Illinois Department of Children and Family Services

2010 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.
July 30, 2009

Carmen Sanchez  
Program Specialist  
Department of Health and Human Services  
Administration for Children and Families  
Children’s Bureau  
233 North Michigan Avenue, Suite 400  
Chicago, IL 60601-5519

Dear Ms. Sanchez:

We are pleased to submit an electronic copy of the following two documents that we have developed in joint planning with you in accordance with the Program Instructions ACYF-CB-PI-09-06 issued by the Children’s Bureau on June 3, 2009:

- FFY 2009 Annual Progress and Services Report  
- Summary Progress Report for the FFY 2005-2009 Child and Family Summary Plan

We are looking forward to receiving your feedback and will respond accordingly. In our continued joint planning with you, we are confident of meeting all of the APSR reporting and compliance requirements.

We would like to express our sincere thanks and appreciation for the technical assistance, guidance and information you have provided that have helped the Department in developing its planning and reporting documents for submission to the Administration for Children and Families. The joint planning process between the Department and the ACF Region V has been beneficial for the planning and implementation activities of the Department.

Sincerely,

Erwin McEwen  
Director

cc: Joan Nelson-Phillips, Bobby Hall, Sardari Bhasin

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ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

ANNUAL PROGRESS AND REPORT SERVICES REPORT FEDERAL FISCAL YEAR 2009

Pat Quinn, GOVERNOR

Erwin McEwen, Director

July 2009
Chapter Organization of the FFY 2009 APSR Guided by Program Instructions

The FFY 2009 APSR has been organized into the following chapters. The content areas specified in the Program Instructions guided the framework for developing and organizing the following APSR chapters:

Chapter 1: Framework for Developing the APSR and Its Organization
Chapter 2: Safety Infrastructure, Systems, Goals, Objectives and Outcomes
Chapter 3: Permanency Infrastructure, Systems, Goals, Objectives and Outcomes
Chapter 4: Well-Being Infrastructure, Systems, Goals, Objectives and Outcomes
Chapter 5: Impact of the Child and Family Services Review and Program Improvement Plan on the Child and Family Services Plan Goals and Objectives
Chapter 6: Comprehensive and Coordinated Child and Family Services Array and Continuum
Chapter 7: Promoting Community-Based Services Delivery
Chapter 8: Activities Supported by Adoption Incentive Payments
Chapter 9: Program Support: Caseworker Contacts with Children in Foster Care
Chapter 10: Compliance with the Indian Child Welfare Act (ICWA): The Department’s ICWA Advocacy Program and Services to Indian Children and Families
Chapter 11: Program Support: Policy Development Promoting Safety, Permanency, Well-Being and Quality and Accountability
Chapter 12: Program Support: Administrative Case Review System and Infrastructure
Chapter 14: Program Support: Infrastructure and Systems for Ensuring the Service Quality and Program Accountability
Chapter 15: Program Support: Research and Evaluation
Chapter 16: Program Support: Enhancing the Statewide Information System Capacity
Chapter 17: Diligent Recruitment and Retention of Foster and Adoptive Homes
Chapter 18: Child Waiver Demonstration Projects
Chapter 19: CAPTA Report
Chapter 20: The Chafee Foster Care Independence Program (CFSIP) and the Education and Training Vouchers (ETV) Program
Chapter 21: Compliance with the Intercountry Adoptions Act

In addition, the following addendum reports have been included with the FFY 2009 APSR:

- Summary Report for FFY 2005-2009
- Citizen Review Panels Reports
- Supplemental Order to Enforce Consent Decree
Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) Guided the APSR Framework

The Adoption and Safe Families Act (ASFA) of 1997 and its CFSR and PIP also provide some of the framework for developing the APSR.

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.

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
- Foster and Adoptive Parent Recruitment, Licensing and Retention.

The Program Instructions ACYF-CB-PI-09-06 for developing the FFY 2009 APSR, issued by the Children’s Bureau on June 3, 2009, require the Department to provide information on the some of the program support functions performed by the Department that are listed below. 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 required training related planning, budgeting and reporting documents to the U.S. Administration for Children and Families, Region V in Chicago.

These program support functions listed above 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.

**New Program Purpose of Child Welfare Services Provides the Framework for Developing the APSR**

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 2009 APSR that the Department has developed in joint collaboration with the ACF Region V in the Chicago. 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.

**Organizational Units of the Department Involved in the Development of the FFY 2009 Annual Progress and Services Report**

Almost all of the organizational units of the Department have been involved in the development of the FFY 2009 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 from 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 2009 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 also 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 2009; and
- Executive Statistical Summary, June 2009.
Joint Collaboration Between the Department and the ACF Region V Child Welfare Program Specialist and Regional Liaison to the Department

The FFY 2009 Annual Progress and Services Report has been developed in joint collaboration between the Department and the ACF Region V Children and Families Program Specialist. The Department has also sought technical assistance and guidance of the ACF Region V Children and Families Program Specialist 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 Region V Children and Families Program Specialist.

Challenges in Developing the FFY 2009 APSR

The Department has experienced some challenges in developing the FFY 2009 APSR. Since the ACF issued the final Program Instructions late this year disseminating to the Department on June 3, 2009, there was inadequate time for developing the APSR. The Department, therefore, had to request for extension for the submission of the FFY 2009 APSR to the ACF Region V. The Department is fully aware of the fact the ACF Region V in Chicago has no control over the issuance of the Program Instructions.

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.

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 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 community private child welfare agencies provides an array of services to strengthen families’ abilities to have safe environments for their children and secure permanency for children when the family is not an option. The Department has an ongoing commitment to improve child abuse/neglect investigations, early intervention services and ongoing services for the purpose of increasing children’s safety.

**Improving the Quality of Safety Casework**

This year the Department will implement the Enhanced Child Endangerment Risk Assessment Protocol (CERAP) process through comprehensive training to all direct service employees, managers and administrators. Additionally, the Enhanced process requires a variety of refresher and skill development training in preparation for the training and implementation of the Enhanced Safety Process.

The Department has worked hard at trying to maintain an equitable caseload staffing ratio for investigators of 9:1. This has been realized in a majority of the offices Statewide. The lower caseload ratios enabled investigators to be comprehensive in safety assessments and investigative activities for appropriate outcomes. Major initiatives to improve the Department’s response in investigations include:

- The Department utilizes a weekly review of Subsequent Oral Reports (SOR) by
higher level administrators to ensure comprehensive decision-making.

- Staff has the benefit of enhanced processes within the SACWIS system. During FY09, the system has been redesigned for better access by the user, and tracking and monitoring capability for work performances.

- Early intervention services provided through a collaborative handoff and transitional visit between the workers and the families. The early intervention services are triaged in five service levels in order to provide comprehensive, identified services to meet the needs of strengthening families’ protective capabilities.

- The Department finalized a revision of core curriculum training for new hires in direct services. Direct service staff and private agency staff are receiving in-service training on trauma and the effects of trauma for screening and referring children for treatment.

- The Department and its partners have been working hard to constantly improve the quality of child abuse investigations.

Critical Challenges

A continuing challenge faced by the Department is recruiting eligible staff to conduct child protection investigations, as well as maintaining staffing levels for supervisors who oversee the work of child protection investigators. Most notable is the need for Spanish speaking investigators throughout the state.

Investigators also play a greater role in the comprehensive assessment of children in care, which involves both initial assessments that take place early in the investigative process and later comprehensive assessments. Special attention is given to risk assessments.

While the essential work of investigators remains the same, their roles and the organizational framework have changed. Reform goals and the demands of a growing number of cases have reshaped the way protective services are delivered. A greater emphasis is now placed on protection, accountability and serving the best interests of the child.

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 investigators and caseworkers. There has been a significant initiative to assure that training is made available to direct service staff.

- “CORE” training for investigators has been revised and updated, with a new training model.

- “Foundation” training, the required training for all new workers, has been
updated and revised. Intact family services workers are being retrained, in both DCFS and private agencies.

- In partnership with the Illinois State Police, training on the impact of methamphetamine on families is continuing.

- Additional training topics include:
  
  o Medical Aspects of Child Abuse Investigations  
  o Error Reductions trainings-allegation #11 cuts, bruises, welts  
  o Human Trafficking  
  o Scene Investigation  

  Training in these areas will continue to meet the needs of the caseworkers, law enforcement officials and others.

Policy and Procedure

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. Through major revisions in the training protocol, the Department has invested significant effort in improving the knowledge base for all supervisors in the Department’s direct care system.

In FY2009 and 2010, the implementation of the enhanced safety protocol for investigations will be used as a major training focus for supervisors and direct service workers. Through learning collaboratives and scheduled skill training sessions, staff will be able to prepare themselves for transitioning to the enhanced safety protocol. Staff will have mini-trainings to become familiar with the revised Procedure 300 Reports of Child Abuse and Neglect.

Procedure 302.388 for Intact Family Services will be revised to provide guidelines on educational screenings for children ages 0 to 3 years.

Safe Placements

Licensing standards for foster homes are being revised to 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 ensures 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
A New 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 include:

- 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
- Weekly home visits for the first 45 days when the child is returned home.

Water Safety

Rules require licensed day care homes to have a fence or barrier around pools, ponds, fountains or other water hazards. This requirement will be extended to all licensed child care facilities.

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 is developing procedures to address curfew violations, including 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, child care facilities, independent living and the self-selected placements of older youth.

Unusual Incident Reports
Rule 331 was revised via Policy Transmittal 2008.17 issued 7/18/08 and added the UIR incident types of “Psychotropic Medication – Emergency Administration” and “Medication-Adverse Reaction.” It also separated the incident type of “Medical/Psychiatric Emergency” into 2 separate incident types: “Medical Emergency” and “Psychiatric Emergency.” Rule 331 also clarifies the language for several incident types to make reporting more consistent, e.g. “Sexually Problematic Behavior by Ward Alleged,” “Self Inflicted Injury/Wounds,” “Crime: Ward Detained, Arrested Charged with or Convicted,” “Runaway/Missing Ward,” and “Aggressive Act or Behavior by a Ward Alleged.” Also, the title of the incident type of “confinement” was changed to “Seclusion of a Ward” to make it consistent with Rule 384.

**Licensing Standards for Day Care Homes and Group Day Care Homes**

Licensed Day Care Homes may provide care for up to 12 children; group day care homes may provide care for up to 16 children on a daily basis. Changes in licensing requirements require providers to maintain a daily list of children present. The Office of the State Fire Marshal and local fire prevention authorities are to inspect day care facilities.

**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 were adopted to provide services and shelter to homeless minors. YTHP’s 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, partially emancipated and are working with agencies that provide Comprehensive Community Based Youth Services (CCBYS). These services, programs and contracts are monitored via the Illinois Department of Human Services (IDHS).

**Licensing Enforcement**

Department rule establishes the Department’s authority to immediately rescind a licensed agency or facility’s license if egregious violations are found that jeopardize the health, safety or well being of children or youth.

