school district, number of youth with 2 or more expulsions, etc.

A workgroup was formed to help integrate the Education Passport into SACWIS. The Department is also working with the Illinois State board of Education to incorporate the universal Student ID to track school enrollment statewide.

I. Educational or Vocational Training Program

- The Department encourages youth in all venues possible to be involved in educational or vocational training programs. In order to encourage youth to think more about vocational opportunities, the OETS changed the program name of the Youth in College Program to Youth in College/Vocational Training. The new YIC/VT Procedures encourage caseworkers to help youth consider vocational training as a viable post-secondary option, particularly for those whose interests and/or skills don’t indicate that traditional college courses are an appropriate choice.

- The Department contracts with Introspect Youth Services, Inc. to provide the following services: Academic Counseling and Guidance, Post-Secondary Academic, Technical, and Vocational Placement, Financial Aid Advisement and access to the Resource Library which contains current information in a multi-media format with both catalogs and automated data on thousands of post-secondary institutions. In addition, workshops and seminars are conducted on a variety of educational topics.

- Beginning in SFY 05 and continuing through SFY 08, the Department entered into collaboration with the U.S. Department of Labor and the Department of Commerce and Economic Opportunities to fund the Alternative Schools Network Project New Futures program. The Program provides pre and post graduation transition services for DCFS youth in the Alternative School Network Youth Scholars, Skills and Service (YS3) Program. Project New Futures provides transitional support to (YS3) graduates into employment, vocational training and/or college. Participants are tracked for three years by the Alternative Schools Network staff. The US Department of Labor did not renew their funding for all of SFY 08. The Casey Family Foundation provided funding beginning January 1, 2008 for an eighteen month period.

- In January and February 2008, the OETS Transition Managers coordinated Scholarship/Financial Aid Fairs held in the evening in the Cook, Northern Region, and Central Region. Representatives from the Illinois Student Assistance Commission participated and gave in-depth presentations on the FAFSA form. Information was given
to participants on the Department’s Scholarship Program, Youth in College Program, and the Education and Training Voucher Program.

J. Mental Health and Substance Abuse Services

- The Department has implemented an Integrated Assessment to be administered at the front end for youth entering the system that includes assessment 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, 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 the Department provides alcohol and other drug abuse services to families with open case or subjects of a child abuse and neglect investigation; or to children for whom the Department 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.

K. Needs Assessment in Each Region to Determine Gaps in AODA Services

- The Needs Assessment was completed. The full report was attached to the FFY2005 Annual Chafee Report.

L. Youth Obtaining a State ID

- The Department believes it is important that youth leaving care should have in their possession a state issued identification card. The OETS will continue to stress the importance of this with caseworkers, ACR staff, and the youth themselves. The goal is that every youth have a state issued ID at their discharge-planning meeting or, if not, a plan established to ensure they receive it prior to leaving care.

- Youth participating in the Alternative Schools Network Project New Futures Program are assisted with obtaining a State ID and Social Security Card in order to assist with obtaining employment.
M. Discharge Plan

- The Department continues to feel that this is a priority for youth leaving care. Currently youth are required to have a discharge plan in place 6 months prior to emancipation, however the OETS believes there are weaknesses in the plan that still need attention. The implementation of the ILO/TLP redesign assisted in ensuring that youth are completing a realistic discharge plan that can be implemented. DCFS Policy now requires that youth are given copies of their medical and education records, at no charge, upon discharge. Good social work practice strongly encouraged that youth be given copies of pertinent records such as medical and education records, however, this practice was not previously mandated by Policy. We continue to work on better implementation of this priority beyond the June 30, 2006 due date.

N. In-Home Services to Pregnant/Parenting Youth

- Teen parent wards of DCFS are eligible to receive educational services in their homes for up to six weeks post-partum. DCFS has also contracted with providers to make available in-home parenting skills training for pregnant and/or parenting wards, which includes hands-on instruction and collaboration with the adult caregiver in the home. Doula services, where a trained nursing assistant visits with the teen mother in the home 3 months prior to delivery and 3 months post-delivery can be accessed thru the Department of Human Services Ounce of Prevention program.

- The Teen Parent Services Network (TPSN) is responsible for the overall planning, delivery and evaluation of comprehensive quality services to pregnant and parenting wards and their children, in Cook County and surrounding collar counties of Dupage, Kane, Lake and Will. In cooperation with the DCFS agency performance teams, UCAN oversees clients currently being serviced by existing specialty pregnant and parenting programs and also those who are being fully case managed by the Regional Service Partners, Aunt Martha’s Youth Services, CASA Central, Lakeside Community, Omni Youth Services and UCAN programs.

- Client referrals are submitted by the private agencies and the Department of Children and Family Services’ caseworkers. The TPSN has capacity to serve approximately 1,000 youth in care. As of 03/08 they have a total of 626 clients. There are 532 females, and 94 males, ranging from the ages of 13 to 21 years of age. As of 03-08 they have 53 pregnant only wards, 5 no associated child, 386 with 1 child, 32 with 1 child and pregnant, 105 with 2 children and pregnant, 23 with 3 children and pregnant, 0 with 4 children and pregnant. Client contractual status as of this date is 247 case of full case management, 379 cases of case monitoring and 32 unassigned cases.
• There are 6 clients in UAH, 22 clients that are UAP, 3 clients that are WCC, 18 clients WUK that is a total of 49 clients absent from authorized placements. In addition we have 2 client that is FHA, 2 clients that are FHB, 45 clients that are (private agency traditional), 69 FHS specialized which is a total of 55 traditional foster care cases23. We have 79 HMR cases, 88 ILO only, 58 SSA, and 35 SSU. There is an “other” category where the youths involvement is specified such as 0 youth doing armed service duty, 13 youth in detention/jail facility, 3 hospitalized/health facility, 2 HMP, 4 IDC which is a total of 20 cases.

• There are 8 youth in group homes, 26 youth in private institutions and 8 youth in the shelter, resulting in a total of 43 in residential care. There are 162 youth in TLP and 6 youth involved in the Youth in College program. We have a total of 169 youth moving toward youth transitioning to adulthood.

• In April 2007, the Downstate Pregnant and Parenting Youth Coordinator position was filled. This position focuses on services and resources for pregnant and/or parenting DCFS wards in the downstate counties not served by the TPSN. Currently five agencies provide individualized services for pregnant and/or parenting youth (male and female) who are wards of DCFS. Effective January 1, 2007, a standardized program plan was implemented for services to be delivered, the methods for reporting services, and for monitoring the contracts. At the same time, several of the contracted agencies expanded their geographic service area which enabled additional counties to be covered. Planning for SFY09 includes cultivating additional providers in downstate counties that have the highest numbers of pregnant and/or parenting youth but are not currently served by a DCFS contracted provider.

• Services to pregnant and/or parenting youth in counties not served by DCFS contracted providers may be provided by community-based programs where the youth lives, when available. Community based services vary by county. Effective July 1, 2008, the Illinois Department of Human Services Teen Parent Services program was opened to DCFS youth who meet the program’s eligibility requirements. Previously, DCFS wards were specifically excluded from the program.

• A brochure explaining the rights of pregnant and/or parenting youth was completed in SFY08 and is now available in both English and Spanish. The brochure is to be given to all pregnant and/or parenting youth. The DCFS training division is developing new training for staff on pregnant and/or parenting youth. This training will be available statewide for DCFS and POS staff.
O. Providing Additional Resources to Caregivers

- The Department held 4 Caregiver Institutes in March and April 2008 in Chicago, Sterling, East Peoria and Champaign. The Institutes focused on trauma and how it affects youth in care and their caregivers. The Institutes includes a panel of youth in care who spoke on trauma and the importance of permanency in their lives. They offered suggestions on parenting older adolescents. Two-day Caregiver Conferences were also held in February and March 2008 in Lisle and Fairview Heights. The conferences were made up of a diverse mix of workshop topics identified by the caregivers.

- DCFS has utilized the services and resources that are being generated through the Illinois One Family One Child, a 501 (c) 3 faith-based nonprofit organization. OFOC is formerly One Church One Child.

OFOC is in the 2nd year of operating their multi-year demonstration model program. The OFOC flagship program is its Support, Training, Advocacy and Referral (STAR) program that targets youth between 11 and 18 years of age who are troubled and who may have had a juvenile justice experience and who, in some cases, have served their time and remain incarcerated because they have no place (homes) to go. Through STAR, OFOC provides a unique program plan for reaching licensed foster care providers who are willing to provide permanent homes to these hard-to-place youths.

**LFCP/STAR Recruitments:** Efforts have been made to recruit licensed foster care providers. Described below is an overview of efforts made to recruit by means of a survey and data collection. The surveys were given to families who have expressed an interest in becoming a licensed foster care provider who and who are willing to provide a foster home to a youth who has experienced the juvenile justice system.

**Survey Results:** Surveys were given to families of the Northern, Southern and Cook Central regions of DCFS. Of the 189 responses, 129 were positive. The majority of those surveyed did not respond. OFOC data reflects that of the number who did—an estimated 68.2 percent (combined individuals and families) overwhelming said they would be willing to provide a home for a troubled youth even if he/she has had a juvenile justice experience.

- 51% (96) were single parents who said they are willing to provide foster care to a troubled youth even if he/she has had a juvenile justice experience.
- 17% percent (33) came from married couples that said they would take in a troubled youth even if he or she has had a juvenile justice experience.
- 23% percent (43) said they were no longer interested in providing foster care.
- 9% (17) said they were unsure.

We are noting that many LFCPs were in agreement with the findings of a Government Accounting Office (GAO) report which reflected that most LFCPs generally do not trust the child welfare system. Foster care providers cited specific concerns centered
principally on their relationships with caseworkers—from the way cases are handled and decisions are made to the specific rationale some caseworkers employ for removing children from the home.

OFOC also provides outreach and training for licensed foster care providers preparing them for the real life expectations when bringing a juvenile into the home. Additional support includes a wrap-around concept by the two other key program operatives: a Faith-Based Community Network (FBCN) and a Youth Development and Mentor Program. Each of these key components has its own recruitment strategy.

Youth Development and Mentor Program Recruitments: This program offers an opportunity for individuals who succumb to the required background checks to become guiding lights/mentors to troubled youth. This program is a work-in-progress with the recent hiring of the Director and Assistant Director of the mentoring program.

P. Update DCFS State Website, Newsletters and Resource Libraries

- The Office of Education and Transition Services developed “Tip Sheets” for distribution to youth, caregivers, caseworkers, and any other interested individuals. Currently, there are Tip Sheets on the ETV program, YIC program, EIP program, YIS program, Community College Payment Program, Housing Assistance Programs, Use of the Medicaid Card, Life Skills Program and the Education Passport. The information contained in the Tip Sheets is also available via the Department’s internal Intranet system and external web site. OETS staff distribute the Tip Sheets at every informational meeting they attend, including quarterly meetings of private agency providers, supervisory meetings in the field, Youth Advisory Board meetings, the Caregiver Institutes, and internal staff meetings.

- In FFY 2008, DCFS staff were invited on several occasions to participate on the community access network. It is a cable talk show question and answer forum on various topics.

Q. Coordinate Work Between the LANs and the Educational Access Project

- The Educational Advisors participate in LAN services. The Educational Advisors provide technical assistance, consultation, and training to Family Centered Services Providers and Local Area Network (LANs). Education Advisor collaborate with the DCFS LAN Liaisons in their regions and participate in LANs meetings regularly to assist with developing educational interventions that address truancy, suspensions and expulsions. In October and November 1997, in collaboration with the FCS Steering committee, a train-the-trainers event was offered followed by 14 6-hour workshops for FCS providers and LANs co-conveners to inform them about the impact of trauma...
on the brain and learning. In the fall of 2008, Phase three of this training will focus on appropriate intervention strategies for the effect of trauma on education.

**Design Programs to Help Youth Receive the Education, Training and Services Necessary to Obtain Employment by Employing Specific Strategies**

**A. ETV Funds to Youth Attending Vocational Training, Etc.**

- The Department aggressively promotes the ETV program to youth interested in attending a vocational training program or trade school. The Department recognizes that not all youth are suited for a post secondary college education, but could benefit greatly from learning a vocation or trade. From July 1, 2007 to April 25, 2008, approximately 67 youth have enrolled in a vocational training program or trade school with the assistance of ETV funds.

**B. Statewide Job Coaches**

- The Alternative Schools Network Added Chance Program provides Pre-Employment Workshops and Job Placement for DCFS youth 16-20 years of age in Cook County. One hundred and eighty-five DCFS youth have been served by this program in SFY 08. One hundred sixty-one DCFS youth have attended the Added Chance Pre-Employment Workshops in SFY 08. One hundred DCFS youth have been placed in jobs in SFY 08.

- The Added Chance program received increased funding in SFY 08 to add capacity for 50 additional youth.

- The Community Assistance Programs (CAPs) Transitional Jobs Program is a community-based organization that is contracted to do a one-year pilot project beginning May 1, 2007 and continuing through SFY 08. The Transitional Jobs Program will serve youth, ages 16 and over in a step by step process to achieve life skills, job skills, employment training and successful job placement. The Program will service DCFS youth that dropped out of high school, DCFS youth that have completed high school or have a GED and are not going to college, DCFS youth that are teen parents, DCFS youth that are involved with the Illinois Department of Corrections systems, and DCFS youth that are seeking vocational education and employment.

- The Transitional Jobs Program will provide comprehensive assessments, intensive case management, mentoring, support services, personal development workshops, job skills training, educational services, transitional job paid work assignment or
subsidized employment, job placement assistance and post-employment case management.

- One hundred fifty-six DCFS youth have been served by the CAPs program in SFY 08. One hundred and one DCFS youth have completed Job Readiness. Fifty-eight DCFS youth have been placed in subsidized employment and five DCFS youth have been placed in customized training or unsubsidized employment.

- Youth located outside Cook County utilize the Illinois Employment and Training Centers (IETCs). The IETCs provide pre-employment workshops, career counseling, job placement, and many other employment services. Unfortunately, the IETCs do not keep statistics on DCFS youth served, however we are confident many DCFS youth have utilized these services. The Department will continue to investigate the possibility of securing a vendor outside of Cook County to do pre-employment workshops, job placement, and tracking for DCFS youth, however with the decrease in Chafee funding, other funding sources need to be explored.

- DCFS youth are also informed that they can participate in many employment and training programs such as the Abraham Lincoln Centre’s Employment and Job Training Services program, the Alternatives, Inc. Programs, the City of Chicago Mayor Daley’s KidStart Summer Youth Program, the City of Chicago Mayor’s Office of Workforce Development, Job Corps, Jobs For Youth, Lincoln’s Challenge Academy, the North Lawndale Employment Network, Pyramid Partnership, Inc., the Safer Foundation, St. Sabina Youth Career Development Center, the YMCA Alliance, the Youth Community Technology Program, by the Korean American Community Services, the Youth Job Center of Evanston, Inc. and YouthBuild.

**C. Employment Incentive Program (EIP)**

The Employment Incentive Program is a transition program for youth in care 17-20 years of age, and replaced the former Youth in Employment transition program. DCFS youth who have a high school diploma or GED, and are involved in job training through a certified jobs skill training program, or are employed 20 hours a week are eligible for a monthly grant. The grant provides a medical card and allows $150.00 for a maximum of 12 months or until the youth reaches the age of 21 whichever comes first. The 12 months can be consecutive or intermittent.

DCFS youth living in foster care, supervised independent living, group homes or institutional placement are eligible. Start-up funding for work related items (e.g. tools, work clothing, etc.) are also available to EIP participants. Funding is need based and limited to a one-time disbursement of $200.00.
The EIP was effective 1/1/06 and a total of five hundred and six (506) youth have applied for the Program. Sixteen have been denied because they did not meet the stated qualifications. As of May 19, 2008, one hundred and eleven youth (111) have been approved for participation during FFY08. There are 248 currently being served and 242 have successfully completed the program.

**Strengthen and Help Youth Prepare For and Enter Post-Secondary Training and Educational Institutions by Employing Specific Strategies**

**A. Referrals of Youth with Developmental and Learning Disabilities to the Division of Clinical Services**

The Department distributed a Policy Guide on July 1, 2005 to all caseworkers regarding the transition to the Ansell Casey Life Skills Assessment tool. The Policy Guide specifically states that the tool is not appropriate to assess youth with developmental and learning disabilities. The Guide directs caseworkers to refer these youth to the Administrator for Developmental Disability Services in the Division of Clinical Services. In addition, the revised Procedures 302, Appendix M – Transition Planning for Adolescent Wards also contains the same directive to caseworkers. In some instances caseworkers have attempted to use the ACLSA tool and subsequently make a referral to the life skill program. Life skill providers will attempt to deliver services to the youth.

**B. Educational Training for Youth Graduating from High School**

- DCFS youth graduating from high school have always had access to assistance with college preparation, etc. through their caseworker and/or the Education Advisor for their region. In the fall of 2007, the Department implemented Annual High School Academic Planning Meetings where the youth, caseworker, caregiver, and other relevant participants develop an Annual High School Academic Plan. The Planning Meetings occur each year of the high school career. The primary focus of the junior and senior year meetings is on the youth’s post-secondary plans, including but not limited to, participating in college tours, registering for and taking the ACT/SAT, completing financial aid forms, etc.

The Alternative Schools Network Project New Futures program provides pre and post graduation transition services for DCFS youth in and graduating from the Alternative Schools Network Youth Scholars, Skills and Service program. There are transition staff at the schools and full time staff that provide these services to the youth. Project New Futures has served 187 DCFS youth in SFY 08.

Services rendered by previously mentioned, Project New Futures and Work Attitude School Study Youth Programs (WASSUP), are critical in providing educational training for youth graduating from high school. In addition, as mentioned previously,
SFY 08 was the start of community-based programs “Building our Own Communities (BOOC) and the International Pentecostal Assembly Ecumenical “Mentoring and Coaching for Success” program. Each program, in their own specific way, will promote youth academic progression and healthy image of self.

- Beginning in SFY 08, the Building Our Own Communities (BOOC) program began to provide intensive outreach services to DCFS youth ages 9-18 and their caregivers in order to assist youth in the development of positive social skills aimed at promoting academic progression and self-sufficiency. The BOOC is designed to stabilize teen placements by providing additional support to caregivers and youth via educational supports, crisis counseling, tutorial, life skills, employment, and employment training. BOOC will also interact with local schools in Districts 205, 147, and 148 in an attempt to decrease truancy, suspension, expulsion, and criminal involvement.

- Beginning in SFY 08, the IPAE Mentoring and Coaching for Success a 6-12 month intervention, community-based mentoring program for DCFS youth and families began to utilize evidence-based best practices to decrease truancy, suspension and expulsion and build self-worth, positive socialization skills and health self image for DCFS youth in the South suburbs.

C. Literacy Programs for Reading Skills

The Office of Education and Transition Services is working largely with youth between the ages of 14-21 to enhance their overall academic skills through the use of the Extra Learning Program. This program uses computer-based technology to promote and increase academic skills and achievement in the areas of reading, math, and science.

This tutorial program offers youth the opportunity to work at their pace, while improving their academic performance in the area of reading, literature, comprehension, writing and other academic subjects. The program offers curriculum in each subject to promote subject mastery. At the conclusion of each lesson, an assessment is administered to document mastery of that subject.

In order to motivate the youth mentors and financial incentives are provided. The mentor can retrieve computer generated progress information on each youth, which is used to track learner usage, achievement and needs.

- WASSUP -- As earlier stated, despite staff preparations, youth were not referred at the rate anticipated and desired. In addition to this component, participants required intense case management, intervention, incentives, and follow-up due to low reading and math scores, poor peer influences and in the case of out-of-school youth, lack of employability skills. In an attempt to cover these issues, the provider made several modifications for 2008, including early identification of participants through expanded marketing and outreach and identification of a mentor support system.
(preferably of the participants choosing) to help motivate greater participation and commitment.

- Girls Awakening Power is designed to empower the voice within each young girl. Girls ages 9-14 often thrive in an all girl setting that offers a safe, yet challenging academic and social environment. The environment of this program offers opportunities for young girls to participate in computer lab and homework tutoring, project based education (visiting women owned businesses), meeting women CEO's, mentoring/job shadowing opportunities from women leaders within the Springfield community; social and emotional learning through staff guided group discussions; exploring friendships and other relationships with more support and less peer pressure; expanding their view of the range of life options available to women; build healthier and more appropriate views of their bodies, minds and potential; study non-traditional subjects such as computer science, welding and engineering; and business etiquette classes. An added component is working with the caregiver to help reinforce what youth have learned assisting in their ongoing development. The program is expected to serve 25 adolescent girls in SFY08.

D. Tutoring Programs

- Presently tutoring for college students is arranged on a case-by-case basis. As part of the technical assistance the Educational Access Project provides to solve educational problems, they often recommend tutoring for students based upon their needs and assist caseworkers and families to identify and access these services. They provide tutoring to youth and also assist youth in accessing tutoring services at public schools as a part of the No Child Left Behind federal mandates.

- The Office of Education and Transition Services worked in collaboration with the Illinois Community College Board to identify community colleges that have TRIO Programs. The Programs are intended to offer additional assistance for at-risk students with homework, study skills, time management, class schedule preparation, etc. This information has been shared with OETS Transition Managers and Education Specialists to share with caseworkers and staff in the field

- DCFS contracts with Lydia Home to provide educational assessments for youth in care. The majority of the youth serviced by Lydia are youth that are currently enrolled in the Chicago Public School System. Referred youth receive individual, detailed assessments. Lydia Home has serviced eleven youth this fiscal year.

- DCFS contracts with Lawrence Hall to provide educational diagnostic services to youth in care. Lawrence Hall is dedicated to helping students develop the necessary tools in order to succeed in school. Youth in care receive individual assessments from Lawrence Hall instructors. This fiscal year Lawrence Hall has serviced fifteen youth in care.
o DCFS contracts with Mercy Home to provide anger management and conflict resolution training to school age children. Counselors provide training to youth in low-income areas during the school year. Youth are taught methods of dealing with everyday conflict and situations without resorting to anger and violence. Several hundred school age children primarily from the Chicago Public School system were trained by Mercy Home during this fiscal year.

o DCFS contracts with Uhlich Children’s Home to provide an approved therapeutic day school specifically designed for youth who have found it difficult to succeed in traditional school environments. Youth in care attend this therapeutic school until they are prepared to return to their regular school. Nine youth in care attended Uhlich Children’s Home during this fiscal year.

o ETV funds have been utilized by youth enrolled in post-secondary programs who need tutoring services to improve their academic performance.

E. Study Skills

o The Extra Learning Program is a computer-based tutorial program designed to promote and enhance overall academic skills and performance for youth ages 14-21. The aim of the program is to promote academic performance by increasing the amount of time that each youth dedicates to studying a particular academic area(s) in order to improve performance in that area(s). Because the Extra Learning program is tailored to each youth’s individual needs, it allows the youth to focus on increasing skills in specific subject areas, at the youth’s pace.

In an attempt to keep the youth motivated to learn, an adult mentor is assigned, in addition to the distribution of financial incentives. The mentor encourages the youth, tracks the youth’s performance through the detailed progress reports provided by the program, and designs learning plans geared towards facilitating mastery of a particular subject(s). Financial incentives up to $150.00 are distributed in $30.00 increments after the youth successfully completes a set amount of hours on the program.

o Services provided by WASSUP, Girls Awakening Power, and the High School to College Program also help to improve study skills.

F. Education Passport

- The Department designed an Education Passport that pulls data from multiple data sources into one repository of information. The Education Passport database is currently operational for all Education Advisors across the state and the OETS staff. Both DCFS
and POS caseworkers can request an Education Passport for children/youth on their caseload from their respective regional Education Advisor or OETS Transition Coordinator. The Passport is for internal use only and is intended to serve as a reference tool to assist with the caseworker completing the service plan. In addition, it is the intention of the Education Advisors to use the information gleaned on youth from their Education Passport to provide more interventions earlier, resulting in more positive outcomes, and not simply always just responding to negative consequences. Another great benefit to the Passport is that it enables staff to access all available relevant educational information on a child/youth in one place rather than having to track it down via many different sources as in the past. The Department’s Information Technology division completed work in FFY 05 on a link that was placed on the Department Intranet system (D-Net) that enables caseworkers to easily download Passports for youth identified as being on their caseload.

In FFY 2007, the Office of Education and Transition Services completed work with the Office of Information Technology to further improve the Education Passport. OETS identified standard reports to be made available via the information stored in the Passport database that staff can now easily access, i.e., number of DCFS youth over age for grade in a specific school district, number of youth with 2 or more expulsions, etc. The Department has established an ongoing data exchange with the Chicago Public Schools. This data exchange will serve as a model to enhance data tracking and reporting between the Department and the Illinois State Board of Education.

G. Supportive Services

- Offer supportive services to youth, such as completing financial aid, providing tuition, fees, book assistance, etc. to youth who are currently in Adopt/sub-guardianship placements is current and on-going and not formalized and will be available to any youth who needs it.

- The Department contracts with Sankofa Safe Child in order to refer families to specific community resources such as: churches, social service agencies and health providers that give meaningful, effective solutions to the urgent needs of families. Sankofa received requests from 282 families, caring for over 300 children, for services in a number of areas. In addition, Sankofa partnered with DCFS and Universal Family in order to provide life skills training to the youth located in their immediate area. The most frequently requested services were for housing assistance, counseling, legal assistance, rental assistance, and employment.

H. Quarterly Orientations

- The Office of Education and Transition Services started co-locating Transition Coordinators in the field offices on January 1, 2005. Examples of trainings and/or presentations delivered by Transition Coordinators during FFY 08 include:
Cook South Education and Transition Coordinator:

Presentation on OETS programs and services:

Harbour staff and youth meeting in Des Plaines on August 14th, 2007.

Cook County Boot Camp staff meeting on August 24th, 2007 in Chicago.

Cook Quarterly ILO/TLP meeting at Cook South on September 4th, 2007.

Cook Combined Youth Advisory Board meeting on September 20th, 2007.

Cook County Office of the Public Guardian staff training on October 10th, 2007.

Cook Administrative Case Review Quarterly Meeting on November 7th, 2007.

Hull House youth meeting on November 14th, 2007.; Jamal Place youth meeting on December 18th, 2007.

ASN Project New Futures Senior and Graduate Workshop on January 11th, 2008.

Camelot staff meeting in Itasca on February 4th, 2008.

ILO/TLP Liaison’s Training at Cook South, on February 28th, 2008.


CARC foster care staff meeting on April 21st, 2008 in Chicago.

UIC-CATU Unit youth meeting on April 22nd, 2008.

Central Region Transition Coordinator:

Statewide Foster Care Advisory Council February 23, 2007
Rock Island Care Givers Institute March 9-10, 2007
Peoria Lutheran Social Services March 12, 2007
Symposium on Permanency - Facilitator March 14, 2007
Aurora - DCFS Staff Meeting March 15, 2007
Danville Field Office March 19, 2007
DCFS Staff - Peoria Regional Office March 27, 2007
CAYIT - Bloomington March 28, 2007
POS Agencies - Mt.Vernon DCFS Office April 25, 2007
POS Agencies - Baby Fold April 30, 2007
Springfield Area Supervisors Meeting May 2, 2007
TLP/ILO Presentation May 3, 2007
Foster Parent Appreciation Day May 17, 2007
Rockford Lutheran Social Services May 24, 2007
Central Region Graduation Celebration June 8, 2007
TLP/ILO Meeting - Springfield September 12, 2007
EIP Presentation - Bloomington November 14, 2007
Education Advisors Meeting February 14, 2008
It is imperative to continue to communicate with youth regarding all DCFS services to assist in their emancipation decisions and to this end staff attends all Regional Youth Advisory Meetings and provides DCFS updates and addresses youth needs and concerns.

Staff also assist with planning for regional youth summits and graduation celebrations.

Northern Region Transition Coordinator:

- This position was filled in October 2007.
- This transition coordinator has a “transition liaison” (who is also a caseworker) identified in each regional office.
- The transition coordinator provides the liaisons with ongoing training and orientation to the programs offered by The Office of Education and Transition Services.
- The liaisons also meet with the Transition Coordinator, at the Regional Offices, monthly, to discuss Chafee programs and resources and discuss regions specific issues involving youth in the region.
- The Northern Region transition coordinator attends each quarterly meeting of the POS administrators to share information and resources with the private agencies.
- The transition coordinator supports the Regional and Statewide Youth Advisory Boards by attending every meeting and again sharing information and resources. Since this position was filled, the Regional Youth Advisory Board has doubled in size.
- In January 2008, the transition coordinator partnered with the Regional Youth Advisory Board to host a DCFS Scholarship Fair. 88 students and their caregivers attended the fair.
- The transition coordinator is part of the Planning Committee for the Northern Region Youth Summit in June 2008. The members of the Regional Youth Advisory Board are representing the youth by being part of the planning committee.
- The transition coordinator, Chicago Area Project and the Regional Youth Advisory Board members are designing and hosting the annual Graduation Celebration in June 2008, for DCFS involved students who are graduating from high school, obtaining their G.E.D., completing technical school or graduating from college.
- In February 2008, the transition coordinator presented at the Regional CAYIT team meeting to share information about the services offered by the Office of
Education and Transition Services. The CAYIT team members were encouraged to refer youth to the programs for which they are eligible.

- The transition coordinator has been invited to participate in CAYIT’s as a subject matter expert when there are youth ages 14-21 who are assessed as needing OETS services.

- In December of 2007 and March of 2008 the transition coordinator participated in a regional training forum/discussion entitled “Grand Rounds.” Grand Rounds enhances child welfare case management with children and families served by the Department. Grand Rounds is an in-service, continuing education forum for various child welfare practice issues. Subject matter experts from various social work and other allied helping professions present case management and other practice issues for child welfare cases that have been selected by child welfare staff for the in-service program. These case presentations focus on specific case management challenges and strategies for achieving client outcomes.

Cook North Transition Coordinator:

- This position is currently vacant.

Cook Central Transition Coordinator:

Dec. 8 2007 participated in the Cook Central meeting regarding Reaccreditation.

January 14 presented to Cook Central staff on Division of Service Intervention programs and services.

Jan. 22, 2008 participated in the Cook Central mock interview process.

Feb. 11, 2008 coordinated Cook Central Management meeting with Community Assistance Program staff.

March 3, 2008 presented on new life skill class to Cook Central management workers.

Southern Region Transition Coordinator:

- Education and Transition Services presentation is provided to POS Agency and DCFS Agency staff as requested throughout the region. Some of the POS agency staff that received training during this FY includes Kids Hope United Southern Region, Catholic Children’s Home of Alton, and Catholic Social Services Diocese of Belleville. All training provided focused on the variety of services offered by the Office of Education and Transition Services. In addition specific training regarding Ansell Casey Assessments and learning plan plus web based free services is provided. On-site and/or telephonic trainings and presentations are conducted by request or identified need within the 36 counties covered by Coordinator.
I. Identify a Point Person for Supportive Services

- The Office of Education and Transition Services had an intern contact all of the vocational training programs in the state and identify a point person at each program who can provide information and support to youth in their program. In addition, we have a list of contact people/tutoring opportunities at the colleges, universities and community colleges.

- We continue to work in collaboration with the Illinois Community College Board (ICCB) to identify additional programming available for “at-risk” students at the community colleges.

- Both Education Support Coordinators work closely with students who are experiencing academic difficulties and are at risk of not meeting eligibility requirements for the Youth in College or Scholarship programs. Students and/or caseworkers, if youth are under 21, are contacted by phone or email and offered information or direction regarding services that may assist in bringing up grade point averages and maintaining a full time course load.

Design a Mentoring Program to Provide Personal and Emotional Support to Youth through Mentors and the Promotion of Interactions with Dedicated Adults

- Over 600 young adults enrolled in the Department’s Youth in College or Scholarship program in the 2004-2005 Academic Year. In an effort to provide those students with support and encouragement the Department launched the Care Package Program for Youth in College.

For the Care Package Program, volunteers are recruited from among Department staff, private agency workers and foster parents to send monthly care packages, letters of encouragement, phone calls, birthday greetings and email correspondence to students attending college. Students who choose to participate in the program fill out a needs inventory that is sent to their care package volunteer. Senders are invited to express matches preferences based on geographic location of the student, university attended, race, or gender. Students are asked to acknowledge each package received with a phone call, thank you letter, or email.

For the 2007-2008 school year, the care package program has over 120 youth participants and approximately 70 adult volunteers. In addition, beginning this school year, the Department hired a foster care alumni to coordinate this program who completed her MSW program with a 4.0 GPA.

Other programs already introduced in this report, such as Find Your Futures, Mentoring and Coaching For Success, Building Our Own Communities, new programs implemented
by Illinois One Family One Child, all strive to provide personal and emotional support to youth.

**Provide Financial, Housing, Counseling, Employment, Education and Other Support Services to Former Foster Care Recipients**

**A. Education Services**

- DCFS will again award 48 scholarships in FFY 2008. The Scholarship Program is merit based and is open to current and former wards. Approximately 85% of the recipients chosen to receive a scholarship this year are former wards who are adopted or under subsidized guardianship. In addition, the Educational & Training Voucher Program is available to wards that aged out of care and to former wards that achieve permanency through subsidized adoption or guardianship after age 16. Youth participating, in good standing, in the Youth in College Program at age 21 are allowed to remain in the program until the semester they turn 23 years old. They continue to receive the monthly stipend and assistance with books/supplies expenses, but the medical card stops.

**B. Housing, Financial Assistance and Counseling**

- Housing Advocacy Activities Implemented in FFY 2008
  Housing advocacy served at least 121 as of May 10, 2008 for a cost of $38,097. Cash assistance totaling $84,249.50 has been provided for 66 clients as of May 10, 2008.

- Housing Advocacy Activities Planned to be Implemented in FFY 2008
  We anticipate referring another 150 youth for housing advocacy for the remainder of FFY08. We also anticipate spending another $150,000 in cash assistance in the remainder of FFY08.

- Housing Advocacy Activities Planned to be Implemented in FFY 2009
  We anticipate referring 300-400 youth for housing advocacy in FFY09. We also anticipate spending $300,000 - $400,000 in cash assistance in FFY09.

**C. Employment**

- The Department partners with the Illinois Department of Employment Security and the Illinois Employment and Training Centers (IETCs) statewide. DCFS youth can utilize IETCs for pre-employment workshops, career counseling, vocations, youth programs such as “Hire the Future”, internships, and apprenticeship programs. Youth under legal responsibility of the Department are eligible for all employment services.
The IETCs do not track DCFS youth served and DCFS does not have an employment tracking system. These are two major weaknesses that need consideration and further exploration. The Department should explore the possibility of establishing an interagency agreement with the Illinois Department of Employment Security to do statistical reporting on DCFS youth served.

Information will continue to be provided to former foster care recipients about employment and training opportunities that are available statewide through federal, state, local, and city funding.

Education and Transition Coordinators also promoted the following employment and training programs:

- After School Matters summer job opportunities for youth in Chicago.
- IC STARS is an acronym for Inner City Computer Stars.
  This training program is a six-week training program for young adults that will teach them basic knowledge of computer programming and fundamental IT skills. Youth will be prepared to work in internships and entry-level positions for Fortune 1000 and mid-size businesses delivering information services.
- Project SOAR, a Head Start Early Literacy and Youth Development Initiative, which is hiring high school students for summer jobs.