In FY 2004, 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. This system also 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.
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 an estimated level of 16.0% in FY 2009. The statewide percentage of all children in care with no indicated/substantiated maltreatment from a foster parent or facility staff member while in substitute care has remained relatively unchanged at 99.5% in FY 2007 and through FY 2008.

From FY 2000 to FY 2009, the percentage of children entering care who came from open Intact Family cases has decreased from 31.8% to an estimated 25.9% this fiscal year.

Key Child Protection Indicators

The first half of FY 2009 saw an increase in call volume to the SCR Hotline over the same period in FY08. The following five indicators identify important trends in promoting the safety of children.

- In FY 2008, Child Abuse Hotline staff responded to 266,011 calls involving possible abuse or neglect, a 2.9% increase from the 258,563 calls in FY 2007.

- Hotline calls in FY 2008 resulted in 67,959 family reports, a .2% increase from the previous year total of 67,775.

- Family reports resulted in 111,898 child reports investigated during FY 2008, an increase of .14% or 156 children at risk from the 111,742 reports in FY07. 2007.

- There were 17,599 indicated family reports during FY 2008, an increase of 4.4% from the 16,859 indicated family reports during FY 2007.

- There were 29,952 indicated child victims during FY 2008 compared to the 28,394 indicated child victims in FY 2007, an increase of 1,558 or 5.5%.

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 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 caseload volume is increasing.

Children’s Advocacy Centers

In FY 2008 9.1% of all indicated child abuse/neglect reports involved sexual abuse, up slightly from 8.7% in FY 2007, but not significantly. Children’s Advocacy Centers were created 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 State’s Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases. In the past 5 years, all of the Children’s Advocacy Centers have also been authorized to assist with the investigation of serious child physical abuse cases. The Children’s Advocacy Centers received 9,879 referrals for sexual abuse investigation during FY 2008. There were also 1,243 cases of serious physical abuse referred to the centers for coordinated investigation and services.

Working to Assure Child Safety

The success of the child protection system in Illinois depends on a strong system of screening reports, effective use of investigative tools, a properly assessed “front end” service delivery and adequately trained staff to intervene. This continuous striving for improved and successful 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 have 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 is 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, in partnership with the community, supports the development of Family Advocacy Centers as a resource for families.

For the first time in nearly ten years, the Department is refining the Child Endangerment Risk Assessment Protocol (CERAP) system. The use of the CERAP has resulted in more precise determinations regarding the safety of children. With the combined use of revised tools, procedures and increased training, staff can respond and intervene quickly to help families provide a safe living environment for their children.

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 have had a significant and positive impact in the number of new child cases placed into substitute
care. Illinois has dramatically reduced the number of children removed from the home. Most notably, as demonstrated earlier, these remarkable gains were secured while at the same time ensuring children were more safety served in the home. We believe the new child safety protocol, enhanced Law Enforcement Agency Data System (LEADS) and other background check systems will improve the safety of children in the state.

Since 1987, 36 Children’s Advocacy Centers have been developed in Illinois. Five of the 36 centers are in Cook County. The other centers, some of which serve multiple counties, are located throughout the state. The current system provides services to 83 out of Illinois’ 102 counties. Additional centers targeted to about 6 counties are in the process of development and may be operational during this coming fiscal year. 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 (AODA)**

**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.

**Promising Approaches: Title IV-E Waiver for Substance Abuse Services (Recovery Coach Program)**

Under Section 1130 of the Social Security Act, the U.S. Department of Health and Human Services (HHS) was given authority to approve child welfare demonstration projects involving the waiver of certain requirements of Titles IV-B and IV-E of the Social Security Act that govern foster care, adoption assistance, child welfare services, and other programs and administrative expenses. The waiver authority provides an opportunity for states to design and test a wide range of approaches to improve and reform child welfare. The Department’s Title IV-E AODA waiver project was granted by ACF for a five-year demonstration period beginning in April of 2000. The Department applied for a 5-year extension which was granted in December 2006 and will run through December 2011. This extension allowed DCFS to expand the project to two additional counties, Madison and St. Clair. This extension and expansion enabled additional enhancements to be added to the Recovery Coach program’s efficacy and client service delivery capacity in order to address key barriers to reunification such as housing, mental health and domestic violence. In addition to the continual focus on substance abuse and misuse issues.

The project served approximately 1,500 parents in Cook County during the first 5-year period and will seek to serve about the same amount of parents within the second 5 years. A smaller sample of approximately 400 parents will be served in Madison and St. Clair counties. Parents are randomly assigned to either a control or demonstration group. Families in the control group receive the JCAP assessment, a level of care determination, and an intake appointment at a treatment provider within 24 hours of the assessment. Existing child welfare and AODA services are also available. In addition to the above services offered to the control group, families in the demonstration group receive the enhanced services of a Recovery Coach to coordinate their AODA services and to provide intensive home-based outreach and engagement opportunities throughout the life of their DCFS case.

**Service Components**

The project provides a standardized substance abuse assessment and referral to treatment either at the Juvenile Court Assessment Project (JCAP) in Cook County or by the TASC Court Assessment project (TCAP) in the Metro East counties. Eligible clients are parents of either siblings of children already in foster care or are children new to DCFS services. Clients are initially identified through the Child Protection Division of Cook County Juvenile Court and the Madison and St. Clair County courts. Cases are referred to the AODA assessment unit at either JCAP or TCAP for a determination of their need for AODA treatment.

The Department has contracted with Treatment Alternatives for Safety Communities (TASC) to employ Recovery Coaches to provide intensive AODA outreach and case management services to families assigned to the demonstration group. The Recovery
Coaches are employed by an independent agency to help ensure continuity of services when the client changes treatment providers, while also remaining an objective advocate for the client and entire family throughout the treatment process.

The primary goals for the Recovery Coach enhancement are to actively assist parents to address their AODA issues and to help parents move towards reunification as safely and quickly as possible. These AODA experts work in close partnership with the Child Welfare worker assigned to the case and remain engaged with the family even after the parent’s AODA treatment has been completed. Recovery Coaches work to ensure AODA treatment engagement and consistent attendance, coordinate staffings and family meetings, conduct home visits to provide on-going support and education to the family, ensure random urinalysis testing, and submit monthly progress reports to the child welfare worker and courts as needed.

Evaluation Findings

In addition to the service components of the project, an independent evaluation is required for federal financial participation. The Children and Family Research Center at the University of Illinois serves as the project evaluator. A summary of findings from the evaluation is provided below.

Substance Abuse Services

- Accessing Services and Participating in Treatment: According to DASA treatment service data, parents in the demonstration group (87%) are more likely to access AODA treatment services compared with parents in the control group (77%). Caregivers in the demonstration group also accessed substance abuse services more quickly (74 days vs. 108 days). According to project data, 71% of the demonstration group actively participated in treatment compared to 52% of the control group. This difference is statistically significant.

- Completing Treatment Services: According to project 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. Progress within substance abuse treatment increases the likelihood of achieving family reunification.

Permanency Outcomes

- Children in the demonstration group are more likely to achieve reunification relative to children in the control group (15.5% vs. 11.6%). This difference is statistically significant.

- On average, children in the demonstration group are reunified in 522 days as compared with 707 days for children in the control group. In other words, children in the demonstration group spend an average of 6 months less time in
care. This difference is statistically significant.

Subsequent Oral Reports and Child Safety

- The caregivers in the demonstration group are significantly less likely to be associated with subsequent allegation of maltreatment (25% demonstration vs. 30% control).

- The female caregivers in the demonstration group are significantly less likely to be associated with a subsequent SEI (substance exposed infant), (14% demonstration vs. 20% control). On a related note, caregivers that complete substance abuse treatment are significantly less likely to have subsequent SEIs (7.9% demonstration vs. 18.8% control).

Cost Neutrality

- The AODA waiver demonstration saved the state $3,862,914 as of June 2008. Under the terms and conditions of the waiver, states can retain any savings generated through the waiver.

- The waiver remains cost neutral – more precisely – generating savings that the State can then reinvest in other child welfare services.

Additional program efforts designed to meet the needs of substance abusing biological parents include:

DASA/DCFS Initiative

The DASA/DCFS Child Welfare Integrated Services Initiative is a collaborative program between the two departments that began in 1995. The initiative provides identification of alcohol and substance abuse issues and referral by DCFS and private child welfare staff, timely access to assessment and treatment for DCFS involved families, enhanced outreach and case management for families receiving treatment, written monthly progress reports to the caseworkers and removal of barriers to treatment for families (e.g. child care). Referrals from DCFS and private child welfare agencies are given priority for admission at DASA funded treatment programs.

Intact Family Recovery Program

The Intact Family Recovery (IFR) model provides an array of services to cases opened to the Department following the birth of a substance exposed infant (SEI). The comprehensive casework services include substance abuse outreach, engagement, and case management coupled with child welfare services to families participating in the program. The IFR program is intended to assure the safety of children for whom no placement decision has yet been made by assisting the families to meet minimum parenting standards. This program reflects a 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 family’s life will support child safety, as well as recovery from alcohol and other drug abuse.

**Programs that Assist Family Stability**

**Norman Emergency Cash Assistance and Housing Locator Service**

Norman Services provide assistance to families who have children who are in danger of coming into, or cannot be returned home from, DCFS care due to a substance issue such as lack of food, lack of housing or lack of clothes. The program provides the following three services:

- Cash Assistance to purchase items needed to care for the children that the client cannot afford to purchase themselves;
- Assistance looking for housing;
- Provides a waiver to families with children in DCFS custody who will be returned home within 90 days allowing them to apply for Temporary Assistance for Needy Families (TANF) before their children are returned home.

**Youth Housing Assistance Program**

The Youth Housing Assistance Program provides services to help youth who are aging out of, or have aged out of, DCFS care to obtain stable housing. The program provides the following services:

- Assistance looking for housing;
- Cash assistance to stabilize housing;
- A partial housing subsidy for clients with a closed DCFS case.

Housing advocacy services can be provided as much as six months prior to the date that the case is closed. Cash Assistance, including the housing subsidy, can be provided after the client has turned 18. All services must be provided prior to the client’s 21st birthday.