- The DCFS Find Your Futures Program was established in the summer of 2005. The internship program originally matched DCFS youth in college with employers in the Chicago area. The Program was expanded to include opportunities in downstate Central Illinois and for 2008 several interns will be allowed to repeat. Fifty applications were received for the Summer 2008 program; 37 applicants were interviewed - 30 in Chicago and 7 outside which include Lisle, Rockford, DeKalb, Tampico, North Chicago, Bloomington-Normal and Byron. The Find Your Future Program anticipates hiring 35 youth, 30 of which would be stipends. This would be an increase of 10 over 2007. Five (5) employers will be supporting and paying their own interns. The Internship program includes an orientation that features business etiquette, networking and job evaluation workshops to help prepare the youth to be successful in their employment settings.

D. Vouchers for Education and Training

- The Education and Training Vouchers issued by the Department are used to help pay for education expenses such as tuition, books, supplies, uniforms, transportation, and room and board. Current and former youth in DCFS care and those formerly in DCFS care who were adopted or placed in subsidized guardianship at age 16 or older are eligible. They must begin a program of study at an accredited post-secondary school before age 21 and may continue receiving ETV funding if they are making satisfactory progress until age 23.
From July 1, 2007 to April 25, 2008, the ETV program served 260 youth. Sixty-seven youth served by the program were enrolled in a vocational or trade program and the remainder were attending a community college or 4 year university. 151 of the youth served were wards, 102 were non-wards, and seven were either subsidized guardianship or adoption at age 16 or older.

**Service Collaboration With Other Agencies and Federal/State Programs**

In addition to aforementioned mentioned collaborations with other agencies, both federal and state, the following partnerships should be distinguished:

- In collaboration with the Illinois Community College Board, DCFS/OETS has identified the 41 Tech-Prep High Schools located across the State. Information on each of the programs was gathered and distributed to the OETS Transition Managers. The Transition Managers shared this information with DCFS and private agency caseworkers in the field to encourage youth to access these programs where available.

- The Illinois Department of Children and Family Services, Office of Education and Transition Services (OETS) has developed a collaborative partnership with Job Corps. Job Corps is a federally funded residential career technical training and education program for low-income female and male youth ages 16 through 24. Job Corps trains students in more than 100 career technical areas at 122 centers around the nation. There are three Job Corps centers in Illinois. These Job Corps Centers are located in Chicago, Joliet and Golconda.

  The Illinois Job Corps Centers provides training in many trades, which include: Auto Repair, Bricklaying, Carpentry, Computer Operator, Health Occupations, Machinist, Painter, Pharmacy Technician, Network Cable Installer and Welding. Job Corps also provides a personalized career development plan for its students. Students at Job Corps can work on their high school diploma or GEDs, as they gain work experience through hands on career skills training.

  DCFS continues to promote Job Corps as an opportunity for DCFS youth to get into trades and vocations.

**Updates or Changes to a New or Established Trust Fund Program**

Illinois DCFS has not established a trust fund for youth receiving independent living or transition services.
Activities to Involve Youth in State Agency Efforts

The Department recognizes the need to involve both youth in care and former foster youth in planning efforts and the implementation of programs to better prepare older youth in care for independence. The following are examples of these efforts:

- Approximately 50 youth in care are participating on Planning Subcommittees for Regional Youth Summits to be held during in the summer of 2008. The youth are responsible for developing the agenda for the day and will assist with facilitation at the events. The youth will be paid a stipend for each Planning Meeting they participate in. Over 400 youth are anticipated to participate in the Youth Summits.
- Each region of the state (3 downstate, 1 in Cook County) has a Youth Advisory Board. The elected officials from each Regional Board make up the Statewide Youth Advisory Board. The Boards are run by youth in care and provide direct input to the Director of the Department and other key management staff on policy and program recommendations. During FFY 08 Illinois is utilizing the National Child Welfare Resource Center for Youth Development to provide board development training to the Statewide Youth Advisory Board.
- The Office of Education and Transition Services produced a brochure for youth in care titled, “Get Goal’d . . . It’s Not a Game, It’s Your Life”. A youth in care produced all of the artwork for the brochure and was paid for her services.
- When possible, Life Skills providers are required to incorporate peer-to-peer mentoring, in their curriculum.
- Illinois was one of only 6 states chosen to participate in the National Governor’s Association’s Policy Academy on Transitioning Youth Out of Care. A recently emancipated youth who is still receiving services from the Department is a member of the Core Team for the Academy.
- The Department maintains a contract for a High School 2 College Program. The two program directors are former foster youth.
- A former foster youth is a member of the Post-Secondary Working Group of the Child Welfare Advisory Council’s Education Subcommittee.
- Focus Groups of youth in care were held get their input regarding why youth from downstate Illinois tend to leave care earlier than youth from Cook County.
- Illinois is exploring the development of a pilot program to hire former foster youth as peer mentors for youth currently in care.
- Youth in foster care facilitated and spoke at Scholarship/Financial Aid Fairs held across the state in January and February 2008.
- A former foster care youth was hired to coordinate the Care Package Program and to assist with the coordination of the ETV program.

Utilization of Option to Expand Medicaid to Provide Services to Youth Ages 18 to 20 Who Aged Out of Foster Care

The Department traditionally keeps wards in care until their 21st birthday. This allows the youth to be eligible for all services provided by the Department. Youth who leave care prior to their
19th birthday are eligible for continued Medicaid benefits until age 19 or 12 months, whichever occurs first. Illinois does not elect to exercise the option to allow continued Medicaid benefits for youth until age 21.

**Consultation and Coordination with Each Indian Tribe in Illinois and Non-Discrimination in Providing Chafee Services to Indian Children in Illinois**

In Fiscal 2005, the Illinois Department of Children and Family Services updated the policies and procedures to insure Indian Child Welfare Act (ICWA) compliance and implemented a case finding/advocacy support program staffed by Native Americans. The primary goal of the advocacy program is to follow each Native American identified case for compliance and to ensure that the needs of Native American children are met. This includes access and referral to any appropriate Chafee funded program and/or the ETV program.

**SECTION II: Education and Training Voucher Program**

**Description of the Education and Training Voucher Program and its Components**

In 2002, the Chafee Foster Care Independence Program (CFCIP) Act was expanded to include the Education and Training Voucher (ETV) program. Highlights of this program include the availability of post-secondary training and education vouchers of up to $5,000 per year or the total cost of attendance, whichever is less, for tuition and fees, room and board, rental or purchase of required equipment, books, supplies, transportation, required residential training, or special projects. These vouchers are available to young people who are in foster care or who aged out of the foster care at age 18 or older and youth who have achieved permanency either through subsidized guardianship or adoption from state care after their 16th birthday. If youth are enrolled in an accredited post-secondary program prior to age 21 and making satisfactory progress, funding is available until age 23.

**Description of the Illinois Department of Children and Family Services Education and Training Voucher (ETV) Program and its Components**

Illinois developed the ETV program in 2003 to assist youth with post-secondary educational and vocational/training opportunities. Eligible youth in Illinois are current wards who begin a program in an accredited post-secondary institution prior to age 21 and are in independent living programs, foster care, relative care, or private agency care homes, post adoption or subsidized guardianship after the age of 16 or youth who aged out of care at age 18 or older. Benefits include up to $5,000 per youth per year for tuition and fees that financial aid grants do not cover, room and board, books, uniforms, supplies, transportation, or equipment. Financial assistance for room and board is only considered for youth not participating in the Department’s Youth in College or Youth in Scholarship program. Youth in the YIC and YIS programs receive a monthly grant of $458.00 to assist with room and board expenses.
10. Education and Training Vouchers (ETV)

Accomplishments and Progress to Establish, Expand, or Strengthen the State’s post-secondary educational assistance program with the ETV Program

- During SFY 2007, 397 youth were served via the ETV Program. This number includes 113 youth who began receiving services in SFY 2006 and continued receiving services in SFY 2007.

- From July 1, 2007 to April 25, 2008, 129 new youth have applied for ETV benefits and 260 total youth have benefited from ETV awards. Sixty-seven youth served by the program were enrolled in a vocational or trade program and the remainder were attending a community college or 4 year university.

- 463 youth were served via the ETV program in FFY 07; 275 were new youth accessing the program and 188 were youth continuing from the previous year.

- 240 youth have been served to date via the ETV program in FFY 08; 116 have accessed the program for the first time and 124 continued from the previous fiscal year.

- Illinois estimates that 350 ETV vouchers will be awarded in FFY 08 and again in FFY 09, and approximately 150 youth will continue participating in the program that entered in a previous federal fiscal year.

- The Department’s ETV program is available to former wards that were adopted or placed in guardianship at age 16 or older. Of the youth who received ETV funding, 151 of the youth served were wards, 102 were non-wards, and seven were either subsidized guardianship or adoption at age 16 or older.

- The Office of Education and Transition Services’ Business Office sends letters to all youth participating in the Youth and College and Youth in Scholarship programs every semester reminding them about the ETV program and encouraging them to apply if they have incurred eligible expenses. All youth having a current email address on file with the business office also received a reminder notice in the spring of 2008 to review their college expenses for the year to see if there was a need for ETV funding and to make sure the file their FAFSA so they be eligible for the maximum federal and state grant funding. The Department will continue to develop and implement ways to identify these youth and then reach out to them.

- During FFY08, Transition Managers from the Office of Education and Transition Services continue to spend time in field offices throughout the state. During their time in the field offices they participate in regional meetings, management meetings, team meetings, staffings with clients and foster parents, and present information on and guidance on accessing the ETV Program. This will continue through FFY 08.

- Staff from the Office of Education and Transition Services continues to conduct trainings and information seminars at foster parent conferences, Hispanic and African-American Family conferences, educational trainings on suspensions and expulsions, and with
juvenile court personnel, which include information about the ETV Program. This will continue through FFY 08.

- ETV spending priorities for the State of Illinois have been tuition, fees, books, and transportation and have not included the purchase of computers. It has become evident that not only are instructors requiring computer-generated papers from students, but also some expect work to be turned in via storage devices such as CDs or flash drives. Illinois will begin purchasing desktop computer packages in FFY09 for those students who have a documented need and whose cost of attendance includes sufficient funding for this expense. Tuition, mandatory fees, and books must already be paid and documentation provided to ETV. Students must have already completed one semester with at least a “C” average and be in compliance with all of the requirements of any other DCFS/OETS programs that he/she are in prior to approval for a computer package. Not all students have equal access to computers at school – community college students have limited hours available to them whereas four-year college and university students have computer access on a twenty-four hour basis - so if funding for computers must be prioritized in the future, community college students shall be a higher priority for the ETV funds.

- In January and February 2008, the OETS Transition Managers coordinated Scholarship/Financial Aid Fairs held in the evening in the Cook, Northern Region, and Central Region. Representatives from the Illinois Student Assistance Commission participated and gave in-depth presentations on the FAFSA form. Information was given to participants on the Department’s Scholarship Program, Youth in College Program, and the Education and Training Voucher Program.

Administration of the ETV Program

Illinois administers its ETV Program independently. The Division of Service Intervention, Office of Education and Transition Services has a full time staff position dedicated to reviewing, approving, and processing applications for the ETV Program. When necessary, this staff person requests input/approval from the Associate Deputy Director before approving requests that might not conform to regulations governing the program. This position also maintains statistical reports on the program, conducts extensive outreach to youth and caseworkers to solicit referrals to the program, and tracks funding disbursements to youth to ensure compliance with the $5,000 per youth per year requirement. In addition, beginning in SFY 09, a percentage of two additional staff persons will be dedicated to assisting with the administration of the ETV program.

Recipients of ETV funds must re-apply each school semester for additional funds up to the $5000 per fiscal year maximum. This is to ensure the youth are still participating in and making satisfactory progress toward completing a post secondary educational or training program. The requests are reviewed by the OETS ETV Program Monitor to ensure the youth meets the eligibility criteria and the expenses are allowable under the program guidelines.
Dear Youth in Scholarship participant.

Congratulations! You have successfully completed four years of eligibility in the Youth In Scholarship program.

Please answer the Questions and return to the following address at your earliest convenience:
Office of Education and Transition Services
5415 N. University Street, Room 103
Peoria, IL 61614-4783
Phone (309) 693-5150 Fax (309) 693-5433

What is your anticipated graduation date? __________/________/________

How many credits have you earned? _________

School(s) Attended ________________

or Year in College? □ Freshman □ Sophomore □ Junior □ Senior

or Are you a Graduate? □ Yes □ No Major ______________________

Degrees: □ Associates □ Bachelors □ Masters

Are you presently employed? □ Yes □ No If so, Where? ______________________

What are your career goals? ____________________________________________

________________________________________

Are there services you still need to help you complete your educational goal? __________

________________________________________

________________________________________

What barriers have you experienced in completing your educational goals? __________

________________________________________

________________________________________

How did the Youth In Scholarship program help you accomplish your goals? __________

________________________________________

Please complete the following:
Name: ___________________________________________ Age: __________
Address: ____________________________________________
City: ___________________________ State: __________ Zip: __________

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I received the following services:  
☐ Youth in College ☐ Youth in Scholarship ☐ Community College Payment Program  
☐ Education and Training Voucher ☐ Employment Incentive Program

Please answer the Questions and return to the following address at your earliest convenience:  
Office of Education and Transition Services  
5415 N. University Street, Room 103  
Peoria, IL  61614-4738  
Phone (309) 693-5150   Fax (309) 693-5433

How many years were you in the Program(s) checked above? ____________________________

Are you presently attending a Post Secondary Program?  ☐ Yes  ☐ No  
Name of School ____________________________________________

If in College, what year are you in?  ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior

Are you a Graduate?  ☐ Yes  ☐ No  
Major _____________________________________________________

Date of Graduation ______________ Degrees:  ☐ Associates  ☐ Bachelors  ☐ Masters  ☐ Certificate

Are you presently employed?  ☐ Yes  ☐ No  
If so, Where? _________________________________________________

What are your career goals?  
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Any suggestions on how the Education and Transition services can be improved?  
_____________________________________________________________________________________
_____________________________________________________________________________________

How did the Program(s) you participated in help you to accomplish your goals?  
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Reason for leaving the Program(s)?  
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Name of Youth completing survey _________________________________________________
Address __________________________________________________________________________ City ____________________________
State ____________________________ Zip Code ____________________________ Phone# ____________________________ Age ______
Introduction

The State Diligent Recruitment Plan (plan) was submitted in 2005 to meet the U.S. Administration for Children and Families (ACF) federal requirement and was incorporated in the 2005 – 2009 Child and Family Services Plan (CFSP). The plan explains how the State will “recruit foster and adoptive parents that reflect the ethnic and racial diversity of children in the child welfare system for whom foster and adoptive homes are needed.”

The overarching goal of the plan is to develop and support current foster parents in meeting the needs of children in care and to conduct targeted and individualized recruitment to develop placement resources for children and youth with unique needs. Major objectives include keeping children in their communities and further developing a qualified foster parent pool that mirrors the ethnicity, race and culture of children in care.

The plan is a five-year plan; therefore, the Department of Children and Family Services (DCFS), as the statutorily-designated state agency to administer child welfare services in Illinois, has continued to vigorously work on various aspects of the plan. Much progress has again been made during this third year, and this report summarizes that progress. The report also notes some direction for work to be accomplished during the plan’s fourth year.

As this report was being completed, the State had already begun considering additional ideas to further enhance its recruitment efforts. New data collection by school catchment areas will help Illinois better understand its targeted recruitment needs, as explained in a section which is new to this report. The report is organized in synch with the five-year plan as well as last year’s report.

Coordinating with Purchase of Service (POS) Child Welfare Service Agencies Statewide

DCFS continues to work closely with its private agency partners agencies to address strategies related to recruiting needed foster and adoptive homes. Primary examples of these cooperative efforts are described in the other sections of this chapter.

Because the private agencies have case-carrying responsibility for approximately 80 percent of the children in care, it is critical for DCFS to coordinate with them to ensure that recruitment is done in a planful and targeted fashion. This approach ensures that Illinois maintains a pool of substitute care resources standing ready to meet the needs of the children in care and their families.
DCFS will continue working closely with its private agency partners during the coming 12 months. Expected outcomes from this coordination include adjustment of the numbers of step-down homes, stabilization beds, independent living, and transitional living slots.

**Targeted Recruitment: Family-Supported Adolescent Care: 200 New Foster Homes for Step-Down**

The Family-Supported Adolescent Care Program is designed to support foster parents in keeping teens in family home placements and preventing their disruption to residential care. Foster parents in this program are professionals, meaning that they are specially trained and compensated and do not work outside the home. These foster parents are also specially supported with such services as monthly respite, support groups and extra training.

As of February 2008, 17 agencies are operating adolescent foster care programs throughout the state. Approximately 160 youth are placed in these programs, with an average age of 15.9. Less than 5% of the youth served in this program have experienced a placement move while in the program. DCFS continues to monitor and provide consultative assistance to programs as this promising new model continues to roll out.

Since 2006, DCFS has developed over 250 new transitional living beds. These programs have service levels distinguished by the age and educational status of youth served. In addition, DCFS has developed two transitional living programs (TLP) for mentally ill youth who are transitioning to the adult mental health system; one program for developmentally delayed youth who will eventually be placed in CILA arrangements, and one program specifically designed to serve the needs of dually diagnosed youth (DD/MI). Moreover, two TLP programs serve youth with sexual behavior problems and several programs serve pregnant and parenting youth. Youth in TLP are placed primarily from residential care, or runaway/ self-selected or unauthorized settings. As such, this development has been essential to the stabilization of older youth.

**Targeted Recruitment: Family Supported Adolescent Care**

Family-supported adolescent care is a professional foster care model designed to meet the needs of DCFS youth ages 12 to 16. This includes youth with a history of placement instability/placement disruption and may include youth with intermittent or chronic incidences of delinquency, substance abuse/misuse, aggressive or withdrawn behavior and chronic educational needs. Youth will be provided with a safe, stable and structured home environment, with caring and supportive adults. Foster parents will actively participate in the youth’s life and fully integrate the youth into their family. Foster parents will be compensated as employees for this program, and in most instances will not be allowed to accept other employment. This will allow foster parents the ability to provide both the treatment support and supervision levels necessary for the youth to achieve placement stability and to develop the skills and education necessary to successfully transition to and sustain progress in transitional/independent living upon the attainment of age and developmental milestones. Family-supported adolescent care serves no more than two DCFS youth in one home. Minimum program components are required to ensure
that the needs of the targeted population are met and that there is consistency among services to similar populations. Foster parents participating in this program will receive special training to meet the needs of adolescents. Additional mentoring, respite and money for youth activities are also provided.