**Service Measures for Protective Services**

<table>
<thead>
<tr>
<th>Units of Service</th>
<th>FY08 Actual</th>
<th>FY09 Estimated</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse/Neglect Hotline Calls</td>
<td>266,011</td>
<td>273,991</td>
<td>282,211</td>
<td>8,220</td>
<td>3.0%</td>
</tr>
<tr>
<td>Family Reports of Abuse or Neglect</td>
<td>67,959</td>
<td>68,978</td>
<td>70,012</td>
<td>1,034</td>
<td>1.5%</td>
</tr>
<tr>
<td>Child Reports of Abuse or Neglect</td>
<td>111,898</td>
<td>115,254</td>
<td>118,712</td>
<td>3,458</td>
<td>3.0%</td>
</tr>
<tr>
<td>Indicated Family Reports</td>
<td>17,621</td>
<td>17,885</td>
<td>18,153</td>
<td>268</td>
<td>1.5%</td>
</tr>
<tr>
<td>Indicated Child Victims</td>
<td>30,007</td>
<td>30,907</td>
<td>31,834</td>
<td>927</td>
<td>3.0%</td>
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<tr>
<td>Intact Family Caseload</td>
<td>5,293</td>
<td>5,690</td>
<td>6,117</td>
<td>427</td>
<td>7.5%</td>
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<tr>
<td>Family Cases Closed</td>
<td>7,775</td>
<td>7,900</td>
<td>8,000</td>
<td>100</td>
<td>1.3%</td>
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<tr>
<td>Families receiving Emergency Cash Assist.</td>
<td>3,077</td>
<td>3,100</td>
<td>3,100</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Families receiving Housing Locator Services</td>
<td>1,051</td>
<td>1,000</td>
<td>1,050</td>
<td>50</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Family Centered Service Initiative

The Family Centered Services are offered to a family when risk to the permanency and well being of the family unit first becomes apparent. Their purpose is to provide support and intervention to the family before placement of the children becomes imminent. 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. Child abuse prevention, intervention and treatment services are being developed and supported with federal funding of close to $14.9 million in FY 2009 and a state appropriation (using portions of two grants) of nearly $17 million in FY09 and $16.5 million in FY 2010. Funding is included for family preservation, family support, adoption promotion and support, and time-limited reunification. It is important to note that families referred by the Department, and families not yet known to the Department but believed to be at risk of eventual abuse or neglect, are served in the same community programs. 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. The focus of state funding is on serving children who have been abused or neglected and their families, and serving families with child welfare needs.

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. The standardization of case management for family preservation services statewide was achieved in FY08. Uniform family preservation services will continue to be provided in FY10 under the Intact Family Services program plan.

**Extended Family Support Services**

The Extended Family Support Program (EFSP) provides services to stabilize the home of a relative caregiver who has been caring for their relative’s children for more than 14 days. Neither the relative caregiver nor the child can be involved in the child welfare system. Services provided by EFSP include:

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

**FY2010 Request**

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY08 Actual</th>
<th>FY09 Estimated Exp.</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Centered Services Initiative (CSF)</td>
<td>16,362.2</td>
<td>16,489.7</td>
<td>16,489.7</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Family Preservation (CSF)</td>
<td>17,141.6</td>
<td>17,641.6</td>
<td>18,047.4</td>
<td>405.8</td>
<td>2.3%</td>
</tr>
<tr>
<td>Total</td>
<td>33,503.8</td>
<td>34,131.3</td>
<td>34,537.1</td>
<td>405.8</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

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

The Department faces constant challenges in the need to ensure that it is providing appropriate services to families to protect children in the home and prevent their removal.

The continued improvement of 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 risk of harm. 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 compared to 95.2% such calls in SFY 2008. At the end of March 2009, this figured stands at 96.5% of calls were handled without abandonment.

• Initiate investigations within 24 hours
  In SFY 2007, 99.5% of all reports were initiated within 24 hours. In SFY 2008, 99.5% of reports were initiated within 24 hours. In SFY 2009 at the end of March, 99.5% investigations 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 2008, 92.4% of investigations were completed within 60 days. At the end of March 2009, 92.3% of investigations were completed within 60 days.

• Minimize case openings for at-risk families needing only prevention services or emergency interventions
  In SFY 2008 95.5% of intact families served remained intact for at least 6 months. At the end of March 2009, 95.6% 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, 99.5% FY 2008 and 99.4% at the end of March 2009.

• 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. In SFY 2008, 93.1% of children served by DCFS had not experienced subsequent abuse or neglect report within 6 months of a prior report. At the end of March 2009, 99.0% 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.
Permanency Infrastructure, Systems, Goals, Objectives and Outcomes

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 have 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 Department is increasingly dealing with an older ward population that needs to be prepared for independent living. 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 under 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 and Independent Living 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 their 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 child 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 abuse counseling and treatment immediately to youth who need these services.

**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>Fiscal Year</th>
<th>Home of Relative</th>
<th>Regular Foster Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY00</td>
<td>12,454</td>
<td>8,868</td>
</tr>
<tr>
<td>FY01</td>
<td>10,174</td>
<td>8,896</td>
</tr>
<tr>
<td>FY02</td>
<td>8,534</td>
<td>7,665</td>
</tr>
<tr>
<td>FY03</td>
<td>6,989</td>
<td>7,095</td>
</tr>
<tr>
<td>FY04</td>
<td>6,596</td>
<td>6,597</td>
</tr>
<tr>
<td>FY05</td>
<td>6,556</td>
<td>6,083</td>
</tr>
<tr>
<td>FY06</td>
<td>6,189</td>
<td>5,471</td>
</tr>
<tr>
<td>FY07</td>
<td>5,867</td>
<td>5,082</td>
</tr>
<tr>
<td>FY08</td>
<td>6,188</td>
<td>4,480</td>
</tr>
<tr>
<td>FY09 est</td>
<td>6,088</td>
<td>4,574</td>
</tr>
<tr>
<td>FY10 proj</td>
<td>6,223</td>
<td>4,675</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.
The following indicators identify the most important trends representing the Department’s performance in promoting permanence:

- 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>FY08 Actual</th>
<th>FY09 Estimated</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunifications</td>
<td>1,978</td>
<td>1,958</td>
<td>1,987</td>
<td>29</td>
<td>1.5%</td>
</tr>
<tr>
<td>New Subsidized Adoption Cases</td>
<td>1,518</td>
<td>1,399</td>
<td>1,453</td>
<td>54</td>
<td>3.9%</td>
</tr>
<tr>
<td>Total Subsidized Adoptions</td>
<td>31,876</td>
<td>30,361</td>
<td>28,215</td>
<td>-2,146</td>
<td>-7.1%</td>
</tr>
<tr>
<td>Families receiving Adopt/Guard. Pres.</td>
<td>1,177</td>
<td>1,340</td>
<td>1,530</td>
<td>190</td>
<td>14.2%</td>
</tr>
<tr>
<td>New Private Family Guardianship Cases</td>
<td>470</td>
<td>474</td>
<td>501</td>
<td>27</td>
<td>5.7%</td>
</tr>
<tr>
<td>Total Subsidized Guardianships</td>
<td>5,400</td>
<td>4,991</td>
<td>4,892</td>
<td>-99</td>
<td>-2.0%</td>
</tr>
</tbody>
</table>

Adoption and Guardianship

<table>
<thead>
<tr>
<th>FY2010 Request ($ 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Expenditures</td>
</tr>
<tr>
<td>Adoption &amp; Guardianship (GRF)</td>
</tr>
<tr>
<td>Adoption &amp; Guardianship (CSF)</td>
</tr>
<tr>
<td>Total</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 2009 the percentage of sibling groups placed all or partially together had risen to 82.7%. This compares to 82.1% in FY08.

- Ensure That Children Are in Permanent Homes Within 24-Months
  
  At the end of March 2009, 48.7% of the children were in permanent homes within 24-months. This compares with 49.2% of the children in permanent homes within 24-months. This includes children reunified with their parents, children adopted and children moved to subsidized guardianship within 24 months of entry into care.

- 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**

  Children Who Entered Foster Care in the Previous 12 Months Who had No More than Two Placements:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>86.4%</td>
</tr>
<tr>
<td>FY2009 (thru 3/31/09)</td>
<td>85.4%</td>
</tr>
</tbody>
</table>

  Lateral Foster Care Moves:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>10.6%</td>
</tr>
<tr>
<td>FY2009 (thru 3/31/09)</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

  Children Who Remained at Home for at Least 12 Months Following Discharge:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>94.1%</td>
</tr>
<tr>
<td>FY2009 (thru 3/31/09)</td>
<td>93.6%</td>
</tr>
</tbody>
</table>

  Unplanned Residential Discharges:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>44.4%</td>
</tr>
<tr>
<td>FY2009 (thru 3/31/09)</td>
<td>56.8%</td>
</tr>
</tbody>
</table>
• **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 22, 2009, 43.1% children were placed in their home school district, 44.9% in the home LAN, and 54.5% in their home community (define as community area in Chicago and as county elsewhere). This compares to 43.6% of children placed in their home school district, 43.2% in the home LAN, and 46.2% in their home community in May 2008.

• **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.

**Placement Stabilization (SOC Referrals between July 1, 2002 and July 1, 2007)**

- In the period more than 90 days prior to SOC referral, rates of placement change are consistently less than one per year.
- In the 30 – 90 day period prior to referral, the rate of placement change increases to 1.24, per year and in the 30 days prior to referral to SOC, placement change increases to 1.58 placement changes per year.
Immediately after referral to SOC services, the rate of placement change drops by almost one half, from 1.58 placement changes per year immediately prior to SOC referral to 0.84 placement changes per year in the first 30 days of SOC treatment.

The observed improvement in the rate of placement change persists through the period of SOC treatment, and continues to improve moderately reaching 0.73 placement changes per year in the period of 30 – 150 days of SOC treatment; at 150 – 240 days of SOC, placement disruption declines to .68; for children in SOC for more than one year, placement disruption decreases to .59.

In the first 30 days post SOC, there is an increase in placement changes to .85 – almost identical to the rate of placement change in the first 30 days of SOC treatment

At 30 – 90 days following SOC treatment, placement disruption decreased to .59; at 3 – 6 months following SOC placement disruption is .49; and 6 – 12 months post SOC, placement disruption is .45; and at 1 year or more post SOC, placement disruption decreased to .37.

**CANS Change (FY09, Quarter 2)**

- Statewide, change in traumatic stress symptoms had a mean improvement of .58
- Statewide, change in behavioral emotional needs had a mean improvement of 1.35
- Statewide, change in risk behaviors had a mean improvement of .62
- Statewide, change in functioning had a mean improvement of 1.56
- Statewide, change in caregiver needs and strengths had a mean improvement of .59
- Statewide, change in strength had a mean improvement of 2.52
- The domain with the most improvement is strengths.
- All domains had positive improvement. These finding are based on data that compare opening CANS assessments to discharged CANS assessments.

**Satisfaction Surveys**

**Caregivers (January 2009)**

For all 20 items on the survey at least 84% of respondents gave ratings of “good” or “excellent.”
- 93% of caregivers rated all items in the categories How well SOC understands their child’s needs and the ease of getting SOC services as “good” or “excellent.”
- Caregivers are overwhelmingly satisfied with the ease of making SOC appointments and the quality of the services they receive.

Sample responses:
- “The children learned that responsibility came from doing & caring about the family & home as a result of working together. Togetherness & teamwork are very vital & important.”
• “I think the support between my boys and their mentor was the most important factor in the boys’ success in my home. [SOC worker] is wonderful with them and his opinion and praise of their positive behavior works wonders with them. Since they don’t have any other young male role model in their lives [SOC worker] fills a very special and critical part in their lives.”