A number of special professional foster care programs have also been added for target adolescent populations:

- Family-supported adolescent care for medically complex youth with developmental delays and mental health issues is designed to meet the needs of DCFS youth ages 12 to 20. This includes youth who might likely require adult services when transitioning from DCFS care. They have chronic or degenerative diseases, a terminal illness, or permanent traumatic injury with a secondary diagnosis of a developmental delay, and/or mental health issues that affect provision of their health care.
- Family-supported adolescent care for youth with emerging or active juvenile justice issues. This program includes additional components around supervision, reporting and restorative justice.
- Family-supported adolescent care for youth with sexually problematic behavior.
- Family-supported adolescent care for gay, lesbian, bisexual, questioning and transgendered (GLBQT), working on development.
- Emergency specialized foster care. Emergency specialized foster care is designed for youth of all ages who are new to DCFS care and present with special medical needs that require stabilization and assessment while long-term placement options are being developed. These children typically enter DCFS care straight from hospitals. In addition, emergency care will be designed for children with mental health needs, typically entering DCFS care from psychiatric hospitals or who are placed in a psychiatric hospital and cannot return to their foster care placement. These programs are being designed as an alternative to shelter or short-term residential placements.

DCFS is also working with some of the existing agencies to develop new professional foster care resources in certain geographic areas where we have seen gaps to date:

- Central Region (Bloomington/Champaign specifically)
- Northern and Western suburbs of Chicago

We are currently working with providers on expansion to include homes for pregnant and parenting wards with their children. Currently we have a few Teen Parenting Service Network (TPSN) Specialty programs in Cook County, but we have been pushing the adolescent foster care agencies to find resources for placement for these profiles of children.

**Transitional Living Program and Independent Living Program (TLP/ILO) Redesign**

Transitional living and independent living programs, which serve older youth in DCFS care, have traditionally lacked uniform standards or consistent program structures. An extensive collaborative effort involving three divisions of DCFS and the provider community spent several months surveying existing program structures and available services. Building on the research,
this collaborative initiative has developed a seamless continuum of services for youth transitioning into adulthood.

Three major principles guided the development of the new TLP/ILO continuum.

- **Progressive independence**—holding youth increasingly accountable as they progress.
- **Kinship connection**—identifying an adult person with whom providers can help the youth develop and nurture a lifelong relationship.
- **Sustainability**—placing youth in circumstances that they can continue successfully in as they reach adulthood.

A youth may enter a transitional living program at one of four levels depending on his or her age, educational attainment, behavior and level of functioning. A fifth level is an independent living program (ILO) which youth may access directly, or progress to from a transitional living program. Even when a youth is admitted into an ILO, he will not be completely on his own. However, the continuum of services is designed to support progressive responsibility with the expectation that by the age of 21 a young adult will be well prepared to pay his own rent and maintain himself in his own apartment.

**Transitional Living Programs (TLP)**

The purpose of a Transitional Living Program (TLP) is to provide youth with an opportunity to practice the skills necessary to live independently while continuing to receive supervision and supportive services. TLPs are single-site locations with on-site staff 24 hours per day and 7 days per week.

To be eligible for a TLP, a youth must be:

1) 17 years of age or older;
2) able to be safely maintained in a community setting; and
3) willing to actively participate in education, employment and other services specific to his or her particular strengths, needs and goals.

There are four levels of placement under the TLP rubric. In general, the levels are defined by the amount of autonomy that an individual youth is able to manage. Youth who are engaged in school and/or work and who are managing their treatment needs with minimal support will be matched with 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 sets they need upon emancipation will receive more intensive support.

TLP programs 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) academic support (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-related services (Gang intervention, specialized community re-engagement, specialized employability services);
6) parenting (education, support, child care, preparation);
7) linkages with the Department of Mental Health and the Office of Rehabilitative Services; and
8) housing advocacy (assisting youth over the age of 19 in locating and maintaining a community based apartment as they demonstrate readiness).

In addition to the basic levels of service, we have added programming with specific expertise in parenting, juvenile justice, or considerable behavioral health concerns, within the Transitional Living Program model.

Youth with developmental disabilities and/or chronic, severe mental illness, who have an increased likelihood of reliance on the adult service providers in these areas, will have access to specialized programming focused on promoting the transition to adult services.

**Pregnant and Parenting Teens**

There are programs for wards who are pregnant and/or are parenting. We continue to work on resources for this population as we move further into the Centralized Matching Team process. Through Centralized Matching, we can look at trends and resource needs.

**TLP-Mental Illness (MI)**

To be Eligible for this placement a youth:

1) must be 18 years of age (consistent with DHS Adult care eligibility);
2) must present with a serious mental illness likely to require intensive ongoing support throughout adulthood; and
3) DCFS and the Illinois Department of Human Services (DHS) must jointly support the above assessment.

In recognition of their joint responsibilities, The Department is in the process of completing a memorandum of understanding with DHS regarding services to severely MI young adults. From the assessment on, DHS is integrally involved in the delivery of services to the youth through programs and services currently available to adults with this disability. DCFS will continue to provide and staff placements in which and from which young adults will begin to access lifetime supports and services. The Individual emancipation plan will cause responsibility to seamlessly transition from DCFS to DHS responsibility prior to the young adults’ 21st birthday. We plan to utilize 2 providers, (who have experience and contracts with both agencies), and operate 40 beds statewide.
TLP-Developmental Disability (DD) & DUAL Diagnosis

This program will facilitate the transition of youth with developmental disabilities from a residential treatment program to a DHS-funded Community Integrated Living Arrangement (CILA) placement.

To be eligible for the program, the youth must:

- Have moderate to severe impairment in cognitive level and ability to perform activities of daily life (ADL) skills;
- Intellectual and adaptive functioning level that indicates ultimate eligibility for DHS-funded adult community-base settings;
- Current residency in a residential care setting. (In rare cases youth in foster care may be considered for their program if they meet the other criteria and their foster care placement is unstable.);
- Be eighteen years of age at admission. (Transition work begins with identification at 17 and continues with placement at 18.); and
- Screening and approval must be given by the DCFS Office of Developmental Services.

The DD TLP Programs will provide congregate housing with single or double (2-person shared) bedrooms in an environment that is conducive to 24/7 staff monitoring.

There will always be two staff on duty when youth are awake and in the facility.

Programs are structured to increase the functioning of youth during the transitional living phase in the areas of:

- Symptom, behavior/anger management;
- Medication management;
- Ability to reside in a less-structured, community based setting; and
- Successful continuation of special education programs and/or participation in day training programs.

The purpose is to increase the youth’s level of independence in all daily living skills while increasing the level of self-moderation.

The ultimate goal is the successful transition of the youth to a DHS-funded program. This will most usually be a CILA. An adult guardian will be appointed, as needed.

Independent Living Programs (ILO)

The purpose of Independent Living Programs is to offer prepared youth the opportunity to practice living autonomously with a “safety-net” of supports while they progress toward full independence, usually through emancipation.
To be eligible for an ILO, a youth must:

1) be 19 years of age or older;
2) have graduated from high school or have a GED;
3) have demonstrated the capacity to live independently; and
4) have demonstrated the capacity to maintain themselves, with limited support, in a sustainable community apartment of their choosing.

Many of the same services available to youth in TLP programs will be available to youth in ILO programs, but through referral to community-based providers. The hallmark of an ILO is the creation of stable and sustainable circumstances. The role of the ILO provider is to monitor and enhance the youth’s progressive independence.

Youth in an ILO program will live in apartments that they are expected to remain in after their DCFS involvement ends. Initially they will receive financial assistance to pay for housing, but they will be required to make an increasing contribution to the costs associated with their apartment and to save money earned through their employment to cover post-emancipation expenses.

Implementation -- Effective July ’07 all regular Cook County, Northern Region, and 2 Central Region providers implemented the redesign. Parenting providers that had not yet done so, were scheduled to complete the transition by October of ’07. The remaining downstate providers are implementing on an agency-by-agency basis as they complete program planning; most already have staff who have completed case management training and have become able to utilize the DCFS State Automated Child Welfare Information (SACWIS) data system.

Self Selected Placement – Placement Alternative Contract

To be eligible for a Placement Alternative Contract (PAC) a youth must:

1) Be over 18 years of age;
2) Be most productively served in an alternative placement – usually because a traditional placement doesn’t exist meeting geographic constraints;
3) Identify a place where he/she can live safely;
4) Develop a plan for what emancipation-focused tasks will be accomplished while living in that arrangement;
5) Identify a “mentor” to support their efforts; and
6) Identify what assistance from DCFS is required.

The youth will present the placement, the plan and the person who will mentor at a Child and Youth Investment Team (CAYIT) meeting, and if the plan appears viable the Coordinator will confirm that the placement meets the newly-established placement criteria for young adults with or without a child. With CAYIT approval, the plan will be translated into a contract and signed by the youth, the mentor and the team and the youth will be entered into an approved PAC. PACs will be monitored and reconsidered every 90 days to ensure that they continue to be viable. As long as the youth is progressing in accordance with the contract the contract may be continued. However, when a youth is not abiding by the contract the youth will be given the
option of moving into a Transitional Living/Independent Living placement type, depending on the youth’s needs. Youth who are out of contract for 90 days or more will be assessed and when indicated, cases will be recommended for closure. Some elements of the review process are still being worked out. This placement type is intended to replace self-selected placement. It is not currently available.

Implementation- This potential new policy has been drafted, reviewed, critiqued and edited by DCFS legal and the Office of the Public Guardian. It is now, being considered formally by the DCFS policy office.

Shelter Redesign

In the summer of 2004, the Department began work on the redesign of the Cook County Shelter System. Department administration decided to move towards a system that accommodated fewer youth in each facility. It was determined that smaller was better and it afforded the opportunity to program for the youth during shelter stays. Facilities are located throughout communities in the city of Chicago and a contiguous south suburb.

Seven private agencies are currently providing shelter services for DCFS children/youth. Program capacity of all the shelters combined is 137 beds.

The following agencies provide shelter services:

- **Aunt Martha’s Children’s Reception Center** has a program capacity of 40. The agency provides emergency shelter services for children/youth ranging from 0-21 years of age.
- **Methodist Youth Services** has a program capacity of 8. This program provides emergency shelter services for males, ages 14-18.
- **Lawrence Hall Youth Services** operates two shelter programs. Each shelter program has a capacity of 8 males. One shelter serves males ages 8-14 and the other program serves older males, ages 14-18.
- **Daniel J. Nellum** has a program capacity of 14. The agency provides emergency shelter services for older males, ages 16-21.
- **Maryville/St. Margaret of Scotland** has a program capacity of 20. This emergency shelter provides programming for pregnant and parenting females, with their babies.
- **Sadie Waterford** has a program capacity of 15. This emergency shelter in the South suburbs provides short-term programming for females, ages 14-16.
- **Ada S. McKinley** will have a program capacity of 24. This program provides emergency foster care by professional foster parents. Children admitted to the emergency foster homes are infants/toddlers, ages 0-3 and sibling groups.

All the shelters are linked to local medical providers for purposes of providing ongoing medical follow-up. Shelters are providing short-term programming such as short-term counseling, alcohol/and other drugs (AOD) assessments/services, recreational activities, life skills training, vocational groups, etc.
**Intensive Stabilization Services**

Intensive Stabilization Services is a program that attempts to engage the chronic runaway population. These youth are not likely to engage with traditional services. The programs offer a non-traditional approach, and they work with youth through adult-style relationships. The programs accept the youth where they are and rely on coaching, guiding and mentoring rather than a point/token system or levels. Objectives of these programs are to engage and stabilize youth and eventually move them on to emancipation, and/or ILO/TLP services. Program capacity for Intensive Stabilization Services is 24.

The following agencies provide Stabilization Services:

- *Youth Outreach*, with a program capacity of 8 males, ages 16-20.
- *Habilitative Systems*, with a program capacity of 8 males, ages 16-20.
- *Garden of Prayer* is the newest program for males ages 16-20.

**Targeted Recruitment: Maintaining Foster Homes Willing and Able to Care for Large Sibling Groups**

DCFS continues its service contracts with SOS Children’s Village and Hull House Neighbor to Neighbor to address the need to recruit and support foster homes for large sibling groups. The agencies continually reach out to churches and neighborhood organizations to develop new homes. Solicitation of potential foster parents by existing foster parents, utilizing support groups, and providing on-going training have been effective methods of maintaining and enhancing the current pool of foster parents. SOS has 11 homes, nine of which are caring for 30 children. The other two homes have a capacity of 5 children each.

**Targeted Recruitment: Maintaining a Pool of Foster Homes That Reflects the Racial and Ethnic Composition of Children in Care** *

DCFS has modified its case assignment protocol so that new cases are not just rotated among agencies. The new placement determination method first tries to identify a relative. Failing that, DCFS and its partner agencies place children with an agency that has a foster home within the child's community and where possible, within the child's current school catchment area. To this end, agencies are actively developing contacts in traditionally underrepresented neighborhoods. Innovative programs with churches, social groups and local police and fire departments are proving successful.

**Recruiting Homes to Serve Children Who Are Latino**

The State of Illinois maintains a long and productive working relationship with the Latino Consortium (Consortium), a cadre of community-based social service agencies located throughout the Latino neighborhoods of northern Illinois. The consortium is contracted by the Illinois Department of Children and Family Services (DCFS) to promote foster care among Latino families as well as to provide support and resources for families of Latino origin and descent who are being served by the child welfare system. The DCFS Office of Latino Services
works closely with the Consortium on a variety of activities to ensure that policy, practice, resources and recruitment are supportive of and responsive to the culturally-unique needs of Latino children and their families.

The DCFS Office of Latino Services and the DCFS Latino Advisory Committee work annually with the Consortium to present a training conference for child welfare staff. This conference helps staff develop additional knowledge and greater understanding of the needs of people who are Latino, and it makes available valuable information about community and other resources that help everyone to provide culturally-appropriate services to Latino families.

The Latino Advisory Committee assists and advises DCFS on the development and maintenance of culturally competent and appropriate services, policy, practice and resources for Latino staff and families they serve. They plan and coordinate the Annual Latino Advisory Committee Family Institute Days along with other planning committee members. This is a training conference for child welfare staff. This conference helps staff develop additional knowledge and greater understanding of the needs of people who are Latino, and it provides a wealth of information about community and other resources that help everyone to provide culturally-appropriate services to Latino families.

The Latino Consortium works with its community partners to engage citizens in communities around developing greater understanding of the needs of Latino families, and much energy is focused on recruiting Latino families and other culturally-competent families to serve as foster and adoptive homes. Utilizing targeted recruitment approaches centered around the strengths-based perspective and focusing on effective engagement of citizens about the need and the opportunities, the Consortium hosts community fairs, produces publications, engages media, and works through community faith centers to pursue recruitment of substitute care and adoptive homes for children who are Latino, as well as resources to strengthen families so children can be returned home as quickly as possible whenever it is safe to do so.

**Resources for Assisting With Recruiting African American Homes**

The Department supports the DCFS Office of African American Services. This office, among other work, advises the DCFS Director on matters related to the need for culturally-competent and African American foster and adoptive homes to serve the needs of children. Through advocacy, community forums and cultural workshops and other training, this office seeks to ensure that staff and foster and adoptive parents are supported and are given opportunities to learn about the unique cultural needs of African American children and their families.

This office is currently advocating for the Department to adopt recruitment recommendations made under a previous program with Howard University of Washington D.C. as well as the University of Illinois, Chicago to develop African American foster parent recruitment programs.

The DCFS African American Advisory Council assists and advises DCFS on the development and maintenance of culturally competent and appropriate services, policy, practice and resources for African American staff and families. A very important part of the Council’s work centers around foster home recruitment through which the Council advises the DCFS Director about needs and resources.
**Resources for Assisting With the Recruitment of Asian and Pacific Islander American Placement Resources**

The DCFS Office of Asian and Pacific Islander American Services (API) advises DCFS on matters of service delivery to API staff and the families they serve. The office also offers career development opportunities for API foster and adoptive parents and staff, as well as other staff who wish to become more culturally competent.

Through advocacy, community forums, and training, the Office pursues, among other important needs, the need to continually seek supports to maintain the foster and adoptive parent pool of API caregivers and revitalize its ranks through recruitment as needed. Recruitment activities include ensuring compliance with the (federal) Inter-Ethnic Placement.

The DCFS Asian and Pacific Islander American Advisory Council is composed of DCFS staff and community leaders as well as representatives of agencies performing work under contracts with DCFS. The Council works to improve the culture and language of staff and the families they serve, as well as to enhance services for the API population. In its advisory capacity, the Council assists the Department in understanding the need to recruit API foster and adoptive families and develop, support and retain the families we have.

**Utilization Review: Streamlining the Foster Parent Pool**

The utilization review and survey was conducted partly because Illinois had many homes that were not being utilized. Survey results showed a high population of unutilized foster homes that were consuming licensing resources but not caring for children. Illinois questioned whether the State has the legal capacity to take a foster parent’s license from them solely because they have not been participating in the process. The issue here is the property right of the licensee. Although there continues to be a belief that the license is a property right and can only be taken through the revocation process, Illinois has yet to find this in the law. With this said, the State is currently piloting a non-active hold status that will allow for Foster Parents in good status to voluntary place their license on hold. This status allows inactive foster parents to maintain their foster care license with limited monitoring done by licensing staff. Participating foster parents be in good standing and without any current placements. This initiative will allow for DCFS and its contracted agencies to focus more on supporting the needs of active foster parents.

**Utilization of the 2006 Private Agency Foster Parent Utilization Survey**

The survey of foster parents licensed by private agencies but with no foster children in their homes supported the results found in the DCFS foster parent utilization review, indicating that the inactive hold status described in the paragraph above would benefit private agency and DCFS foster parents alike.

The survey also indicated a need for more supportive services, especially related to foster parents being willing to work with biological parents in order to return children home more quickly (reunification). DCFS has recently begun training management and direct service staff on the Reunification Practice Model. Foster parents will be trained beginning in May 2008. This model...
will require a more active role for foster parents in that it will involve foster parents much more in facilitating parent/child visits and encouraging parents to share responsibility in parenting their children and to support them in visits with their children in family settings.

The Department introduced financial support for qualifying foster caregivers in this effort through the Family Reunification Support Special Service Fee in June, 2007. This fee reimburses foster caregivers for expenses in direct work with parents and children in their care toward return home. Reimbursement is based on the number of times each month the parent, children and caregiver participate in activities together that strengthen parent-child bonds and allow the parent to practice and demonstrate day to day parenting skills with his or her own children. Parents and caregivers participate in these activities in consultation with the caseworker and with approval of the supervisor that the activities contribute to progress toward reunification of the family.

Outcomes from the survey about foster parents’ willingness to work with birth families inspired new questions on the foster home availability database that informs the case assignment unit about potential placements for all children entering foster care in Illinois. This information enriches the information that the state has about the homes in which children are being placed. In January of 2008 the information gathering was supplemented with a professionally guided self-assessment by caregivers of their readiness to work directly with parents of children in care toward reunification. This guided self-assessment is now a part of the regular semi-annual visit of the family development specialist/licensing representative to each caregiver. An approved self-assessment as prepared to provide reunification support to the child’s family will give placement preference, within the geographic parameters of the current placement system, of children new to child welfare with caregivers who are prepared to work directly with the child’s family toward reunification. Guided self-assessments began in January with a target implementation date for placement preference of July 2008.

Focus on Family Development vs. Regulation and Monitoring of Un-utilized and Under-utilized Homes

Emphasizing the Focus of DCFS Licensing Staff

The DCFS Permanency and Placement Division continues working to shift the focus of the agency’s licensing staff. This work continues evolving from a previously-described emphasis on regulation to more emphasis on foster family development and support.

Staff continue developing certain underutilized foster homes that emerged through the survey. These homes are being engaged around the types of children they wish to foster, and then their capacity is reviewed and enhanced based upon whatever need(s) is/are indicated.

Illinois is placing more emphasis on the support aspect of licensing workers’ jobs. With the amendment to the rule that now requires all homes to have bi-annual visits, management expects staff to be more engaging with foster parents. Management continually reinforces with staff the notion that their roles include support of foster parents. Management uses team meetings and supervision to address these issues.
Local Area Network (LAN)-Based Recruitment Workgroups

In 2005 DCFS reassigned duties for LANS staff. The statewide LAN Liaisons now focus on educational initiatives to address the needs of children who are truant, suspended or expelled from school and who are at risk of such. LAN liaisons determine which children are at risk for academic problems. The Family Centered Service Program providers with whom the LAN Liaisons had years of partnership redesigned their program plans toward the Educational Initiative’s goals and objectives.

Approaches being utilized to fill in the gap left when LAN staff were refocused include the following:

Two Staff Development Coordinators (SDC) in the Downstate Regions continue to train newly licensed foster parents to provide appropriate nurturing for the individualized needs of children placed in their homes. The SDC assist the caregivers to enhance their skills via training or in-home training on techniques that are child-specific.

Along with the Staff Development Coordinators, the Foster Parent Support Specialists (FPSS), most of whom are foster parents, continue to provide the informal recruitment and support of additional homes/families in the downstate DCFS regions. The best form of recruitment is indeed the positive experience one caregiver can convey to a prospective foster parent. The FPSS also visits all homes where children are currently placed to provide a communication linkage to the caseworker, advocate for caregiver needs and issues, and report on the pattern of parenting provided to children in the home.

The coordination of all DCFS services to foster homes insures that the child is safe, moving toward a permanency outcome, and has a secure well-being. Both the SDC and FPSS are contractual staff with limited monthly availability to regional caregivers. However, by expanding their responsibility and with training on public presentation, both may become viable assets for recruiting additional foster homes.

New Program to Recruit and Maintain Foster Homes in Children’s School Districts

In July, 2006 DCFS implemented SchoolMinder, a geographic information system (GIS) application for ensuring that children first entering the child welfare system and having foster care as their first placement type, would be assigned foster homes most likely to:

- Keep them in the same Chicago Public School catchment area;
- Keep them in the same non-Chicago public school district (and close to their current school), or failing that;
- Place them as closely as possible to either their current school or the home of the parent from which they were removed.
The perceived benefits include:

- Better school performance for those children we successfully maintain in their current school, or even school district;
- Less disruption in disability related services already being delivered through the educational system; and,
- Greater likelihood of family reunification as geographic proximity increases the chances of successful supervised family and sibling visits.

One of the first requirements prior to implementation was to identify which licensed foster parents would be available for use in SchoolMinder. A total of 3,076 homes were made available to SchoolMinder by both DCFS and private agencies. SchoolMinder had great initial success in decreasing distances between the home of the parent from which the child was removed and the child's initial foster care placement. In Cook County the median distance in miles dropped from 6.4 miles to 1.5 miles. Outside Cook County the median went from 7.7 miles to 3.1 miles.

SchoolMinder was reevaluated this past October. This was largely driven by the continuing drop of foster homes (to 2,111) made available to SchoolMinder. We found that the distances from the home of the parent to the initial foster care placement had increased. In Cook County, the median distance rose to 4.9 miles, and outside Cook the median rose to 5.8 miles. The power of GIS in intake assignments could be seen in the median distance to initial foster care placement recorded for 'after-hours' placements in downstate counties. (Since they lack a shelter care system, downstate investigators have to secure their own placements independent of SchoolMinder when they seek placements outside of normal working hours.) After hours placements recorded a median distance of 17 miles for initial foster care placement.

While some of the drop in available foster homes was the result of the intake received via SchoolMinder, agencies also reported voluntarily withdrawing available foster homes that had repeatedly refused intake. The last action was to avoid performance contracting penalties. The result of both dynamics is the continual erosion of available foster homes in SchoolMinder. Homes exiting availability status exceed the homes entering availability status by a 2:1 margin. Currently, there are 1,935 available homes in SchoolMinder.

Basic GIS analytical tools (density, nearest neighbor and contour mapping) were used to identify areas in most need of additional foster homes in order to focus recruitment efforts. The idea was that focused recruitment efforts would be both more resource efficient as well as more effective. Regarding effectiveness, recruiters could approach organizations in individual schools in high need areas for the purpose of identifying capable parents for potential foster parent development. SchoolMinder could ensure that those individuals that became foster parents would receive intake from their community.

GIS analysis of foster home need, (based on comparative densities of both available foster homes and intake, the distance of the closest home to intake, and the number of nearest neighbors (in intake) each foster home had), yielded 19 high need areas in the state. Two of these areas are in Chicago. Only 15 out of the 790 elementary school districts in the whole state were affected.
In December, 2007 the DCFS Director initiated an interagency recruitment initiative enlisting both Chicago Public Schools (CPS) and the City of Chicago's Department of Children and Youth Services (CYS) for the purpose of school-based foster parent recruiting. In January, 36 of the 142 high need elementary school catchment areas in Chicago were selected as schools on which to focus interagency school based foster home recruitment efforts. (There are a total of 399 elementary school catchment areas in Chicago.) These selected high need elementary school catchment areas are those catchment areas where the new intake for a year exceeded the available foster homes in that school catchment area at the end of the year, by a value of three or more. These schools were provided to CPS and CYS, after DCFS identified the school-based services DCFS is currently funding within those schools.

CPS requested additional data on these schools in early February. This request provided an opportunity to conduct a more extended analysis of the relationship of selected high need catchment areas to their surrounding school catchment areas. What was found provides intriguing possibilities for foster care recruiting in the rest of the state, indicating that perhaps recruiting efforts can be focused even more than was believed back in November, 2007.

The first table compares the loss of foster homes in different geographies throughout the state. 'Selected' are the 36 selected high need school catchment areas shared with CPS and CYS; 'Other' is the balance of school catchment areas in the two earlier identified high need areas in Chicago; 'All Other Areas' means all geographies of the state outside the two high need areas in Chicago; and 'Illinois' collates all the data at the state level and recalculates the percent loss.

<table>
<thead>
<tr>
<th></th>
<th>Available Foster Homes 8/06</th>
<th>Available Foster Homes 12/07</th>
<th>Pct Loss Available Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Selected' Chicago High Need Elementary Areas</td>
<td>60</td>
<td>11</td>
<td>81.7%</td>
</tr>
<tr>
<td>'Other' Chicago High Need Elementary Areas</td>
<td>124</td>
<td>66</td>
<td>46.8%</td>
</tr>
<tr>
<td>All Other Areas</td>
<td>2892</td>
<td>2034</td>
<td>29.7%</td>
</tr>
<tr>
<td>Illinois</td>
<td>3076</td>
<td>2111</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

The next table compares intake for the year to the available homes at the end of the year ending in December, 2007:

<table>
<thead>
<tr>
<th></th>
<th>Intake Calendar Year 07</th>
<th>Available Foster Homes 12/07</th>
<th>Ratio Intake/Available Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Selected' Chicago High Need Elementary Areas</td>
<td>159</td>
<td>11</td>
<td>14.45</td>
</tr>
<tr>
<td>'Other' Chicago High Need Elementary Areas</td>
<td>108</td>
<td>66</td>
<td>1.64</td>
</tr>
<tr>
<td>All Other Areas</td>
<td>3386</td>
<td>2034</td>
<td>1.66</td>
</tr>
<tr>
<td>Illinois</td>
<td>3653</td>
<td>2111</td>
<td>1.73</td>
</tr>
</tbody>
</table>
This table is instructive because it demonstrates that high need school catchment areas surrounding the 'selected' school catchment areas are relatively resource rich at present. But it also shows (see their elevated rate of loss of homes in the first table) that without new foster care resources in the 'selected' areas that SchoolMinder will insure that surrounding high need areas will become relatively resource poor in short order. This is because SchoolMinder, due to the lack of available homes in the 'selected' area, will seek the closest available homes in order to best insure school continuity and family reunification. The result is that the remaining foster homes in the areas surrounding 'selected' areas will now have to absorb not only their intake, but the intake from 'selected' areas. The good news is foster care recruitment areas for all of Cook County can largely be met through a focused effort in just a very small geographic area, and through relatively few local institutions (for example, schools, community organizations and local churches).

A similar analysis is now underway for those 17 areas in 'high need' of foster care resources outside Chicago. The 14 elementary school districts in these areas will be reviewed to test the application of the 'Chicago standard' (here, the difference of intake to available foster homes in elementary school districts as opposed to elementary school catchment areas as in Chicago) to see if the number of school districts (and related schools) can be further reduced to achieve a more efficient and effective organization of foster care recruiting resources.

**New DCFS Recruitment Committee**

Recently the administration decided that recruitment should come from each administrative region in the state. Based on this decision, managers from the DCFS Division of Placement and Permanency and Operations Division convened to discuss how to approach this work.

From this meeting they formed a work group that will meet regularly to look at several issues:

1. The need for foster homes in each region
2. How to market in these areas to recruit the needed types of foster homes
3. The data from operations analysis that show where the intake is coming from and the need to have homes in these identified areas
4. Staff that will be available to participate in this effort, including foster parent support specialists
5. Roles and responsibilities of identified divisions to sustain this process.

From this work group we are hoping to create a sound process to employ targeted recruitment strategies to recruit and retain foster parents.

**Adopt US Kids National Recruitment Campaign**

The Adoption Information Center of Illinois (AICI) has served as the Illinois Recruitment Response Team for this campaign since July 2004. From July 2004 through January 2008, AICI, under contract with DCFS, has responded to 1,388 inquiries as a result of this campaign. From FY 07 through January of FY 08, 155 out of 429 families who inquired were referred to agencies to be licensed for foster care or adoption. Four of the 429 inquirers were Spanish-speaking
families. Since July 2004, thirteen referred families have completed the licensing process. 127 Illinois children are registered on the AdoptUsKids website; 21 of these registrations are active; and the remaining registrations are on hold pending adoption finalization or transfer of guardianship.

Adoption Listing Service Activities

Heart Gallery
AICI partnered with DCFS, the Office of Illinois Lieutenant Governor Pat Quinn and volunteers to launch Illinois’ first Heart Gallery in November, 2005. As of January, 2008, this recruitment effort featured photographs of 42 waiting children; 20 were placed for adoption or guardianship; and 2 are having pre-placement visits or an adoptive resource is being explored. An adoptive resource is not being sought at this time for 15 of the children, and five children are still active and awaiting an adoptive resource. Thirty-three families inquired about children featured in the Heart Gallery; one family completed the licensing process and a youth featured in the Heart Gallery was placed in their home; and one licensed family pursued a youth who became unavailable and accepted a sibling group of two teens. Approximately 500 informational cards were taken as a result of two Heart Gallery displays in FY ’08.

“Don’t Write Me Off” Campaign
In April 2006, AICI partnered with Voices for Illinois Children as the response team for the “Don’t Write Me Off” social marketing campaign. This campaign aims to improve the image of foster care and involve the community with local agencies to offer support to foster care programs. Through January of 2008, AICI has received 1,181 calls. Web inquiries are handled by another entity. Spanish language campaign materials were introduced in November 2006, and a separate 800 line was established for Spanish language callers. These calls are responded to by a bi-lingual AICI staff person and callers are referred to The Latino Consortium for follow-up. Originally the campaign consisted of PSAs on WGN-TV in Chicago, which broadcasts nationwide. Then in November, the campaign expanded to ads on radio, billboards, and transit cards on Chicago buses and subway trains. Of the 1,187 callers, 927 wanted to become foster parents, 187 mentors or volunteers, and 49 wanted to adopt. (There were 10 other callers asking general questions.) A full description of the nationwide perspective leading to the campaign, written by Better World Advertising, follows.

“Don’t Write Me Off” Campaign
The nation's perception of the foster care system can be summed up with one image - a sullen child clutching a garbage bag stuffed with personal items, sitting on a porch, waiting to be transported to the next placement. Child welfare and child/family advocacy leaders in Illinois think this image not only can change, it must change.

The result is "Don't Write Me Off" - an important new public strategies campaign designed to significantly boost support for the services private child welfare agencies provide for children in Illinois state care. This will be accomplished by promoting a broader, richer, and more widely shared understanding in Illinois about community
responsibility and community assets that must be committed on behalf of children and families in the foster care system.

This groundbreaking effort is crucial to the full and healthy development of children who, through no fault of their own, are living out of their homes and often, out of their communities of origin. The public's role does not end with the critical decision to give the state custody of an abused and/or neglected child. Rather, this event marks the beginning of a community's deeper responsibility to support these children and their caregivers.

Focus groups were convened in Spring, 2005, across Illinois to help determine attitudes about foster care and why community members do or do not reach out to private agencies and the children and families in the Illinois child welfare system. Research gathered from these statewide meetings are the bedrock of the social marketing campaign that will not only educate a wide range of stakeholders, but also leave behind concrete strategies for generous and caring people in the community who would be willing to interface with and support private child welfare agencies.

Together with Voices for Illinois Children and over 60 private child welfare agencies across Illinois - we seek to change perceptions, send a different message, and challenge the public to see themselves contributing to the lives of these children.

"Don't Write Me Off" is a social marketing campaign, anchored by a professionally produced commercial airing on WGN-TV. WGN-TV will also air monthly news segments about successful community programs supporting foster youth in their schools, homes and neighborhoods. Additional resources include a Web site, www.fosterkidsareourkids.org, -- a toll-free call center 888-4 R KIDS 2 (888-475-4372) or En Español (888) NIÑOS 08, print materials, and training support to child welfare agencies.

Overall the campaign is designed to deliver a united, well-researched core message and challenge generous, caring individuals to support their local community child welfare agencies - perhaps as donors, board members, tutors, volunteers, and/or foster parents.

The bottom line is that one individual can make a significant difference in the life of a child. Community members must work hand in hand with private child welfare agencies in Illinois to ensure that children and families involved with child welfare agencies are nurtured and included, not hidden, ignored and forgotten. To find out more, please click on the "contact us" link in this website or call toll-free 1-888-4 R KIDS 2.

**Adoption Listing Services (ALS)**
Currently, 258 children and 162 families are registered with AICI. 152 of the 258 children are awaiting finalization of adoption or the transfer of guardianship. From March 2007 through January 2008, AICI registered 21 children and 25 families. 3,886 families have inquired about adoption, foster care, or post-adoption/guardianship services. 290 families were referred to agencies for adoption or foster care licensing. 542 licensed families wishing to adopt children featured in the media or ALS book were linked with
the children’s agencies. 112 suggested computer matches were made of ALS listed children and families. In addition, AICI workers contact families directly to suggest matches. There have been 63 reported placements and 33 finalizations.

The AICI produces and distributes two publications used to recruit families for waiting children – the ALS photo listing book and the "Adopt Me" newsletter. In addition, the AICI provides photos and descriptions for media venues that feature waiting children. (The adoption series with WGN-TV ended in April 2006 when the foster care social marketing campaign began.) Various community newspapers and the DCFS newsletter “Illinois Families Now and Forever”, which is distributed to foster and adoptive parents, continue to feature waiting youth. (The Chicago Sun-Times discontinued their weekly waiting child series in November 2006 after nearly 40 years.) AICI responds to all inquiries resulting from these venues as well as from the Internet, which is, by far, the greatest source of inquiries.

The AICI also collaborates with the DCFS Matching for Adoption and Permanency (MAP) Unit, the DCFS Statewide Adoption Supervisors, and the DCFS Purchase of Service Adoption Liaisons in an outreach effort to identify youth that could benefit from listing services. The AICI also provides outreach to agencies regarding cases referred through administrative case reviews.