• “They had time to listen to my son and give him a chance to speak and open up to them and talk with them and they also listen to what he had to say where others don’t take time to hear him out.”

• “They spend quality time with [client] and have shown genuine care and concern that she can feel. They have been supportive and in line with family values. I feel that they have worked hard to help [client] develop coping skills.”

• “SOC's involvement in my child's care in all aspects (i.e.) going to meetings with me, being there to support me and him, and making known the behaviors they saw. They all were a great support team when they spoke up for me as well as the child.”

• “We received in home counseling and it has been so helpful to have the SOC worker come to us. With so many "scary" changes in my child's life, it has been nice for her to have the comfort of talking to someone in her own environment.”

• “During our time of crisis, our SOC worker added SASS services. He also attended school meetings and arranged for a family/staff meeting to address our counseling needs. Our SOC worker was also available to us by phone and helped coordinate our outside services which strengthened the placement. He also attended our child's CAYIT and was generally invaluable to us.”

Youth (January 2009)

• Almost 95% of youth said that they believed that the SOC worker helped them.
• 98% of youth felt they were treated respectfully.
• 96% of youth believed that the SOC worker spoke their language.
• 94% of youth reported that they felt like their SOC worker understood what was best for them.

Sample responses:
• “I enjoyed activities with my siblings.”
• “He has helped me improve my grades and my behavior towards grandmother/foster parent.”
• “We have had some really tough times and he has helped us pull through he’s like a big bro to me.”
• “They have really helped me in my problems in life.”
• “Yes. {SOC Worker} teaches me how to be part of the family.”
• “I get to live with my brother and love my new foster parents (grandma & grandpa).”
• “She helped my foster mom to be more patient.”
• “We were not getting along but since she came everything has been going good.”
• “We communicate much better. And we can open up and tell how we really feel about a situation.”
• “SOC helped my family by showing use that it’s ok to disagree.”

**Caseworker Satisfaction (April 2008)**

- More than 95% of respondents rated the overall quality of SOC services received by children as “good” or “excellent.”
- The **Appropriateness/Sensitivity** category received the highest ratings, with over 94% of respondents rating 8 of 8 items as “good” or “excellent.” The highest rated item was SOC staff’s sensitivity to cultural, racial, gender, and religious needs, with over 95% rating this item as “good” or “excellent”
- **Outcomes** received the lowest categorical ratings, with “good” or “excellent” ratings given by 88% of the respondents. The highest rated item in this section was “impact of SOC services on placement stability” with almost 92% of respondents reporting “good” or “excellent.” The lowest rated item was “overall improvement children made in SOC” reporting with “good” or excellent” ratings from about 88% of respondents.

Sample responses:
- SOC has helped by being another support system and helping the children learn alternative ways to control anger such as earning small rewards for being good.
- SOC has benefited the entire family, by trying to keep children in stable placement while in care.
- SOC worker helps each person w/ different issues & is always willing to go outside the box to help.
- Mother has increased confidence in parenting and behavioral management for an extremely difficult child.
- The child involved in SOC benefit greatly because they are given opportunities that they may not other wise have. They also have the opportunity for extra help in school which is a big help.
- [Client] is more compliant with house rules. She reports home by curfew. Behavior in school continues to improve. Disposition has improved 100% overall. Able to listen and hear what is said in regard to positive behavior and is working to actively apply those skills.
- I feel that SOC is a valuable resource for families in crisis. They are very helpful in diffusing potentially explosive situations.
- They utilize the entire family as a functioning unit rather than focusing on individual family members.

- **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.

With the approximate 36.4% of children in care today being age 13 years and over, many also have a need for intensive physical and/or mental health services. While the overall capacity of the residential care system is adequate, the Department continues to work to bring on-line placement resources for the hardest to place youth and youth who are currently underserved in the existing configuration and availability of beds.

This additional residential resource development is represented by the following characteristics:
  • Behavioral health challenges and concomitant medical complications,
  • Chronic mental illness that likely will require transition to the adult DHS system,
  • Pregnant and parenting teens with behavioral health challenges,
  • Dual diagnoses with mental illness and developmental disabilities.
  • Severe conduct.

There is a continuing trend towards high-end care in residential services. In FY2004, 29% of the youth placed in residential treatment care required high-end services. In FY2009, an estimated 39% of the youth placed in residential treatment care will require highend services.

Addressing these issues has become a challenge for the Department’s permanency planning process.
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 not only one of the strongest in the country, but also the largest accredited child welfare system. Over the past several years, improvements in the investigation of child abuse and neglect have resulted in fewer children being taken into state custody. Advances in safety assessment and family support, have resulted in fewer children being removed from kinship care. Innovations such as performance contracting and subsidized guardianship have resulted in more children being discharged from foster care to the permanent custody of adoptive parents and legal guardians. More children are being maintained safely in their own homes, while the number of children retained in long-term foster care is declining. In services provided by the private sector and those provided by the Department, improvements in caseworker to caseload sizes are enabling an improved standard of casework. With very few exceptions caseload sizes are similar throughout the state. Continued system improvements over the past decade have resulted in the number of children in substitute care declining to approximately 16,027 by June 30, 2009.

The system, however, still faces challenges. The Department now faces a different mix of children remaining in care. The group of older wards is much larger. As youth move into adolescence they are less likely to be adopted or discharged to private guardianship than their younger peers. Ensuring positive lifetime outcome has the greatest relevance for this group and therefore, the Department will continue to prioritize spending in FY2010 to make sure the needs of these youth are met. With limited funding, the Department continues to try to meet the needs of the thousands of wards and former wards that are beyond the age of 18 years but are continuing to develop skills and resources to help them reach their full potential.

The Department has put in place system changes to address the concerns of the recent comprehensive Federal review, which identified that despite all systemic improvements, the remaining foster care caseload faces greater challenges and the Department and the child welfare aspects of the Judicial system need to enhance their processes in certain areas to meet
these challenges. Through the Performance Improvement Plan and resulting new direction, the Department is concentrating efforts on the weaknesses identified in order to make the child welfare system even stronger. In the coming fiscal year, the Department will be carefully monitoring all the changes that have been made.

The Department’s Record – 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 1997 to 16,027 children by the end of FY 2009. As the numbers of children in protective care declines, the needs of the population of children in care have changed as well. Approximately 36.4% of the children in care today are age 13 years and over. Not only are few of them likely to achieve permanency, but many also have a need for intensive physical and/or mental health services.

While the overall capacity of the residential care system is adequate, the Department continues to work to bring on-line placement resources for the hardest to place youth and youth who are currently underserved in the existing configuration and availability of beds. This additional residential resource development is represented by the following characteristics:

- Behavioral health challenges and concomitant medical complications,
- Chronic mental illness that likely will require transition to the adult DHS system,
- Pregnant and parenting teens with behavioral health challenges,
- Dual diagnoses with mental illness and developmental disabilities.
- Severe conduct.

The chart below illustrates a continuing trend towards high-end care in residential services. In FY2004, 29% of the youth placed in residential treatment care required high-end services. In FY2009, an estimated 39% of the youth placed in residential treatment care will require high-end services.
Child Well-Being - Program Highlights:

For too long, child welfare systems treated children as if their stays would be short, when in fact the average length of care in Illinois is 4-1/2 years. In response to this reality, during FY 2005 the Department introduced a “Lifetime Approach” that alters and strengthens the direction of child welfare in Illinois. The infusion of this approach is being accomplished via a series of reforms, which include:

**Integrated Assessment:** Each child coming into care is provided with a comprehensive clinical assessment. Until the implementation of the Integrated Assessment Program, children placed in out-of-home care, their families and caregivers did not participate in a standardized program of clinical assessment delivered consistently by all Illinois child welfare agencies throughout the state. Research indicates that the quality of an initial assessment followed by the application of relevant and timely clinical intervention and social services has a direct impact on 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. A total of 1,697 assessments have been completed during FY09 (as of January 2009). Regional breakdown includes: Northern Region, 371; Central Region, 543; Southern Region, 284; and Cook Regions, 499. The statewide implementation of this process is expanding to serve not only new entrants but other Department populations.

**Trauma Treatment**

The Illinois child welfare community, including both the Department of Children and Family Services (DCFS) and private sector child welfare agencies, faces a critical challenge: 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. To be effective, this system must be responsive to clients’ and families’ needs across their varied and changing developmental and functional presentations, as well as at the various stages of their involvement with the child welfare system. The system-wide response must be universal,
focusing on all its clients and families, and its scope must be comprehensive, providing an array of services and interventions that are specifically tailored to the needs all family members in order to integrate and facilitate safety, well-being and permanency.

The Department’s Trauma Informed Practice Program is a collaborative effort between the Department (DCFS), Chicago State University (CSU), Community Mental Health Council (CMHC) and Northwestern University (NU) that utilizes an integrated systems approach to addressing the needs of children and their families within the child welfare system and within their community while in substitute care.

The Trauma Informed Practice Program is currently comprised of five (5) learning phases:

2. Psychological First Aid
3. Trauma 201: Developing Casework Practices for Complex Trauma within Complex Systems
4. Assessment/ CANS Certification
5. Strengths-Based Service Planning using the CANS and Statewide Provider Database

Launching the Trauma-Informed Practice Program (TIPP)
During 2008, the Department launched the Trauma-Informed Practice Program (TIPP). Twenty-one staff were hired through a contract with Chicago State University and trained. TIPP staff members possess an exemplary range of experience in child welfare, trauma, and training. A TIPP staff member has a mean of 14 years post-masters at the time of hire. Supervisors and trainers from the Trauma Informed Practice Program (TIPP) along with staff from the Practice Application Support Services (PASS - another “Chicago State” program) programs have served as content experts and facilitators of learning collaboratives during Phases 1 & 2 of the trauma initiative.

Within this year, curriculum revisions were completed on the Trauma 101 curriculum. A residential version of this curriculum was also developed and implemented, and all TIPP Trainers were certified and now provide training in Psychological First Aid. Trauma 201 was also developed in partnership with the DCFS Office of Training and Professional Development, Division of Operations, Office of Policy, POS agencies, and with our initiative partners.

Promising Practices: Establishing Learning Collaboratives within the Regions
The Department has adopted an evidence-informed approach to child welfare practice and service delivery with children who have experienced traumatic and adverse experiences that is inclusive of selected practice models that have demonstrated effectiveness in empirical trials and in field implementation. These evidence-informed practices build upon other “promising practices” established by the Department. This approach requires continuous evaluation, review and consideration of existing and emerging practices that have demonstrated effectiveness and address the complex needs of constituents throughout the child welfare system.

The Department of Children and Family Services along with national entities such as the National Child Traumatic Stress Network (NCTSN) and other practitioners across the country...
are committed to providing the highest quality of services for children and families that have experienced trauma. During FY2009, the Department developed 32 Learning Collaboratives that serve the 4300 DCFS and private agencies child welfare staff. While classroom training on these trauma-informed practices plays an important part in the adoption of new practices, it is not enough to ensure true understanding, increased skills and full implementation of these practices. The Learning Collaborative provides a systematic way for sites to simultaneously learn and implement new practices, test ideas, exchange experiences, and share ongoing feedback that will enable the learners to become each other’s teachers.

**Identifying Resources: The Statewide Provider Database**
The Illinois Statewide Provider Database has been developed in collaboration with Northwestern University and the Cook County Juvenile Court Clinic as a searchable database of community service providers across Illinois. The system contains details needed to access and utilize mental health, substance abuse, domestic violence, recreational, and other kinds of programs, including information that can help overcome barriers to accessing these resources. Information in the system is organized geographically so that searches yield the closest providers offering needed services. The system links with the CANS assessment database so that case work staff may use a recent assessment as a guide to service planning. The information contained in the system, updated regularly by staff and providers, is not limited to DCFS contracted providers, and collaborators outside of DCFS currently use the system as well.

**Overview of the 5 TIPP Learning Phases:**

**Phase I: Child Trauma 101: Trauma-Informed Casework Practice:** This curriculum provides introductory awareness and skill development regarding the nature of trauma, subsequent symptomology, and developmental impact. The curriculum fosters the development of viewing child welfare services through a “trauma lens” that enhances the resilience and protective capacity of children and their families. There is a residential version of this curriculum available that has been adapted for this service setting.

**Phase II: Introduction to the Learning Collaborative & Psychological First Aid:** Psychological First Aid (PFA) is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of a disaster or critical event. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short and long-term adaptive functioning and coping.

**Phase III: Trauma 201:** Developing Casework Practices for Complex Trauma within Complex Systems. This curriculum provides the framework for the Illinois model for trauma-informed child welfare practices throughout the life of a case. It also develops the knowledge and skills of the workforce through trauma interventions that address complex trauma within an ecological perspective.

The goals of the Trauma 201 Model:
1. To expand knowledge developed in Child Trauma 101 and Psychological First Aid, by developing advanced knowledge of complex trauma which affects the majority of youth in care;

2. To enhance trauma-informed casework skills for investigation, assessment, and service planning when working with children and their families within an ecological/systems’ perspective;

3. To provide strengths-based; family-centered casework practices to the children and families of Illinois that have experienced trauma in order to support overall child and family well being.

**Phase IV: Illinois Comprehensive CANS 2.0:** The IDCFS assessment process already supports the Child and Adolescent Needs and Strengths (CANS) tool for assessment, decision-making, and to measure the child’s progress over time. The CANS 2.0 version has been revised by better defining existing items and by incorporating the Department’s Readiness for Permanency and Reunification. Using the “Readiness,” key stakeholders in child welfare, including parents and substitute caregivers, will work together to build on parents’ strengths and readiness for reunification. Phase IV will allow staff the opportunity to hone their critical thinking and gain the skills to become reliable users of the Child and Adolescent Needs and Strengths tool. All staff participating in a Learning Collaborative will be certified in the CANS 2.0. Veteran users will support new users throughout the two-day training. The newly developed Child Welfare Specialist (CWS) web application will be reviewed and staff will have access to their own data on a daily basis.

**Phase IV – Strength-based Service Planning using the CANS:** Building on skills learned in Trauma 201 and CANS Training, Phase V will focus on the intervention process in the child welfare practice cycle. A model for strength-based service/treatment planning developed by Illinois CANS Super Users will be introduced and applied to existing case scenarios. Staff will also become familiar with the IDCFS Statewide Provider Database as a tool for identifying “local” resources. Using this database, child welfare staff will be better able to identify need and make referrals to trauma-informed and trauma-trained providers within their geographical community, in addition to identify other needed services and improve access to services.

**Psychiatric Services**

DCFS established the Office of Psychiatric Services (OPS) to provide quality, timely psychiatric healthcare to the children and families in our care. The need for psychiatric services, particularly among youth in care, is high and the availability of expert providers is low. At 5.25 providers per 100,000 children, Illinois well below the national average of 8.67. The wait time for an outpatient appointment in the greater Chicago area is between 2 and 12 months. Mental illness is associated with school failure, high-risk behavior, suicide and running away. In addition to the emotional costs, there are serious financial costs to consider. The cost for a psychiatric hospitalization is on average $23,000 (with a 12.5 day stay).
The goals of the DCFS Office of Psychiatric Services are to:

- Improve access to psychiatric care
- Ensure delivery of quality care
- Minimize in-patient hospitalizations
- Keep costs down while maximizing outpatient services.

To meet these challenges, the Department will respond with a three-pronged approach

1. **PACT (Psychiatry for Adolescents and Children in Transition) Clinics in Cook County**
2. Preferred Provider Network of Illinois
3. Working with DHS on an inter-agency agreement to provide Telepsychiatry services for Rural Areas of Illinois

PACT Clinics 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 428 appointments during FY09 (as of January 2009). PACT Clinic-Cook North and PACT Clinic-Cook Central will come online in FY09.

**Counseling Services for Special Populations**

Through various contracts, the Division of Clinical Services also has the responsibility of providing counseling services for victims of sexual abuse and domestic violence. In addition, the Division supports caregivers of medically complex or developmentally challenged infants and children between 0 and 13 years of age. Services are also provided to the pregnant and parenting population including moms with medical issues. Various services include outreach nursing services and medical advocacy, in-home respite, and in-home medical/patient education.

Other contracted services under the clinical umbrella include an alliance against sexual assault (counseling and therapy for victims) and services for abused and neglected wards with mental health and deafness issues.

**Child and Youth Investment Teams (CAYIT):** The CAYIT teams are designed to streamline the decision-making process so as to better anticipate and respond to the clinical needs of children. Information about the child and available services in the child welfare system – such as mental health and trauma, education and residential care – will be available to make informed decisions about a child’s history, current situation and options for the future. The CAYIT process hinges on early identification of challenging issues to reduce negative outcomes by delivering services in a more timely fashion, attempting to maintain a child’s existing relationships and monitoring planned and unplanned moves. By the end of FY 2007, approximately 6,700 youth received a total of 7,400 CAYIT assessments.

**Family Supported Adolescent Care:** This work involves the identification and engagement of a new cadre of foster parents singularly committed to serving older adolescents during their transition to adulthood. By the time they reach age 16, 80% of youth in care have a permanency goal of independence. These youth need the stability and mentorship of a foster home well versed in the challenges of the process of coming of age. During FY 2007, fourteen programs were developed and are currently operational. Included in these programs
is one program designed specifically for youth that have exited 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 been faced with the educational challenge of keeping foster children progressing in school even as they move from one foster home to the next and from one school district to the next. To help stabilize educational outcomes and to help stabilize a child's life, the Department has changed its policy regarding foster home locations so that everything possible is done to keep the child in the same school catchments area. The results have been dramatic. Many more children are able to stay in the same school enabling continuous education even though they are moving from one home to another. Progress in implementing this new policy is continuing in FY2010.

**Redesign of Transitional Living and Independent Living Programs:** An extensive collaborative effort involving the Department and the provider community surveyed existing program structures and available services. The result of this collaborative effort has been the development of a seamless continuum of services transitioning youth to adulthood. Several redesigned programs became operational in FY 2007. The remaining programs were implemented in FY2008.

**Cook County Shelter System**

**Overview**

At this time the Cook County shelter system has an extremely low profile compared to the late 70’s and 80’s, when the shelter system was a source of criticism as well as media exposés. It should be noted that to maintain this stability requires constant vigilance, effective management, coordination and monitoring.

In 2003, the Department decided to move towards a system, which accommodated fewer youths in individual facilities. It was determined that *smaller was better* and that it afforded the opportunity to enhance programs for youth during shelter episodes. To that end, the Department contracted with seven private agencies to work collaboratively as part of a shelter network. Shelters that comprise the DCFS Cook County shelter system are located in varying communities across the city and serve a diversity of children/youth ages zero (0) through twenty years (20) of age.

Since completion of the redesign of the Cook County Shelter System, emergency placements are available at the following sites:

- **Aunt Martha’s Children’s Reception Center** (Bronzeville) accommodates all youth from birth to 21 years of age. The facility is oftentimes referred to as “The Hub” and serves as the entry point into the shelter system. The Center has a licensed capacity for 50 youths and serves as back up for all the other shelters.
- **Anchor/Methodist Youth Services** (East Rodgers Park) has a licensed capacity to house 8 adolescent males, ages 14-18 years
- **Essex/Lawrence Hall Youth Services** (South Shore) has a licensed capacity to house 8 younger males, ages 8-14 years
• **Graves/Lawrence Hall Youth Services** (Albany Park) has a licensed capacity to house 8 adolescent males, ages 14-18
• **Daniel J. Nellum** (Englewood) has a licensed capacity of 16 and accommodates older adolescent males, ages 16-21
• **Madden** (West Town) has a licensed capacity of 20 and is a program designed solely for females, ages 14-21, who are pregnant and parenting
• **Sadie Waterford** (Southern Suburb) has a licensed capacity of 15, accommodating adolescent females between the ages of 14-18
• **Ada S. McKinley Emergency Foster Homes** (South Shore) is a professional foster parent program providing emergency services for infants/toddlers, under the age of 3 and large sibling groups

All the shelters have programming for all the various age groups, which includes:
- Psychiatric services
- Medical services
- Life skills classes
- Case management services
- Educational services—(children/youth in shelter attend their home school when possible)
- Recreational services
- Parenting classes
- Drug Abuse Prevention services
- Employment/vocational services
- Domestic violence classes
- Individual/group therapy

**Oversight**

Maintaining safety, stability, coordination and communication with all the shelter providers and Department staff is a challenge. The shelter has a constant influx of children/youth and safety issues can emerge at a moment’s notice. To that end the shelter administrators and Department staff have a daily teleconference referred to as “Grand Rounds”. This daily call-in serves several purposes:
- Allows assigned Department staff to identify any milieu/group composition problems, which may have emerged during the 24 hour period and make appropriate changes;
- Identifies any potential problems within any of the shelters and/or the community, in which they reside and provides an opportunity to discuss, plan and intervene
- Provides an opportunity to place youth in the most appropriate shelter setting, using information presented, at the time of intake. This decision is made collaboratively with Department staff and shelter administration
- Provides general oversight of the entire Cook County Shelter System

Residential Monitors have been assigned to all the shelters/emergency foster homes. Residential Monitors are required to make unannounced minimum weekly visits(or more if necessary) to observe the programming and milieu management of the varying shelters.
A critical role of the monitor is to identify short-term treatment concerns, issues around safety, program improvement, monitor corrective action plans and communicate with Department licensing when necessary.

This layer of monitoring serves as a safety net in ensuring that the group composition of each shelter is appropriate.