**Adopt US Kids**
This program is also described elsewhere in this report. However, it is worthy of mention here because of its ability to bring awareness about cross-jurisdictional placement needs and about states’ need to search outside of the child’s state in order to find relatives to serve as possible adoptive resources. The program emphasizes the need to search for relatives as possible adoptive resources. Illinois participates in and works with this program.

**Cross-Jurisdictional Resources**
Illinois has built and maintains and expands/enhances strategies, policy, practices and resources which provide for cross-jurisdictional resources both for substitute care placements as well as for adoptive and guardianship homes. The state’s ability to provide appropriate cross-jurisdictional placements can be ascertained throughout the various sections of this report and is interwoven throughout child welfare practice in Illinois.

Guided by the state’s need to serve the best interests of children, the state seeks to place children in homes or facilities that best meet their needs, without regard to jurisdictional barriers and boundaries when such placements are in the best interest of children. Following are a few examples of ways the state makes sure that jurisdictional boundaries do not prevent children from being placed in settings that are in their best interest.

**Interstate Compact on the Placement of Children (ICPC)**
The ICPC serves as a gatekeeper and clearing center for Illinois children who need to be placed outside of Illinois, as well as for children from other states who need to be placed in Illinois.
Reciprocal agreements among the states and a national organization helps states to coordinate this work and assist one another with case management and other needed services.

There are two primary categories of foster children served through ICPC: 1) DCFS wards in Illinois who are going to other states, and 2) wards of other states who are being sent to foster homes in Illinois. The federal “Safe and Timely Interstate Placement of Foster Children Act” provides timeframes for states to conduct home studies and provide for other inter-jurisdictional placement needs.

**Use of Overnight Mail for all Foster Home Study Requests**
The Illinois Interstate Compact Office is sending all foster home licensing mail to other states and to IL local licensing offices via overnight mail in order to expedite home study approvals, which in turn expedites the placement of children and also services to foster parents.

**Efforts to Offset Interstate Office Staff Shortages**
The IL Interstate Office is currently operating with reduced headcount, but will continue other efforts to cover the workload until budget approval can be obtained to fill the vacancies. The ICPC administrator has been able to bring on two temporary clerical staff through an employment agency, which has proven to be effective to help reduce workload and related time delays in processing interstate requests.

**Elevate the Priority of Completing Home Studies**
As stated above, approval has been given to send all out of state documents via overnight mail; Despite staff shortages, the IL Interstate office continues to have a performance objective to get all home studies completed within 60 days in keeping with (P.L. 109-239) The Safe and Timely Interstate Placement of Foster Children Act of 2006.

**Native American Recruitment Campaign**
The Department amended Rule 307 to ensure compliance with the requirements of the (federal) Indian Child Welfare Act (ICWA).

The Department has Native American advocates on staff and supports a Native American Advisory Council.

**American Indian Child Welfare Advocacy Program**

**The Department:**
- Maintains two Native American advocates on staff, who are enrolled members of Native American Tribes and who are active in their community.
- Created an internal workgroup to guide the process of amending documentation and procedure to ensure ICWA compliance throughout the life of a case.
- Will develop a statewide advisory council for the program.

**The Program:**

Mission Statement:
• To enhance services and facilitate communication between the Illinois child welfare system and communities involved with American Indian / Alaska Native children and families.
• To identify and advocate for American Indian / Alaska Native children and families.
• To ensure 100% ICWA compliance.

The Advocates:
• Worked with child welfare agencies and the legal system to ensure ICWA compliance throughout the life of cases.
• Participated in the investigation and exchange of information for enrollment options with the tribes.
• Initiated and maintained connections with the identified tribes of the child[ren] and families involved.
• Attended child and family meetings, ACRs, and case related meetings including court hearings.
• Identified community support, organizations, programs and activities for Native Americans.
• Recruited Native American foster parents/homes.
• Staffed an information booth for a weekend at the largest Midwest annual pow-wow.
• Developed a thirty-two slide, two-hour presentation involving ICWA’s historical base and ICWA’s relevance to the child welfare system, including an awareness of the advocacy program; the Advocates have presented the PowerPoint forty-three times to child welfare stake holders in both the public and private sector throughout the State.

Future Plans:
• ICWA Program will actively seek out other Native American Programs within the State to contract for the recruitment of foster parents and supportive services.
• The program will finalize the draft by-laws and achieve the goal to have an advisory council to coordinate statewide recruitment.
• ICWA Program will continue to participate in Native American community.
• The Program will continue to participate in monthly, national ICWA teleconference.

Child-Specific Recruitment

Program: One Family One Child (OCOC)
DCFS has utilized the services and resources that are being generated through the Illinois One Family One Child, a 501 (c) 3 faith-based nonprofit organization. (OFOC is formerly One Church One Child).

OFOC is in the 2nd year of operating their multi-year demonstration model program. The OFOC flagship program is its Support, Training, Advocacy and Referral (STAR) program that targets youth between 11 and 18 years of age who are troubled and who may have had a juvenile justice experience and who, in some cases, have served their time and remain incarcerated because they have no place (homes) to go. Through STAR, OFOC provides a unique program plan for reaching licensed foster care providers who are willing to provide permanent homes to these hard-to-place youth.
Recruitment by STAR

Efforts have been made to recruit licensed foster care providers (LFCP). Described below is an overview of efforts made to recruit by means of a survey and data collection. The surveys were given to families who have expressed an interest in becoming a licensed foster care provider and who are willing to provide a foster home to a youth who has experienced the juvenile justice system.

Surveys were given to families of the Northern, Southern and Cook Central regions of DCFS. Of the 189 responses, 129 were positive. The majority of those surveyed did not respond. OFOC data reflects that of the number who did—an estimated 68.2 percent (combined individuals and families) overwhelmingly said they would be willing to provide a home for a troubled youth even if he/she has had a juvenile justice experience. The survey revealed:

- 50.8 percent (96) were single parents who said they are willing to provide foster care to a troubled youth even if he/she has had a juvenile justice experience.
- 17.4 percent (33) came from married couples that said they would take in a troubled youth even if he or she has had a juvenile justice experience.
- 22.8 percent (43) said they were no longer interested in providing foster care.
- 9.0 percent (17) said they were unsure.

We are noting that many LFCPs were in agreement with the findings of a Government Accounting Office (GAO) report which reflected that most LFCPs generally do not trust the child welfare system. Foster care providers cited specific concerns centered principally on their relationships with caseworkers—from the way cases are handled and decisions are made to the specific rationale some caseworkers employ for removing children from the home.

OFOC also provides outreach and training for licensed foster care providers preparing them for the real life expectations when bringing a juvenile into the home. Additional support includes a wrap-around concept by the two other key program operatives: a Faith-Based Community Network (FBCN) and a Youth Development and Mentor Program. Each of these key components has its own recruitment strategy.

RECRUITMENT CATEGORY

<table>
<thead>
<tr>
<th>Licensed Foster Care Providers</th>
<th>FY 2006-2007</th>
<th>FY 2007-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number surveyed</td>
<td>750</td>
<td>2556</td>
</tr>
<tr>
<td>Number respondents</td>
<td>85</td>
<td>189</td>
</tr>
<tr>
<td>Number positive</td>
<td>50</td>
<td>129</td>
</tr>
<tr>
<td>Number true prospects (LFCPS that have also passed the OFOC set of criteria)</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Number of LFCPs that are potentially ready and available for a youth to be placed in their home</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Assessment is ongoing continuous follow up is required

337
Mentor Program Volunteers

<table>
<thead>
<tr>
<th></th>
<th>FY 2006-2007</th>
<th>FY 2007-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number recruited:</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>

Youth in Program:
2006-07 was the first complete year of the program (demonstration model)
Youth in/from detention or correctional facilities- 2
Other (i.e. communities, schools, etc.)- 4
College students - 26

<table>
<thead>
<tr>
<th>Partners</th>
<th>FY 2006-2007</th>
<th>FY 2007-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith-Based Churches :</td>
<td>50</td>
<td>125</td>
</tr>
<tr>
<td>Partner organizations and institutions that provide either support or complementary services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>

Adopting the “Adoption Specialists” Model

The general requirement of The Adoption and Safe Families Act (ASFA), effective November 1997 is that a PERMANENCY HEARING must take place no later than 12 months after a child has entered foster care. Should the Court and child welfare agency determine that the child cannot be returned home to the parent, another goal must be established. In Illinois, some of these other goals could be Substitute Care Pending Termination of Parental Rights or Guardianship.

DCFS Adoption Specialists have been assigned a consultative role since the last re-organization in April of 2006. The adoption specialists assume their role when the goal changes from return home and participates in a family meeting with the assigned placement caseworker and foster family. The adoption specialist is to provide the foster family with financial and legal information regarding the adoption process. At this family meeting, they will review the CFS 1443- Permanency Commitment by Foster Parent/Relative Caregiver Form with the caregiver and have them sign the form.

Rule & Procedure 302.310 provide information on services that CAN be approved and included in the subsidy, as well as services that CANNOT be approved in the subsidy. It became evident that this crucial information should be PROVIDED to the family AS SOON AS POSSIBLE so they could make an INFORMED DECISION regarding whether they were WILLING OR ABLE to adopt. The sharing of this information also ties in with PA 10-10 regarding full disclosure to foster and adoptive parents.

The CFS 1443 was revised in June 2007. Additions were made to include language that the case worker MUST provide and review with the caregiver 1) Services that CAN be approved in the subsidy, 2) Services that CANNOT be approved for any new subsidy. The caseworker must provide a narrative on the child’s pre-existing conditions, list current services in place and how they are currently being paid, such as by the state medical card, contract with another agency or
via community resources. Services that cannot continue to be paid for by the state must be clearly delineated.

Added was the statement that “Caregiver is clear on which services will or will not continue in the subsidy and after finalization of the adoption. Caregiver is willing to proceed with the adoption with allowable services as per DCFS policy.”

This CFS 1443 is provided to the court at the time of legal screening so that all parties are aware whether the current caregiver is willing and able to proceed based on explanation of services that will continue after adoption or guardianship. If the current caregiver is unable to proceed, language on the CFS 1443 indicates “I/We understand that if parental rights are terminated or the child's parents consent to the adoption, an adoptive family will be recruited for this foster child. Recruitment will consist of among other things, including the child in the photographic listing book of the Adoption Information Center of Illinois.”

**Matching for Adoption and Permanency (MAP) Unit**

The DCFS MAP unit was developed to support and assist child welfare worker’s efforts to successfully match children with permanent homes. The MAP unit’s mission is to identify the barriers towards permanency and remove those barriers through an Action Plan Development Staffing. The MAP Unit has statewide responsibility for addressing youth freed for adoption, but who remain in substitute care for a variety of reasons.

The MAP unit provides home studies, child assessments, and consultation to both DCFS and POS caseworkers. The unit also provides training, technical assistance, and hands-on support for those seeking families for children. Their collaborative development of an action plan specific to each identified child enables progress to be made toward attaining a permanent home. The MAP staff attend Child & Family team meetings when invited to provide support for the adoption plan. MAP employees attend meetings with AICI, AIS and the DCFS Agency Performance Teams to ensure consistent practice among agencies providing adoption services.

MAP also works with Cook County Court’s Adoption Resource Development Screening (ARDS) process. This court requires cases to have an adoptive resource prior to moving toward termination of parental rights. (The Juvenile Court is sensitive about creating “legal orphans” without a forever family.) MAP also advocates for adoption by long-term caregivers when children have stabilized in their homes. MAP coordinates information about special needs, presents relevant new information at staffings, and removes perceived but undocumented barriers to adoption.

**Conclusion: Diligent Recruitment Plans and Strategies for FFY 2009**

Much effective work has been done during this third FFY of the State’s Diligent Recruitment Plan, resulting in many additional placement options for children and youth. Work will continue on these initiatives and others as needs dictate and DCFS will report on its progress in one year.
Children Under the State Child Protection System Transferred Into the Custody of the State Juvenile Justice System

Provided below are the number of children under the care of the State child protection system who were incarcerated sometime during the Federal Fiscal Years 2000 through 2008. The methodology and the process for compiling this data consisted of the following sequential steps:

A unique count was made of youth for each respective fiscal year; and
A unique count was made of the cases placed into DET (a county detention center) and IDC (Illinois Department of Corrections facility).

It should be noted that adding the two living arrangement columns (DET Cases and IDC Cases) in the following data table will not add up to the Unique Cases column total and this is due to the fact that some youth were placed into both DET and IDC during the year.

<table>
<thead>
<tr>
<th>FEDERAL FISCAL YEAR</th>
<th>UNIQUE CASES</th>
<th>DET CASES</th>
<th>IDC CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2000</td>
<td>1,301</td>
<td>1,100</td>
<td>355</td>
</tr>
<tr>
<td>FFY 2001</td>
<td>1,256</td>
<td>1,032</td>
<td>375</td>
</tr>
<tr>
<td>FFY 2002</td>
<td>1,274</td>
<td>967</td>
<td>487</td>
</tr>
<tr>
<td>FFY 2003</td>
<td>1,350</td>
<td>1,131</td>
<td>398</td>
</tr>
<tr>
<td>FFY 2004</td>
<td>1,398</td>
<td>1,138</td>
<td>516</td>
</tr>
<tr>
<td>FFY 2005</td>
<td>1,353</td>
<td>1,131</td>
<td>424</td>
</tr>
<tr>
<td>FFY 2006</td>
<td>1345</td>
<td>1,216</td>
<td>350</td>
</tr>
<tr>
<td>FFY 2007</td>
<td>1,183</td>
<td>1,029</td>
<td>357</td>
</tr>
<tr>
<td>FFY 2008 (As of 3/31/2008)</td>
<td>770</td>
<td>627</td>
<td>203</td>
</tr>
</tbody>
</table>
The following constraints and limitations in producing the required data must be kept in mind:

The coding problem affects the data. Some cases that should be coded IDC are inadvertently coded DET and vice-versa.

The language in the Program Instructions implies that children can be transferred from child welfare to juvenile justice, even at arrest or probation. That may be the case in other states, but is certainly not the case in Illinois. In Illinois, youth are not necessarily transferred from the Child Protection/Child Welfare System into State Juvenile Justice System. In many cases youth end up being clients of both systems.

Child welfare in Illinois is a state responsibility and, therefore, the child welfare system is a single statewide system. Juvenile justice is primarily a local responsibility (with the exception of juvenile corrections) and, therefore, is made up of hundreds of local juvenile justice systems (starting with local law enforcement). Therefore, in Illinois, children do not transfer between the systems but may be engaged in both systems simultaneously.

The ACF Program Instructions asked for a count of cases placed into the State juvenile justice system. The Department can only provide a count of DCFS youth placed into DET or IDC regardless of the type of facility. Therefore, if a youth was placed into an adult DET or IDC facility, he/she is still counted.

The Department believes that the above information describes the contextual information about the source of this information and how the reporting population was defined.

**Inter-Country Adoptions**

- **Identify the number of children who were adopted from other countries and entered into State custody in FY 2006 as a result of the disruption of a placement for adoption or the dissolution of an adoption (Section 422(b)(12) of the Act);**

  No children entered state custody thus far for DCFS fiscal year as a result of a disruption or dissolution.

- **Explain the permanency plans for the child and the reasons for the disruption or dissolution. ACF has clarified the circumstances under which children need to be reported. The question/answer specific to inter-country adoptions is located at Section 7.3, Question 4 of the Child Welfare Policy Manual. [http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?ci tID=178#1200](http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citi D=178#1200)**

  Doesn't apply (no services provided as no children entered state care)
• Identify the agencies that handled the placement or adoption;

Doesn't apply (no agencies involved as no services provided)

• Describe the activities that the State has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services. (See Section 422(b)(11) of the Act.)

DCFS now posts on website, licensed IL adoption agencies that can assist families with an international adoption, lists on website total number of families approved for international adoption and total numbers from specific countries. DCFS is amending Rule 333 (international adoption services) so as to reflect requirements once U.S. implements the Hague Convention.

As opposed to having a pamphlet that explains the international adoption process to families, talks have centered on listing on DCFS website (such as the federal government now has) so families can access info from there.

Child Welfare Demonstration Projects

Illinois Alcohol and Other Drug Abuse Waiver Demonstration

Alcohol and other drug abuse are major problems for the children and families involved with public child welfare. Substance abuse compromises appropriate parenting practices and increase the risk of child maltreatment. It is estimated that one-half of children taken into foster care in Illinois are removed from families with serious drug problems. Because untreated substance abuse delays reunification, children removed from such families tend to remain in care for a long time. As a result of this delay, as many as 70 percent of children in foster care on any given day are from families in which alcohol and other drug abuse presents significant barriers to rehabilitation and permanence.

IV-E Waiver:

In 1999, the Illinois Department of Children and Family Services applied for a Title IV-E waiver to improve reunification and other family permanency and safety outcomes for foster children from drug-involved families. To achieve this purpose, Illinois has received waiver authority to redirect IV-E dollars to fund Recovery Coaches to assist birth parents with obtaining needed AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and concurrent permanency planning. USDHHS approved the State’s application in September of 1999 and the demonstration was implemented in April of 2000. The Children’s Bureau approved a five year extension for the Illinois AODA Waiver Demonstration, effective January 2007. The expanded waiver now operates in two southern Illinois counties: St.
Clair and Madison. Moreover, the expanded will waiver will approach services from a more comprehensive approach – focusing additional efforts in the areas of mental health, housing, and domestic violence. The Children and Family Research Center at the University of Illinois at Urbana-Champaign will remain as the independent evaluator of the demonstration.

**Major Changes to AODA Waiver in FY 2008:**

The IV-E AODA Project integrated additional key enhancements to increase the Recovery Coach program’s efficacy and client service delivery capacity. Program partners have used client outcomes and feedback as opportunities to identify ways in which the project can improve service delivery and provide the most effective service(s) possible. As evidenced in the final report from the independent evaluator, there are three principal areas in which enhancement of service delivery should have a positive impact on permanency and reunification rates: 1) **housing**, 2) **mental health**, and 3) **domestic violence**.