**Shelter Initiatives**

Over the past year, the Department has decided to enhance the entire shelter system from intake to discharge.

**Temporary Placement Admissions to the Cook County Emergency Shelter System (301. Appendix G)**

While the Department concentrated on enhancing the programming and monitoring of the shelters over the past few years, it became apparent that guidelines for Cook County Shelter admissions have never been formalized. A draft policy has been submitted to the office of Child and Family Policy to regulate shelter admissions.

The purpose of this policy is to provide consistent and clear direction to all Child Welfare/Child Protection staff that need to access the Cook County Shelter System, from the point of entry to discharge.

**Electronic Referral/Intake**

In order to streamline the intake process, admission form templates will be available electronically during FY10.

This will afford workers an opportunity to sit at their desk and complete a brief Intake form which captures information, necessary for the shelter admission. Upon completion the worker will send the form electronically to the Department Emergency Reception Center staff, gatekeepers of the shelter system. It is hoped that workers and youth will not spend unnecessary time going through a lengthy, outdated process.

**SACWIS (Emergency Reception Center (ERC) Staff)**

Currently, information related to “children and youth”, in shelter are entered into a NOMAD database by DCFS/ERC staff. This is a system which has been utilized by ERC staff for about 20 years and is a stand-alone mainframe database.

In order to integrate ERC service requests into a child’s SACWIS file, the ERC staff will have the ability to enter all service requests into the appropriate SACWIS file. ERC staff are currently being trained to enter notes in the SACWIS system.

The benefit of SACWIS access is:
- All information on any child/youth will be integrated into one file and not in separate systems.
- The assigned investigator /child welfare worker will have current information placed directly into SACWIS and immediately know it has been entered.

During the Intake process ERC staff will now have the ability to print pertinent documents from the child’s SACWIS file (such as Integrative Assessments and Client Service plans) and provide that information electronically to the shelter that is going to receive the client admission.

This will serve two purposes:
- Assist the worker with the required documents for shelter admission, during a critical time
- Provide much needed information for the shelter staff who will be providing care

**Email Access for Shelters**

All the shelters have now been given email access. It is the intent that ERC staff will email all Intake referrals and any related SACWIS information (child specific), to the shelter receiving the child. This also provides the ability for all shelter case managers to directly correspond with assigned case managers regarding placement efforts and other information sharing.

**Shelter CAYITs**

Over the past 18 months CAYITs has been convened onsite for youth who are currently in the shelter system. There are two CAYIT teams for the shelter population which convene three times daily Monday through Thursday.

Benefits of having CAYIT teams specifically for youth in shelter are:
- Increased participation from youth
- Participation from staff currently providing care/supervision of the youth
- Quick clarification regarding medical concerns due to access to medical records at the shelter clinic
- CAYIT reviewers have an ability to gain day-to-day information on a youth through observation and access to milieu staff to help determine placement type
- Enhanced coordination and communication

**Counseling and Other Supportive Service**

The Department’s Counseling and Auxiliary Services appropriations provide general counseling services to youth in care, as well as their families. This counseling is designed to support children during their stay in substitute care; to support families indicated for, or at risk of, abuse or neglect; provide specific, targeted counseling for children in care experiencing trauma associated with abuse; or to counsel as necessary to stabilize children with mental health diagnoses. This includes, but is not limited to, sexual abuse counseling, sexual abuse victim treatment and therapy for sexually aggressive children and youth.
Pre-Admission/Post-Discharge Screening and Assessments

The Department and its two partner agencies, Healthcare and Family Services and the Department of Human Services have developed a common system of Pre-Admission/Post-Discharge Screening and Assessment Services for its clients (referred to as SASS). Prior to admission to a psychiatric hospital, every Department client is assessed to determine if the admission is necessary or if other services can meet the child's needs. Services are available 365 days per year, 24 hours per day. This system serves all eligible children, and has been strengthened to provide more intensive hospitalization monitoring and follow-up services. The 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 considers the education of its children to be of utmost importance. Like a good parent, it is the Department’s responsibility to ensure that youth in care have every chance to be successful in school. Studies indicate 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. From early childhood through the college years, 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 include:

**Academic Performance.** Of children in substitute care, 30% of children in care are older than their classroom peers. This is particularly problematic because there is a strong correlation between being overage in grade and high school dropout. In addition, almost 2 out of 3, third through eighth graders are scoring in the bottom 2 quartiles in reading on the state standardized test (ISAT). At the same time, it is important to note that almost 20% of the youth in care in Illinois are receiving A grades in reading and 14% in math, an improvement based on a recent study on the educational well being of children in Illinois foster care system.

**Attendance, Suspension and Expulsion.** Of 17 year olds interviewed, 35.4% reported they have repeated a grade and 17.9% said they had been expelled from school. Examination of a random sample of school records on the other hand, indicated that about 1% of the youth had been expelled (the difference may be attributed to students inability to distinguish between an expulsion and a discharge from school in other circumstances.
Enrollment in Special Education Programs. Nearly 48% of students in care are receiving special education services, a number which far exceeds the state average of 15%. In addition, there is a significant over representation of wards who have been classified as having an emotional disorder (about one in five students). Also, about 17% are classified as having a learning disability. 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 - Students are extremely mobile during the year they enter the Department’s care. On average, approximately 46% 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 both those still in care and those recently emancipated, 39.6% had neither a high school diploma nor a G.E.D. Only 38.6% 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 G.E.D.; 56.4% of the national sample of youth were enrolled in a postsecondary college or vocational training program; 58.2% of the youth were currently employed.

The following outline represents specific details that demonstrate the Department’s commitment to focusing its efforts to help children do well in school, stay in school and find the best schools available for their emerging skills.

Early Childhood:

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 representing 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:
Statewide School Readiness Team (SSRT)

In May of 2008 IDCFS launched the Statewide School Readiness Team (SSRT). The statewide team has one early learning ambassador in every Department region. The team was given a three day orientation. Orientation participants included administrators from the Department, its partnerships, and other private and government agencies representatives. A global perspective was given to the (SRT) regarding the need for research and advocacy for children ages 3-5 year with a legal relationship to the Department.

June thru December 2008, the (SSRT) began to collect data was by regions on the above children. Initially there were approximately 2907 children identified between the ages of 2.5-5. After reviewing the data on 2,907 children, 29 (1%) of the children identified on the original list had barriers to achieving a favorable responses. The breakout of favorable responses from the original list of 2907 children are; 16% Head Start, 33% Pre Kindergarten, 6% Accredited Child Care Facility, Licensed 7% Day Care Centers/ Homes, 2% Returned to Bio-Parent, 8% Adopted and Subsidized Guardianship. Early Learning Research has shown that children who attend quality educational programs are more likely to achieve higher education. They are also more likely to advance to post secondary education and they are less likely to become victims of child abuse and neglect.

The strengths of the IDCFS-School Readiness Team (SSRT) are the roles of early learning advocacy, information and referral capability. The (SSRT) has over 200 years combined child welfare experience. They have worked in many facets of the Department and the Child Welfare Community. They are invested in early learning for children and families and have a strength based practice perspective.

Strengthening Families Through Early Care and Education Illinois

The Statewide School Readiness Team (SSRT) works collectively with Strengthening Families Illinois, Head Start Programs, Pre K and other partners to ensure collaboration amongst the early learning and child welfare communities.

Strengthening Families Illinois Through Early Education and Care support the six protective factors, which evidence based research has shown reduces the incidents of child abuse and neglect. These protective factors are being implemented in practice throughout the IDCFS. They are taught in the quarterly “Learning Collaboratives” throughout the state and practiced within every division. Purchases of Service agencies are also mandated to incorporate the six protective factors into their contractual service practice with Department involved families. The six protective factors are as follows:

- Parental Resilience
- Social Connection
- Concrete Support in Time of Need
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children
- Parent Child Relationship
Supports for Service Effectiveness

The ability to identify and provide services at the onset of the case is one of the most effective ways of ensuring success within the program. Education-Procedure 314 mandates that specific interactions of practices occur with children and families that fit the early learning criteria. Entities involved with the establishment and development of the early learning process for children and families are as follows: (SSRT), case managers, supervisors and administrators, Department training staff, agency performance team, information and technology/ data collection and integrated early learning and child welfare persons, etc. A list of external partners include: Strengthening Families Illinois & National, Action for Children, CEDA-Community Economic Development Association, Ounce of Prevention, and City of Chicago -Child and Family Support Service, Illinois Department of Health and Human Services/All our Kids Network, Head Start Association, Learning Networks, Local Area Networks, Child Care Resource Referral Network, Academic Advisors and Educational Liaisons. (Just to name a few)

2009 Statewide Joint Cooperative Agreement – Head Start/IDCFS

Effectiveness of Collaborations

There is a “Joint Collaborative Agreements”, which exist throughout the State of Illinois. This agreement has been revised to enhance its specifics to include: the term, confidentiality and the overall goals and activities to prevention of abuse and neglect. The “Joint Collaborative Agreement” is specific to IDCFS and its Statewide Head Start Working Partnership.

The information below is a summary of the contents of the agreement. These agreements exist throughout the State of Illinois with the Department and its identified partners. The level of effectiveness of the collaboration has been successful in the areas of recruitment, enrollment, information sharing, and education stability, service provision, preventing child abuse and neglect and training. Some specific activities held under this working agreement are as follows: cross training amongst early learning and child welfare, quarterly partnership work groups, panel discussions with partners’ grantee agencies, extended committee membership for the (SRT), etc.

Listed below is the highlight of the “Joint Collaborative Agreement” that enhances working relationships and fosters collaborative strategies to improve program performance and outcomes for children, families and communities.

Goal One: Enroll and sustain participation of eligible children & families involved with the child welfare system in Head Start programming.

Recruitment, Enrollment & Information Sharing

- DCFS will identify children in care who will be 3 years old by September 1 for referral to Head Start. DCFS will provide HS grantee agencies lists quarterly.
- Caseworker/caregiver can initiate referral process – Action for Children (Cook County) and Child & Family Connections (outside of Cook County) to assist in locating programming
At time of enrollment information shared – educational needs, strengths, needed supports (form 600-4). Also, will provide information from case plan – visitation, service provision, permanency planning and individualized needs

Head Start will actively recruit when open slots are available and prioritize enrollment via selection criteria

Head Start will follow Head Start Performance Standards to meet the needs of the child and family by utilizing collaborative partners including DCFS.

Educational Stability for Children in Care

When issues arise that may threaten a child’s continued enrollment Head Start will contact both the caregiver and caseworker

When contacted caseworker will respond proactively and support the caregiver and Head Start program staff with problem resolution

If child should move, efforts for the child to remain through the end of the school year will be explored

Transition Procedures

If it is determined a child should transition to another program due to the placement move collaborative efforts will occur to develop and implement a successful transition for the child

When a child moves to kindergarten the caseworker will collaborate with Head Start to assist the caregiver in selecting a kindergarten and facilitating a successful transition for the child

Goal Two: Encourage and enhance collaboration to improve service delivery to children and families:

Service Provision

Within 30 days of enrollment, prior to each 6 month review and on a as-needed basis the caseworker will confer with Head Start regarding the child’s educational needs and provide current information regarding visitation, permanency planning and service provision

Head Start will provide information regarding progress, outcomes and results and will work to support the case plan, including the permanency plan

The caseworker will consider Head Start staff as potential participants in the Child/Family team and will invite them to these meetings as well as administrative case reviews

Goal Three: Head Start will play a conscious and active role in preventing child abuse/neglect

Preventing Child Abuse/Neglect - Reporting Child Abuse/Neglect

DCFS will provide training and technical assistance for Head Start staff and parents on child abuse/neglect prevention including the SFI protective factors

Head Start will adhere to performance standards that support family strengthening and child abuse prevention

Head Start will conduct the self assessment used by Strengthening Families
Head Start will report all cases of suspected abuse/neglect via the Hotline and inform the caseworker if one is involved
Child protection staff will work with Head Start to ensure an appropriate safety plan and supports are available to the caregiver and child

**Goal Four:** Child welfare and Head Start program staff have the information that they need to fully collaborate with each other to benefit children and families

**Training**
- Provide cross-training on policies and procedures – Procedure 314, coordination of case management, procedures regarding mandated reporter status and investigative procedures, training on prevention and identification of child abuse/neglect

**Placement Cases**

Another issue raised by caregivers is that most families want children enrolled for full day services. Head Start programs are approximately 3.5 hours. Caregivers state this is not enough time for themselves or the children. Within some early learning program there may not be available space for the child to attend full time. (The program may be at capacity). Monies have not been an issue due to IDCF S having a legal relationship with the children identified in this report. Children are allowed to attend full day care programs if they qualify. Qualifications may be based on the program’s financial capability of blended funding and if the parents/caregivers are working and/or attending school or if the parent/caregiver has been confirmed as being disabled and unable to care for the child during a specific portion of identified time. Special circumstances for full day care services when one or more of the above criteria’s can not be met shall be reviewed by the child care facility, IDCF S-Office of Child Development. The Regional School Readiness Staff, and Northern Illinois University Academic Advisors, etc., may also be apart of the decision making process.

**Short and Long Term Resolutions Required**

**Intact Families**

Intact Procedure 302.388 proposed appendix is currently in draft. It will reflect a practice that include children 3 - 5 years or age, that reside within intact families shall be referred to early learning programs to include Head Start, Pre-kindergarten (Pre-K) (for children at risk of academic failure) and Early Childhood Special Education Programs for 3-5 year olds with disabilities. (At this time there is no final date confirmed for intact family intervention with the School Readiness Staff and its statewide IDCF S and POS data collection). Nor has “Procedure 302.388 been amended as an appendix to support the practices included within this paragraph. Yet, the School Readiness Staff has presented information on early learning programs, etc. to intact administrators, managers, supervisors and case managers regarding the existing need for early intervention referral for children 3-5 years of age. Although the School Readiness Staff has had a statewide intact data run for review there remains no continuation or tentative confirmed date for intact data collection and correlation. Start up will be an administrative decision (intact cases are not inclusive of the data collection at this time). Financial resources will most likely become a significant barrier to enrollment of intact children. Eligibility requirements will impact acceptance into Early Learning Programs. Another issue for intact families may be the ability to qualify for Head Start under the federal
poverty income guidelines. In addition, there will also be a need for intact family involvement in the early learning program as a volunteer.

The School Readiness team identified the following barriers by the following methods; computer contact, telephone and fax correspondences with case managers/ supervisors, caregiver contact and in person visits to purchase of service agency sites, worker documentation on spread sheet, hard files and review of SACWIS. Collection of the statewide data revealed the information below:

- Staff turnover-Cook South experienced a high volume of staff turn over in agencies.
- Struggles of caregivers to enroll child
- Lack of availability in program
- Lack of transportation
- No program available within certain geographical areas

(SSRT) Goals

- SSRT has the ability to identify, link, and track the early enrollment of (3-5 year olds).
- Ensure children are provided services to include social and emotional learning, cognitive development and parental support.
- Works collectively with Head Start Programs, Pre-Kindergarten, accredited child care facilities, Strengthening Families and other partners in order to ensure collaboration between early learning and child welfare

Suggestion for Enhancing (SSRT) Initiative

- Educating parents to the benefits of earlier learning
- Mandate all children to be enrolled at age 3
- Affordable learning programs for all
- High school programs to incorporate more programs for teen parents with wards and non wards as children age 3-5
- Establish information and referral links with educational programs for children 0-3 years of age
- Review and assess the current accreditation status of child care providers to include: day care homes, day care centers and group day care homes
- Advocate for accreditation for in the above child care facilities
- Understand the appropriate accreditation availability and feasibility for the above facilities
- Partner with other government, private and public entities to ensure the accreditation of the above licensed facilities.
- Increase the number of (SSRT) staff positions in the (Central Region), due to the large geographical area and the increment of family involvement with the child welfare system.
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 are required to visit the schools of their children and actively participate in educational planning, particularly when there is an Individual Education Plan and when transition planning begins as the ward 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 out-of-home care for future planning by education and policy experts.

In the Fall of 2007, the Department implemented Annual High School Academic Planning Meetings where the youth, caseworkers, caregiver, 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/SAT, completing financial aid forms, etc.

Scholarship Program:

The Department annually provides 48 college scholarships to youth who are currently under guardianship of the Department 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. In FY08, a generous donation was received from Morgan Stanley to award an additional ten scholarships to youth in the amount of $1,000 each.

Youth in College/Vocational Training Program:

Under this program, DCFS youth are provided assistance that will enable them to attain economic independence while completing their college education. Benefits include a monthly stipend, start up payment to assist with educational expenses, 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 will be to assist 30 students during the summer of 2009.

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.

“Project STRIVE” - 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 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 student to an appropriate activity sponsor, help the student find a job or get a scholarship, pick up a youth 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 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 provides 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 that have completed the Ansell Casey Life Skills Assessment.

The Girls Awakening Power Program (GAP) 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.

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 programs within their communities. In addition, the program provides opportunities and support by maintaining an ongoing relationship with the youth.

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.

New Futures Program is a collaborative program between the Alternative Schools Network (ASN) and the Illinois Department of Children and Family Services. 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 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 areas 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 FY 08.

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 (CPS) and the Illinois State Board of Education (ISBE). 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 shelter care 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 DCFS 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. CPS will also expedite the enrollment and Individual Education Plan (IEP) process for special education services for youth transitioning into residential treatment centers in Chicago and will ensure that qualified DCFS 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 children as possible stay in their current school. This assures more educational continuity. The history of foster care has been to hinder the educational development of the child; this new policy will reverse that tradition.

**Supporting the Transition of Youth from Substitute Care**

Children in Department care that are at 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 6,200 children ages 13 and older in paid substitute care (approximately 36.4%).

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 under 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 and Independent Living 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 their 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 child 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 abuse counseling and treatment immediately to youth who need these services.

The Department receives a Federal grant through the Chafee Foster Care Independence program. The Federal government has restricted the amount of this grant even though national child welfare policy suggests that there is a significant demand for the 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
• Providing financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age

Substitute Care Services

<table>
<thead>
<tr>
<th>Units of Service*</th>
<th>FY08 Actual</th>
<th>FY09 Estimated</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Regular Foster Care</td>
<td>4,480</td>
<td>4,574</td>
<td>4,675</td>
<td>101</td>
<td>2.2%</td>
</tr>
<tr>
<td>Children in Specialized Foster Care</td>
<td>3,205</td>
<td>3,187</td>
<td>3,258</td>
<td>71</td>
<td>2.2%</td>
</tr>
<tr>
<td>Children in Relative Care</td>
<td>6,188</td>
<td>6,088</td>
<td>6,223</td>
<td>135</td>
<td>2.2%</td>
</tr>
<tr>
<td>Children in Residential Care</td>
<td>1,342</td>
<td>1,373</td>
<td>1,390</td>
<td>17</td>
<td>1.2%</td>
</tr>
<tr>
<td>Children in Independent Living</td>
<td>856</td>
<td>805</td>
<td>823</td>
<td>18</td>
<td>2.2%</td>
</tr>
<tr>
<td>Children Reunified with Families</td>
<td>1,978</td>
<td>1,958</td>
<td>1,987</td>
<td>29</td>
<td>1.5%</td>
</tr>
<tr>
<td>Child Cases Closed</td>
<td>5,888</td>
<td>5,885</td>
<td>5,914</td>
<td>29</td>
<td>0.5%</td>
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<tr>
<td>Percentage of Children Reunified</td>
<td>14.0%</td>
<td>14.1%</td>
<td>14.3%</td>
<td>0.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Department Foster Homes</td>
<td>2,031</td>
<td>2,060</td>
<td>2,071</td>
<td>11</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

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

FY2010 Request

($) .000

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY08 Actual</th>
<th>FY09 Est Exp.</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Foster Care (All Funds)</td>
<td>313,897.0</td>
<td>331,850.4</td>
<td>341,864.0</td>
<td>10,013.6</td>
<td>3.0%</td>
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<tr>
<td>Total Institutions/Group Homes (All Funds)</td>
<td>222,936.2</td>
<td>253,405.1</td>
<td>260,756.1</td>
<td>7,351.0</td>
<td>2.9%</td>
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<tr>
<td>Foster Care (GRF)</td>
<td>189,613.9</td>
<td>174,788.6</td>
<td>195,025.0</td>
<td>20,236.4</td>
<td>11.6%</td>
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<tr>
<td>Foster Care (CSF)</td>
<td>116,229.5</td>
<td>133,901.3</td>
<td>123,678.5</td>
<td>-10,222.8</td>
<td>-30.5%</td>
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<tr>
<td>Foster Care (Budget Relief Fund)</td>
<td>0</td>
<td>14,871.2</td>
<td>14,871.2</td>
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<td>0.0%</td>
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<tr>
<td>Institutions &amp; Group Homes (GRF)</td>
<td>124,545.9</td>
<td>128,780.6</td>
<td>174,160.3</td>
<td>45,379.7</td>
<td>35.2%</td>
</tr>
<tr>
<td>Institutions &amp; Group Homes (CSF)</td>
<td>98,390.3</td>
<td>124,624.5</td>
<td>86,595.8</td>
<td>-38,028.7</td>
<td>-30.5%</td>
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<tr>
<td>Foster Care Initiative (GRF)</td>
<td>6,805.9</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>1,247.7</td>
<td>1,477.1</td>
<td>1,477.1</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>3.7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>County Reimb. of Juvenile Justice Programs</td>
<td>465.3</td>
<td>465.3</td>
<td>5,000.0</td>
<td>4,534.70</td>
<td>974.6%</td>
</tr>
<tr>
<td>Total Substitute Care</td>
<td>537,640.7</td>
<td>586,059.3</td>
<td>607,958.6</td>
<td>21,899.3</td>
<td>3.7%</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>FY08 Actual</th>
<th>FY09 Estimated</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Services</td>
<td>7,098</td>
<td>7,133</td>
<td>7,204</td>
<td>71</td>
<td>1.0%</td>
</tr>
<tr>
<td>Children receiving Personal &amp; Physical Maint.</td>
<td>5,695</td>
<td>5,723</td>
<td>5,780</td>
<td>57</td>
<td>1.0%</td>
</tr>
<tr>
<td>System of Care</td>
<td>3,982</td>
<td>3,900</td>
<td>3,925</td>
<td>25</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