Recovery Coaches are able to access substance abuse treatment for parents, communicate with treatment providers and relay information from treatment providers to interested parties. Yet, it had been found that when a client had additional service needs such as mental health, domestic violence or housing, the likelihood of reunification decreased. For the first five years of the program design, Recovery Coaches identified these issues and made recommendations to the caseworker and the court. At times delays in linking clients to these services had occurred, and delays had the potential to negatively impact parents’ ability to access needed support and assistance.

Due to the ongoing, individual relationship that they have established with the parents, Recovery Coaches are well positioned for ongoing assessments of their clients’ needs above and beyond substance abuse treatment. With Recovery Coaches being able to make more timely referrals specifically concerning mental health, housing, and domestic violence, the program will be able to respond more quickly to these critical barriers to recovery and reunification.

As of September 2007, the Recovery Coaches in Cook County implemented a quarterly Clinical Client Services review packet. The packet consists of screening tools developed to identify non-substance abuse client issues. Specifically the packet consists of a Domestic Violence Screen, Mental Health Screen and a Housing screen, also included in the packet is the Master Recovery plan. The Master Recovery Plan is a TASC clinical tool that incorporates client and staff input to develop and implement service delivery. The Recovery Coach Staff are currently using this packet to identify service needs and to initiate referrals in these areas. This reflects the expanded service delivery protocol. The Recovery Coaches in Cook County have started to see an increase in client receiving these ancillary services and feedback from clients has been positive overall.

- **Increased Access to Housing Resources.** Inadequate and/or unsafe housing is a barrier to reunification, and in some instances to recovery. The enhanced **RCP** model includes increased access to DCFS housing related resources, including Norman housing assistance and Reunification funds, which are available for families in the process of reunifying. In addition to increasing access to DCFS resources, the **RCP** has expanded its efforts to identify other local housing resources that can be accessed for clients.
- **Increased Mental Health Services.** The enhanced model includes increased Recovery Coach expertise and involvement in mental health services for RCP clients. In January 2007, TASC hired a Clinical Supervisor with mental health and substance abuse expertise to lead a specialized Dual Diagnosis Team and to work with current MISA coaches to supervise mental health service delivery in Cook County. This team consists of 5 mental health workers. TASC has hired a contractual Clinical Case Consultant, who evaluates cases with mental health issues and provides recommendations and support. The Mental Health team has assumed responsibility of intake and case assignment. This has increased the level of consistency in case assignment and clinical assessment. In addition, a mental health screen was developed and implemented as a part of the waiver extension. All new clients are screened using this tool and all existing clients have been screened as of August 2007. These screenings take place every three months.

- **Domestic Violence Services.** Domestic violence is another significant barrier to reunification for the parents of the RCP, as well as to overall achievement of the program’s permanency goals. In reviewing program evaluation data to date, and through interviews with current Recovery Coaches, it is hypothesized that this issue will be most effectively addressed through two areas: improved assessment of the parent, and increased Domestic Violence training for Recovery Coaches. A protocol has been developed and implemented for service delivery. Recovery coaches have been trained to utilize the DCFS Domestic violence screen on all parents to assist them in identifying both victims and batterers. If a parent is found to have issues of domestic violence, the Recovery Coach is to notify the DCFS worker to ensure a direct referral is made to a service provider.

**Target Population:**

Eligible families for the demonstration include foster care cases opened on or after April 28, 2000 in Chicago and suburban Cook County and on or after January 1, 2007 in St. Clair and Madison Counties. Additional families from the two southern counties began enrolling in July 2007. To qualify for the project, parents in substance-involved families are referred to the Juvenile Court Assessment Program (in Cook County) or screened by a recovery coach (in the two southern counties) at the time of their Temporary Custody hearing or at any time within 180 days of the hearing. If substance abuse is identified as a problem – families are randomly assigned to one of two treatment conditions.

**Evaluation Design:**

An experimental design is the best way to determine causal connections between interventions and outcomes. Within the expanded waiver demonstration we have two random assignment protocols. In the southern counties the random assignment occurs at the individual level. The assignments are made via a secure web page by the recovery coaches. Individuals are assigned to either a control group (services as usual) or the demonstration group (services as usual plus the services of a recovery coach). In Cook County the random assignment occurs at the agency level. Prior to JCAP assessment, potential participants have been referred to child welfare agencies that were randomly assigned to either the demonstration or cost neutrality (control)
group. The random assignment groups are identical to the groups offered in the two southern counties. That is, the parents assigned to agencies serving only the control group receive substance abuse services that were available prior to the demonstration waiver (it is not a “no-treatment” control group). The parents that are assigned to agencies serving the demonstration group receive the regular services plus the services of a Recovery Coach. The Recovery Coach works with the parent, child welfare caseworker, and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary, and provide ongoing support to the parent and family through the duration of the child welfare case. Thus, the evaluation studies the effects of the availability of Recovery Coach services relative to the substance abuse service options that would have been available in the absence of the waiver. For the first five years of the demonstration, the evaluation was designed to test the hypothesis that the provision of Recovery Coach Services positively affected the drug-recovery process and key child welfare outcomes. With regard to the expanded waiver demonstration, we are testing the hypothesis that Recovery Coach Services positively affect progress in the following domains: substance abuse, mental health, housing, and domestic violence. Such progress will in turn improve key child welfare outcomes (e.g. permanence, time in care, safety).

**Sources of Data:**

The evaluation of the demonstration project utilizes multiple sources of data and multiple methods of data collection. Data pertaining to placement, permanency, and child safety come from the Department of Children and Family Services’ integrated database. Substance abuse assessment data come from the Juvenile Court Assessment Program (JCAP). Subsequent to the temporary custody hearing, JCAP staff complete the AOD assessment and make initial treatment referrals. In addition to a wide variety of demographic information (e.g., employment status, living situation, public aid recipient), these assessment data include substance abuse histories and indications of prior substance exposed infants. Substance abuse treatment data come from the Treatment Record and Continuing Care System (TRACCS). This system is managed by Caritas and includes surveys completed by child welfare workers, recovery coaches, and treatment providers. Additional services data come from the Illinois Division of Alcoholism and Substance Abuse (DASA) Department’s Automated Reporting and Tracking System (DARTS). This system includes service dates and levels of care. The final source of data comes from interviews with caseworkers and the review of case records. These data supplement the administrative analyses and provide additional insights into the treatment process.

**Implementation and Services:**

Between April 2000 and December 31, 2007, 2,175 parents in Cook County and 37 parents in St. Clair and Madison Counties were enrolled in the Illinois AODA waiver. The Recovery Coach services offered to the demonstration group clients are provided by Treatment Alternatives for Safe Communities (TASC). Recovery Coaches provide a proactive case management strategy that emphasizes continual and aggressive outreach efforts to engage and retain parents in treatment and other services needed for recovery. The primary goal for the Recovery Coach is to
actively address the substance abuse problems of caregivers. The demonstration waiver assumes that by addressing the substance abuse problem in a timely manner, immediately connecting on families with substance abuse treatment providers and helping to re-engage families as necessary will help parents achieve family reunification more quickly – as compared with families in the control group.

**Products and Publications Appearing in Print or Submitted for Publication in FY 2008:**


In addition to the publications developed by the project’s independent evaluators, project staff prepare regular project reports that are submitted to the Children’s Bureau and the Region V office on a semi-annual basis.

**Summary of Findings to Date:**

**Questions Related to Substance Abuse Services**

- Are parents in the demonstration group more likely to access AODA treatment services compared with parents in the control group? No. Although according to DARTS data, it appears that caregivers in the demonstration group were more likely to access substance abuse services (84% vs. 77%) this difference is not statistically significant. However, caregivers in the demonstration group did access substance abuse services more quickly (74 days vs. 108 days). Yet, according to TRACCS data, records indicate that 70% of the demonstration group actively participated in treatment compared to 52% of the control group. This difference is statistically significant.

- What percent of caregivers are completing substance abuse treatment? Does the progress achieved in substance abuse treatment increase the likelihood of achieving family reunification? According to TRACCS data, 410 (43%) of the demonstration group completed at least one level of care compared to 83 (23%) caregivers in the control group. This difference is statistically significant. In addition, 22% of the caregivers in the demonstration group completed all recommended levels of treatment. This includes: detoxification, outpatient treatment, intensive outpatient treatment, residential/inpatient treatment and recovery homes. Finally, progress within substance abuse treatment increases the likelihood of achieving family reunification.

- What factors help explain the likelihood of completing AODA treatment services? Age, education, employment and the primary drug of choice were some of the factors
associated with treatment completion. Caregivers with at least a high school education were more likely to complete treatment. Employed caregivers were more likely to complete treatment relative to unemployed caregivers. Heroin users were the least likely to complete substance abuse treatment.

Questions Related to Safety

- Are families in the demonstration group less likely to experience subsequent reports of maltreatment? The caregivers in the demonstration group are significantly less likely to be associated with a subsequent allegation of maltreatment (26% vs. 35%).

- Are families in the demonstration group less likely to experience a subsequent SEI? The female caregivers in the demonstration group are significantly less likely to be associated with a subsequent SEI (substance exposed infant) (14% vs. 20%). On a related note, caregivers that complete substance abuse treatment are significantly less likely to have subsequent SEIs (7.9% vs. 18.8%).

Questions Related to Visitation and Permanence

- Are children in the demonstration group more likely to achieve family reunification and/or permanence compared with families in the control group? Yes, but this difference is not statistically significant (25% vs. 22%). See Table.

Table 1: Children Living Arrangements as of December 2007 (latest available date)

<table>
<thead>
<tr>
<th>Children’s Living Arrangement Type</th>
<th>Control</th>
<th>%</th>
<th>Demo</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home of Parent (HMP)</td>
<td>204</td>
<td>22%</td>
<td>549</td>
<td>25%</td>
<td>753</td>
</tr>
<tr>
<td>Home of Adoptive Parent (HAP)</td>
<td>290</td>
<td>21%</td>
<td>467</td>
<td>21%</td>
<td>667</td>
</tr>
<tr>
<td>Subsidized Guardianship (SGH)</td>
<td>87</td>
<td>9%</td>
<td>190</td>
<td>9%</td>
<td>277</td>
</tr>
<tr>
<td>Foster Home Adoptive (FHA)</td>
<td>17</td>
<td>2%</td>
<td>28</td>
<td>1%</td>
<td>45</td>
</tr>
<tr>
<td>Foster Home Private (FHP)</td>
<td>114</td>
<td>12%</td>
<td>251</td>
<td>11%</td>
<td>365</td>
</tr>
<tr>
<td>Foster Home Specialized (FHS)</td>
<td>103</td>
<td>11%</td>
<td>148</td>
<td>7%</td>
<td>251</td>
</tr>
<tr>
<td>Home of Relative Foster Care (HMR)</td>
<td>172</td>
<td>18%</td>
<td>433</td>
<td>20%</td>
<td>605</td>
</tr>
<tr>
<td>*Institutional Settings</td>
<td>44</td>
<td>5%</td>
<td>126</td>
<td>6%</td>
<td>170</td>
</tr>
<tr>
<td>**Other (OTH)</td>
<td>6</td>
<td>1%</td>
<td>20</td>
<td>1%</td>
<td>26</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>947</td>
<td></td>
<td>2,212</td>
<td></td>
<td>3,159</td>
</tr>
</tbody>
</table>

347
When reunification does occur, are children in the demonstration group likely to be reunified in a shorter period of time? Yes. On average, children in the demonstration group are reunified in 675 days as compared with 833 days for children in the control group. This difference is statistically significant.

Are families in the demonstration group more likely to visit (unsupervised and supervised) their children in foster care? No. There are no differences between the demonstration and control groups with regard to the likelihood or frequency of supervised or unsupervised visits.

Additional Questions Related to the Recovery Coach Model and Reunification:

- Does the turnover of recovery coaches impact key AODA and child welfare outcomes? Yes. Families associated with more than two recovery coaches are significantly less likely to achieve family reunification.

- Are AODA families experiencing problems in addition to substance abuse? Yes. The vast majority of families are dealing with co-occurring problems. Approximately 62% of the families are dealing with at least three problems simultaneously. Such problems include domestic violence (30%), mental health (40%) and problems associated with housing (56%).

- Are multiple problem families less likely to achieve reunification? Yes – although it’s not the co-occurring problem per se. The analyses indicate that it’s not the additional problem itself that decreases the likelihood of reunification but rather the lack of demonstrated progress made within these problem areas.

- Is more, better? Is the amount or type of services provided by recovery coaches related to the completion of AODA treatment and/or family reunification? Yes. Families were less likely to achieve reunification and less likely to complete substance abuse treatment when recovery coaches were spending a significant amount of time focusing on client engagement issues. In contrast, when recovery coaches focused more time on case management services, transporting clients to various appointments, having frequent contacts with clients and consulting directly with treatment providers, the likelihood of both reunification and treatment completion increased.

Question Related to Cost Neutrality:

- Is the waiver demonstration cost neutral? The AODA waiver demonstration saved $4,719,906 as of September 2007. Thus, the waiver remains cost neutral – more precisely – generating savings that the State can then reinvest in other child welfare services. These costs savings include the additional costs of the expansion to St. Clair and Madison Counties.
Summary Conclusions and Recommendations:

Substance abuse is a major problem in child welfare. The abuse of alcohol and other drugs increases the risk of child maltreatment. Moreover, substance abuse delays and often obstructs efforts to reunify children and families. The Illinois Department of Children and Family Services applied for a Title IV-E waiver in June 1999 and approval was granted by ACF for a five-year demonstration on September 29, 1999. The AODA waiver demonstration was then approved for an additional five years in February 2007. The purpose of this demonstration project is to improve permanency outcomes for children of parents with substance abuse problems. To achieve this purpose, Recovery Coaches assist parents with obtaining AODA treatment services and negotiating departmental and judicial requirements associated with drug recovery and permanency planning.

Overall, the Illinois AODA waiver is achieving success; addressing the needs of families, shortening the time to reunification, and saving the State of Illinois money. In the coming fiscal year we will continue to evaluate the AODA Demonstration project – so that we can best understand how to meet the complex needs of substance abusing families in an efficient and effective manner.

Subsidized Guardianship Enhanced Waiver Demonstration

Under section 1130 of the Social Security Act, the Department of Health and Human Services (HHS) is given the authority to permit as many as 10 states per year to conduct demonstration projects which involve the waiver of certain requirements of titles IV-B and IV-E to facilitate the demonstration of new approaches to the delivery of child welfare services. On July 31, 1995 the Illinois Department of Children and Family Services submitted an application to HHS requesting waiver authority to permit a 5-year demonstration of federally subsidized private guardianship as a permanency status under title IV-E. On September 22, 1996, Illinois became the second state after Delaware to obtain a child welfare waiver. During the first five years of the waiver demonstration, local courts transferred 6,822 children. As of December 31, 2005 local courts had moved over 9,586 children to subsidized guardianship arrangements since the inception of the program. As of December 31, 2005 there were 6,355 children in subsidized guardianship status.

In the winter of 2002, DCFS applied for an extension of the Subsidized Guardianship Waiver Demonstration. In January 2004 DHHS granted Illinois a five-year extension of the program through December 31, 2008. The newly negotiated terms and conditions provide for extending the existing guardianship program (standard program), as well as expanding the program to test whether offering transitional support and other independent living services to youth age 14 or older regardless of whether they achieve permanency or remain in foster care will further enhance permanence for older wards (enhanced program). In a letter addressed to Dr. Susan Orr, DCFS asked permission to extend the implementation from September 2004 to June 30, 2005. During the last quarter DCFS received permission from the Children’s Bureau to extend the implementation date.
Standard and Enhanced Subsidized Guardianship Programs:

Because the subsidized guardianship program achieved great success in improving permanency outcomes for many children and youth in Illinois, the IV-E waiver extension allows for the continuation of the standard guardianship program. The second component of the extension (enhanced program) builds on the established success of the standard program by enabling Illinois to rigorously evaluate innovative strategies for pursuing permanency for older wards. Specifically, the waiver will enable the State to test the efficacy and impact of the offer of transition programs (post-permanency), currently only available to youth who age out of the child welfare system, to youth who are adopted or enter subsidized guardianship at or after the age of 14.

The enhanced program is critical to better understanding barriers to permanency for older wards that were identified during the first five years of the Subsidized Guardianship Waiver Demonstration. Despite the program’s success, DCFS expected that subsidized guardianship would have assisted more children between the ages of 14 and 18 to achieve permanency. Considering that the probability of adoption greatly diminishes after a child turns 12 and given that many older children would rather not be adopted because of established ties with their birthparents and siblings, DCFS expected that the greatest number of guardianships would come from this age cohort. However, data shows that between the spring of 1997 and July 26, 2002, only 1,798 of the over 7,335 subsidized guardianships occurred among children between the ages of 14 and 17. This accounts for approximately 24.5 percent of all subsidized guardianship transfers. In contrast, permanency was achieved for 2,489 children between the ages of 10 and 13 through guardianship, which accounts for 34 percent of the total guardianship population. Feedback from youth, caseworkers and caregivers indicates that there is a perception that permanency is equated with the ‘loss of services’ or ‘missing out’ on access to transition programs. Under current policy, youth are only eligible for these programs if they remain in care and age out of the system. Youth are ineligible for such services if they exit the system as a result of achieving permanency.

Currently, a number of Chafee Foster Care Independence Program transition programs are available to support youth as they transition from foster care to adulthood. These services are only available to youth who exit the child welfare system without a permanent and legal relationship with a family. These programs are a significant resource for eligible youth and provide a range of support including a monthly stipend, medical card and other services for wards. Unfortunately, casework staff and court personnel often counsel youth (as well as their caregivers) to remain in care in order to access transition programs and other resources. This advice, while well intentioned, creates a perception that the availability of these services is inherently more valuable than permanency and that the loss of access to certain transition programs is too great a cost compared to the benefits of permanency. The extension of our current waiver under the terms negotiated with the Children’s Bureau will enable the State to offer a series of transition programs: Education and Training Vouchers, Youth in College/Vocational Training, Employment Incentive Program, Housing Cash Assistance and Life Skills Training in order to support, rather than compete with, the achievement of
permanence for older wards. Youth who move to adoption or guardianship at age 14 or older in Illinois would remain eligible for the same transition and Chaffee services that they would have received had they remained in foster care.

**Implementation:**

Effective July 1, 2005, the Enhanced Subsidized Guardianship Program was available to children in three demonstration sites, Cook Central (6C), East St. Louis Sub-Region (4A) and the Peoria Sub-Region (1B) and who meet eligibility for BOTH the Standard Subsidized Guardianship Program and the Enhanced Subsidized Guardianship Program. The program became available to eligible children statewide in April 2006.

In order to be eligible for the Enhanced Subsidized Guardianship Program, a child must first be eligible for the Standard Subsidized Guardianship Program and must not be older than 18 years of age. A child will be assigned to the enhanced demonstration group or the enhanced control group when he/she is 14 years of age and not yet 18 and when the child has been assigned to the demonstration group for the standard subsidized guardianship program. A child’s eligibility can be found on CYCIS screen CM-24 as ‘enhanced-eligible’ or ‘enhanced-not eligible’. For casework staff that does not have access to CYCIS eligibility information can be obtained through AP liaisons and monthly reports will be e-mailed directly to program ambassadors from DCFS and POS agencies. The reports will indicate eligibility for the enhanced components of the program. Quarterly lists will also be mailed directly to private agencies and DCFS. These quarterly lists will reflect eligibility for the standard and enhanced programs. As of April 2007, 3,206 youth have been assigned to the demonstration project: 1609 are in the experimental group and 1597 are in the control group.

In January 2008, the Interim Evaluation Plan was submitted to DHHS in accordance with the federal terms and conditions of the waiver. The Department initiated a formal request to DHHS to extend the Subsidized Guardianship for an additional two years.

**Independent Evaluator and Study Design:**

DCFS has contracted with Westat, the independent evaluators for the original Subsidized Guardianship Demonstration, enabling us to benefit from their knowledge and experience.

The evaluation is conducted through a randomized experimental design in three geographic regions of the State: Central Cook Region, Peoria Sub-Region, and East-St. Louis Sub-Region. The state has designed a random assignment experiment that assigns all eligible youth to a treatment group or control group. Those youth in the treatment group will be offered the enhanced service component, while those in the control group will be offered currently existing services. Since the program has been expanded statewide, Westat will explore administrative data only for cases assigned to the demonstration and control group outside of the three demonstration sites.
The evaluation design will test and compare the following outcomes for participating youth:

- Determine if fewer youth remain in long-term foster care with on-going administrative oversight;
- Determine whether the Waiver will result in fewer disruptions in placement;
- Determine whether the Waiver will not result in a higher rate of indicated subsequent reports;
- Evaluate whether enhanced services offered will be accepted by a greater percentage of youth and caregivers who are offered this option than accepted the standard subsidized guardianship program;
- Determine whether the waiver will result in better long term outcomes for youth in terms of educational status, employment, and other measures of successful independent living as specified by the State in the Evaluation Plan; and,
- Examine the decision making process of families, youth, caregivers, and agencies, and how it affects permanency.

**Preliminary Early Findings From the Interim Evaluation Report**

When comparing outcomes between youth in the demonstration group and youth in the control group, eligibility for enhanced transition services has not led to significant effects (either in the study regions or statewide) on:

- Occurrence of abuse and neglect between the time of assignment to the waiver and achievement of permanency;
- Level of restrictiveness of placements
- Rates of permanence
- How quickly permanence is achieved; or
- School achievement or status

Early results from interviews with youth and caregivers in the study regions showed some very positive indications of child well-being. Differences between the experimental and control group will be analyzed for Interim Report#2

- More than half of the youth overall intended to graduate from college or earn a graduate degree
• Over 90 percent of the youth liked living with their caregivers and felt like part of the family

• Having contact with a biological parent did not necessarily preclude a youth being interested in adoption or guardianship; among youth who said they wanted

In June 2008, Westat will complete Interim Report #2. This report will include analysis of the factors which impact the permanency decision-making process.

*Activities Completed on this Project in FY08:*

During FY 2008 the Center spearheaded the activities related to the implementation of the Enhanced Waiver. The activities include, but are not limited to the following:

- Coordinated and facilitated the Subsidized Guardianship Implementation and Evaluation Committee meetings;

- Ensured that all program areas are implemented according to designated plans;

- Identified and facilitate reconciliation of implementation issues for the Enhanced Subsidized Guardianship Program;

- Acted as liaison with the DHHS regarding waiver issues including:
  - report writing and submission of reports as prescribed by the terms and conditions of the waiver;
  - Assisted DCFS in completing the waiver extension request to DHHS;
  - Participated in monthly federal conference call with regional DHHS staff.
  - Attended the IV-E waiver conference help in Washington DC (mandated by DHHS and will require DCFS reimbursement)

- Assisted Westat in the facilitation of the evaluation process, including Westat’s access to administrative data, consents and facilitation of the Research Advisory Council;

- Assist with the development of questions pertaining to practice issues;

- Facilitated the implementation of the training plan within DCFS regions for casework and administrative staff and DCFS legal. Assisted in the development of communication materials for the field.
• Provided feedback when necessary to Director/Deputy Director(s) on the Subsidized Guardianship Program;

• Act as liaison to other states re: the Subsidized Guardianship Program.

**Child and Family Services Plan (CFSP) Objectives:**

The implementation of the enhanced waiver will enable DCFS to address the following CFSP Permanency Objectives as they related to the older ward population.

- **CFSP Permanency Objective 2.3:** Increase the permanency rate of the foster care caseload.
- **CFSP Permanency Objective 2.4:** Decrease the number of placement disruptions.
- **CFSP Permanency Objective 2.5:** Increase supportive services for families who have achieved permanency.
- **CFSP Permanency Objective 4.8:** Increase the efficiency in leveraging federal matching funds.
- **CFSP Permanency Objective 3.13:** Provide appropriate assessment and services for all youth in care, age 14 and over, to aid in their transition to adulthood

**Adoption Incentive Payments**

To the best of our knowledge, the Department has not been awarded any adoption incentive payments for the past several years. Therefore, this Program Instructions requirement is not applicable to the development of the APSR and, consequently, we have no information to report.

**Payment Limitations**

Please refer to the chapter “Financial Information.”
Specific Percentages of Title IV-B, Subpart 2 Funds to Be Expended on Its Program Components

The Illinois Department of Children and Family Services proposes the following % of Title IV-B, subpart 2 funds on the actual delivery four categories of services comprising the Promoting Safe and Stable Families Program (PSSF):

- Family Preservation Services 30%
- Family Support Services 20%
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 25%

Planning and service coordination will make up the other 5% of expenditures.

Maintenance of Efforts and Non-Supplantation

During Federal Fiscal Years 2008 and 2009, the Department assures that it will conform to the Maintenance of Effort Requirements set forth in 45 CFR 1357-32 (f) and Sec. 432 C (7)(A) of the Compilation of Title IV-B, IV E and Related Sections of the Social Security Act.

Further, the Department assures that federal funds provided to the State of Illinois under Title IV-B-Subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities. During the course of the FFY 2005-2009 Child and Family Services Plan period, on an annual basis, the Department will ensure that a significant portion of each mandatory service category continues to be provided to at-risk families throughout the State of Illinois.

Non-Supplantation

Based on the 1992 base for the non-supplementation level of expenditures set by HHS, we have determined that data is available and is included in the chapter for documenting the non-supplantation and maintenance of efforts requirements of the Department. The Department’s Office of Planning and Budget found this data through a search of data bases when these non-supplantation requirements were put in place. Once the base has been determined it does not change.
In a previous year, DHHS’s Administration for Children and Families decided to collect 1979 base data, apparently for informational purposes. Twenty year old data at this level of detail does not exist anywhere in the Department or State records. However, the maximum levels of such 1979 expenditures can be determined by a combination of later, available data and logic. In the early 1980's, the (then) Governor’s Bureau of the Budget (now titled the Office of Management and Budget) supported the Department efforts to claim and obtain more Title IV-E and IV-B revenue but required it to transfer to the General Revenue Fund, each year, the first $13 million received in receipts from DHHS. This equated to the Title IV-E and IV-B receipts for all purposes in the year prior to the enactment of the legislation creating the Children’s Services Fund. It was on that basis that the Governor’s Office set that level. Therefore, while the Department does not possess the original financial records, it can be demonstrated that the combined Title IV-E and IV-B receipts for FY 1979 were, at most, $13 million. This sets a maximum possible base.

It should also be pointed out that the Department does not claim any Foster Care Maintenance or Adoption Assistance subsidies under Title IV-B parts I or II. The Department reimburses day care costs for foster parents for the hours when all the adult caretakers are working. The state’s Department of Human Services funds employment related child care services through state funds and the federal Title XX Block Grant. No Title IV-B funds are used for day care or child care by any Illinois State agency.

Non-Supplantation Baseline

The original two services for which Title IV-B, Part 2 funds were authorized for use were Family Support and Family Preservation. Several years later, Time-Limited Early Reunification and Adoption Support were added.

1) Family Support

The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support. 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 $300,000 federal threshold. The baseline amount for Title IV B, Part 2 Family Support is $740,200 for Family Support. The SFY92 baseline level was initially calculated in the “SFY94 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.
2) **Family Preservation**

The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation. 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 $300,000 federal threshold. The baseline amount for Title IV B, Part 2 Family Preservation is $13,019,600 for Family Preservation. The SFY92 baseline level was initially calculated in the “SFY94 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.

3) **Time-Limited Reunification**

(This was added in 1997 as a service for which Title IV-B, Subpart 2 could be used.)

- The following key principles have been integrated into practice since the passage of landmark Legislation during 1997 (Adoption and Safe Families Act) requiring the Department and Illinois courts to move children to permanency more quickly:

- Foster Care is a temporary setting and not a place for children to grow up; nevertheless, for children who do grow up in foster care due to permanency efforts not achieving other options, serious and continuing efforts will be made to assure the children’s well-being and stability of placement in an appropriate, nurturing setting;

- Permanency Planning efforts for children should begin as soon as a child enters foster care and are expedited by the provision of services to families;

- The child welfare system focuses on results and accountability; this focus has been increased by the federal Child and Family Services Review completed in the fall of 2003, and as the Program Improvement Plan has succeeded in meeting more of the achievement outcome measures;

- Innovative approaches are needed to achieve the goals of safety, permanency and well-being. The performance based foster care programs have developed explicit, more focused program components to increase early reunifications and to maintain them. This includes payment as part of case services to a child and his/her family while the child is in foster placement to create the conditions for a healthy and safe reunification, and more specific and larger payments to maintain a reunification after a child has returned home.

In summary, the SFY92 baseline for Time-Limited Family Reunification was established by retrofitting the definition and provisions of Title IV-B, Subpart 2 with comparable and equivalent expenditures and services. During SFY92, the Department’s total estimated expenditure and
The baseline for all family reunification work was $4.2 million for approximately 354 families. The baseline for time limited family reunification is much smaller, because only a small portion of these funds were spent for time-limited reunification. This amount is calculated as described here:

Additional analysis revealed that the length of time children remained in substitute care was 30 months downstate and 60 months in Cook County. Along with other conceptual and programmatic factors, the SFY92 baseline was calculated to be approximately 20 percent of the total based on the length of placement before the reunification. Consequently, the SFY92 Time-Limited Family Reunification baseline is $834,500 in expenditures for approximately 71 families.

The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation. 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 $300,000 federal threshold.

4) Adoption Support Services

(This was added in 1997 as a service for which Title IV-B, Subpart 2 could be used.)

The Department’s Adoption Support Services baseline is difficult to calculate because so few such services were offered or purchased in SFY92 and earlier. Furthermore, mainframe computer tapes containing these records are now offline. The oldest data available at the time that HHS first established a baseline for these services was for SFY 96. It is known that the program grew more than 50% from SFY 92 to SFY 96 through references to the earlier expenditure levels. Therefore, the Adoption Support Services baseline is well below the FY 96 figures. In SFY96, $1,279,858 was spent on Adoption Preservation services and not more than $1,360,572 was spent on post-adoption support costs. Therefore, the SFY96 baseline would be no more than $2,640,430; the SFY92 baseline would be lower by approximately one-third (1/3) of this amount. The SFY92 Adoption Support baseline is therefore definitely under $1.8 million.
Summary of Non-Supplantation Amounts in SFY 1992 Base Year

Family Support -- $740,200
Family Preservation -- $13,019,600
Time Limited Family Reunification -- $834,500
Adoption Support – Less than $1,800,000

Other Fiscal Information

Federal Funds Expended in FFY 2006 Under Title IV-B, Subpart 1: $11,374,154

Federal Funds Expended on Administrative Costs in FFY 2006 for Title IV-B, Subpart 1: We were not required to track administrative costs separately during this time frame. Data does not exist.

Federal Funds Expended in FFY 2006 for Monthly caseworker Visits Under Title IV-B, Subpart 2: $0

Federal Funds Expended in Each of the Four Categories of Services in FY 2006 for Promoting Safe and Stable Families (PSSF) Programs, and for planning and administration:

<table>
<thead>
<tr>
<th>Category</th>
<th>FFY 06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Support</td>
<td>$3,591,937</td>
</tr>
<tr>
<td>Extended Family Services</td>
<td>$3,292,537</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>$4,938,901</td>
</tr>
<tr>
<td>Family Reunification</td>
<td>$3,142,885</td>
</tr>
<tr>
<td>Total for other service related activities, including planning</td>
<td>$ 327,196</td>
</tr>
<tr>
<td>Total administration (not to exceed 10%)</td>
<td>$ 487,500</td>
</tr>
</tbody>
</table>

These program categories are consistent and synonymous with the program categories in the immediately previous section as follows:

- Extended Family Services and Family Support
- Family Preservation and Intact Family Services (subtype of Family Preservation)
- Family Reunification and Time Limited Family Reunification
- Adoption Preservation and Adoption Support

Estimated and Actual Expenditures for FFY 2006

- Comparing the FY 2006 federal funds estimated expenditures to actual expenditures under Title IV-B, subparts 1 and 2 and ETV there were no differences. The full grant awards were expended.
FFY 2008 Revised Budget Request (CFS-101, Part 1)

The signed and revised CFS-101, Part I for FFY 2008 as a PDF document was submitted to the ACF on 6/30/08. Based upon the feedback provided by and in joint planning with the ACF Region V in Chicago, it was resubmitted on 7/11/08.

FFY 2009 Budget Request (CFS-101, Parts 1 and 2)

The signed CFS-101, Part I for FFY 2009 as a PDF document was submitted to the ACF on 6/30/08. The CFS-101, Part II that does not need signature was also submitted to the ACF on 6/30/08 in MS Excel.

FFY 2006 Title IV-B Expenditure Report (CFS-101, Part 3)

The signed CFS-101, Part III for FFY 2006 was submitted to the ACF on 6/30/08 as a PDF document. Based upon the feedback provided by and in joint planning with the ACF Region V in Chicago, it was resubmitted on 7/11/08.

Financial Status Reports (SF-269s)

The following Financial Status Reports (SF-269s) will be submitted by the specified dates, as instructed in the FFY 2008 Program Instructions, by the appropriate office of the Department’s Division of Finance and Budget. As instructed, the original SF-269 for each program will be submitted to Child Welfare Program Specialist, Christine Guthrie, in the ACF Region V in Chicago. Also, a copy of each SF-269 will be submitted to the ACF Division of Mandatory Grants in Washington, D.C.

The Department will comply with the following submission requirements specified in the FFY 2008 Program Instructions:

Submission requirements for expenditures of title IV-B, CAPTA, and CFCIP funds must be met by all grantees on the Financial Status Report SF-269 and are listed below. The SF-269 covering the first 12-month budget period is the interim report and the report covering the entire grant period is the final report. Each report is due 90 days after the end of the fiscal year (December 31). A negative grant award will recoup unobligated and/or unliquidated funds reported on the final SF-269 for the title IV-B, CAPTA, CFCIP and ETV programs.

Title IV-B, subparts 1 and 2

- Submit a separate SF-269 (by December 31) for expenditures made under each subpart of title IV-B at the end of each 12 months (October 1-September 30) of the two-year expenditure period.
- Report the cumulative amount of funds expended and the required 25 percent State match on the final SF-269.
- Expend title IV-B funds by September 30 of the fiscal year following the fiscal year in which the funds were awarded (i.e., for FFY 2008, funds must be obligated by September 30, 2009 and liquidated by December 31, 2009).
For the FFY 2006 allocation for caseworker visits under title IV-B, subpart 2, States must submit a separate SF-269 within 90 days of the end of each 12 month expenditure period. Federal funds awarded in FFY 2006 must be obligated by September 30, 2009, with a final report due December 31st of that year. For the FFY 2008 allocation for caseworker visits, funds must be obligated by September 30, 2009, with a final report due December 31st of that year. As Congress did not appropriate title IV-B, subpart 2 funds for monthly caseworker visits in FFY 2007, no financial reporting is required for FFY 2007.

No separate reporting is required to distinguish between the expenditure of the PSSF discretionary funds and the PSSF mandatory funds.

CAPTA Grants

- CAPTA funds must be obligated within five years from October 1 of the fiscal year in which they were awarded.
- Submit the SF-269 fiscal report (by December 31) for CAPTA State grants at the end of each 12 months (October 1-September 30) of the five-year expenditure period.

CFCIP and ETV

- Submit a separate SF-269 (by December 31) for expenditures made under the CFCIP and ETV programs.
- Include the required 20 percent State match in the final report for each program.
- Obligate CFCIP and ETV funds by September 30 of the fiscal year following the fiscal year in which the funds were awarded.