FY2010 Request ($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY08 Actual</th>
<th>FY09 Est Exp.</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling &amp; Auxiliary Services (GRF)</td>
<td>12,880.2</td>
<td>14,028.5</td>
<td>12,128.5</td>
<td>-1,900.0</td>
<td>-13.5%</td>
</tr>
<tr>
<td>Counseling &amp; Auxiliary Services (CSF)</td>
<td>10,307.1</td>
<td>9,603.7</td>
<td>12,047.2</td>
<td>2,443.5</td>
<td>25.4%</td>
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<tr>
<td>Psychological Assessments (GRF)</td>
<td>3,045.8</td>
<td>3,137.2</td>
<td>3,273.6</td>
<td>136.4</td>
<td>4.3%</td>
</tr>
<tr>
<td>Pre Admiss/Post Disch. Psych. Screening (GRF)</td>
<td>8,671.7</td>
<td>3,128.3</td>
<td>3,200.2</td>
<td>71.9</td>
<td>2.3%</td>
</tr>
<tr>
<td>Children’s Personal &amp; Physical Maint. (CSF)</td>
<td>2,582.8</td>
<td>2,791.9</td>
<td>2,856.1</td>
<td>64.2</td>
<td>2.3%</td>
</tr>
<tr>
<td>MCO Tech. Asst. &amp; Prog. Development (GRF)</td>
<td>1,588.8</td>
<td>1,650.0</td>
<td>1,600.5</td>
<td>-49.5</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Total</td>
<td>39,076.4</td>
<td>34,339.6</td>
<td>35,106.1</td>
<td>766.5</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

The FY10 shift of $1.9 million from GRF to CSF in Counseling reflects the increasing number of Medicaid certified programs. The divisions within the Department that have primary responsibility for promoting the well-being of children are as follows:

Field Operations
FY2010 Request ($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY08 Actual</th>
<th>FY09 Est Exp.</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare (GRF)</td>
<td>117,395.4</td>
<td>111,666.1</td>
<td>110,242.8</td>
<td>-1,423.3</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Targeted Case Management (GRF)</td>
<td>8,477.8</td>
<td>9,307.7</td>
<td>9,307.7</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>New Frontline Staff (Budget Relief Fund)</td>
<td>0</td>
<td>8,100.0</td>
<td>8,100.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Federal Child Welfare Projects (FPF)</td>
<td>458.4</td>
<td>2,000.0</td>
<td>2,775.0</td>
<td>775.0</td>
<td>38.8%</td>
</tr>
<tr>
<td>Total</td>
<td>126,331.6</td>
<td>131,073.8</td>
<td>130,425.5</td>
<td>- 648.3</td>
<td>-5.3%</td>
</tr>
</tbody>
</table>

Field Operations is responsible for administering the delivery of child welfare and the division provides child welfare and permanency services to children who are placed in substitute care and their families.
Clinical Practice and Professional Development
FY2010 Request
($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY08 Actual</th>
<th>FY09 Est Exp.</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Services (GRF)</td>
<td>4,106.6</td>
<td>4,322.1</td>
<td>4,698.5</td>
<td>376.4</td>
<td>8.7%</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 clinically-based assessment, treatment and support 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
- Case management for children with AIDS and Medically-Complex cases
- Specialty services for cases having domestic violence, AODA, Deaf & Hard of Hearing, developmental disabilities, HIV, medically complex, & LGBT issues
- Child Protection consultations on investigations involving psychiatric issues
- Nursing consultations

The Division is the lead unit for the Integrated Assessment Initiative and in addition oversees Child & Family Policy, Employee Licensure, Foster Parent Support, and the HELP Unit.

Service Intervention
FY2010 Request
($ .000)

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>FY08 Actual</th>
<th>FY09 Est Exp.</th>
<th>FY10 Projected</th>
<th>09-10 Change</th>
<th>09-10% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Network (GRF)</td>
<td>4,197.7</td>
<td>4,198.5</td>
<td>4,072.5</td>
<td>-126.0</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Youth in Transition (GRF)</td>
<td>943.7</td>
<td>944.7</td>
<td>966.4</td>
<td>21.7</td>
<td>2.3%</td>
</tr>
<tr>
<td>Independent Living Initiative (CSF)</td>
<td>7,670.6</td>
<td>9,114.3</td>
<td>10,300.0</td>
<td>1,185.7</td>
<td>13.0%</td>
</tr>
<tr>
<td>Independent Living Initiative (FPF)</td>
<td>743.7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>13,555.7</td>
<td>14,257.5</td>
<td>15,338.9</td>
<td>1,081.4</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

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 Services**, 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.

(NOTE: Mental Health Services are no longer in the Division of Service Intervention, now in the Division of Clinical Services)

• **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**

**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 screened approximately 1,100 children last year in an effort 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 09 Screenings Total as of April 30, 2009

- # of children screened by Early Childhood Staff: 1133 (73% of initials, 77% of rescreens)
- # of children screened (Southern, Northern, Central Regions, Cook County 3-5 year olds) as a result of referrals made by Early Childhood Staff: 2564 (85% of reported)

**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 126 Staffings in FY 09 as of May 29, 2009.

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 68 administrative case reviews.

**Integrated Assessment: Ensuring That Children Entering Substitute Care Are Screened to Identify Physical Health, Mental Health, Developmental, and Behavioral Healthcare Needs.** In response to the B.H. Federal Consent Decree and 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.

During FY 2009 (ending June 30), 3,237 children from approximately 2,091 families have been assessed through the Integrated Assessment Program. Over the life of the program, 11,510 children have received assessments. Most of the assessments have been on children who are newly placed by the Department, although 478 children were new to the Department but siblings of children already in care. In FY 2009, the program expanded to assess 230 sibling add-on children.

The demonstration grant from the Administration for Children and Families continues and will help expand the program on a trial basis to intact families served by the Department. Three geographical areas have been identified across the state to serve as pilot areas for assigning screeners to intact cases and then following these intact cases over time. Preliminary research for the grant based upon the existing Integrated Assessment Program has shown that children with assessments completed by screeners disrupt from placements less often than other cases and that these children encounter fewer negative events—as defined by hospitalization, detention and running from placement—during the life of their case. The attached report contains additional 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 the
second quarter of FY 2009, the number of children enrolled with a PCP was 99.2%, 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 the second quarter of FY 2009 for children in the custody or guardianship of the Department that received an ACR was: 87.7% immunization compliance for all ages; 92.9% 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:

- adolescent health issues, particularly access to qualified medical providers to serve as the “medical home” for DCFS youth, HIV and other STI (sexually transmitted infections) testing and treatment, and age-appropriate immunizations and preventive health care;

- interface between HealthWorks primary care providers and behavioral/mental health providers to coordinate requests for services and treatment planning;

- 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 signed with the Illinois...
Department of Human Services; and lastly, a third is in the process of negotiation with the Illinois Department of Public Health;

- creating an electronic Health Passport functionality in SACWIS. A format has been drafted and work is progressing to develop functional and programming specifications and health screen layouts for capturing information.

**Identify and Address Healthcare Shortages and/or Deficiencies in Specific Health Care 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 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 developed medication administration policies for residential programs, independent living (ILO) and transitional living (TLP) programs, and foster care.

- Staff of the Office of Health Services are finalizing 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; well-child physical examinations; dental examinations; vision and hearing screening; lead and TB screening; family planning services and pregnancy testing; sexually transmitted infections; HIV and AIDS; food allergies; asthma management; required medical records; medical card coverage; medical requirements for reunification; chronic health issues and long-term physical disabilities.
Ensure That the Physical and Behavioral Health Care Needs of Families Are Met by Qualified Providers. 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.

The revision to procedures for health care services includes several clarifications regarding health care providers, 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.).

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.
- **General Health.** Includes information on qualified primary care providers.
The Program Instructions require that the final APSR “…should address how the CFSR results and subsequent PIP affected the achievement of CFSP goals and objectives and address any barriers or unexpected events that may have had an impact on the accomplishments of the CFSP plan’s goals and objectives.”

In the absence of any detailed and elaborate reporting requirements for these Program Instructions, we are trying to add our own interpretations and explanations. Following are the possible ways for analyzing the impact of the CFSR results and its subsequent PIP on the achievement of the CFSP goals and objectives:

- Negative impact;
- Positive impact;
- Impact on the FFY 2005-2009 CFSP goals and objectives; and,
- Impact on the development of the FFY 2010-2014 CFSP goals and objectives.

The Department has not come across any impact of the CFSR results and its subsequent PIP that could have negatively affected the achievement of FFY 2005-2009 CFSP goals and objectives. The Department, however, believes that the CFSR results and its subsequent PIP have had positive impact on the achievement of the FFY 2005-2009 goals and objectives. Additionally, they had positive impact on the development of the FFY 2010-2014 CFSP goals and objectives.

The FFY 2005-2009 CFSP goals and objectives were integrated with the CFSR results and its subsequent PIP action steps generated from the first cycle/round of the Child and Family Services Review. This integration had positive impact in that it strengthened the safety, permanency and well-being infrastructures, systems, child welfare policies and practices thus facilitating the achievement of the CFSP goals, objectives and outcomes. This integration has continued to provide the Department with new perspectives during the development of the APSRs and has revealed that the Department has many goals and objectives for enhancing the infrastructures, systems and outcomes for promoting the safety, permanency and well-being of children and families.

The FFY 2010-2014 Child and Family Services Plan has been integrated/coordinated with the first round/cycle of Child and Family Services Review since the goals and objectives in the plan have been derived from the safety, permanency and well-being measures that the Department started monitoring subsequent to the first cycle/round of the CFSR and the PIP. The final CFSR Statewide Assessment Document has been reviewed and approved by the ACF Region V. Now that the Statewide Assessment Document has been approved by the ACF Region V, the Department will analyze its
impact on the different components of the Child and Family Services Plan and will utilize it in developing the Annual Progress and Services Report next year. The Department will also integrate the action steps in the Program Improvement Plan relating to the second round/cycle of the CFSR with the CFSP goals and objectives next year.

We don’t know at this time but, possibly, the budget constraints may pose some barriers on the accomplishment of the FFY 2010-2014 CFSP plan’s goals and objectives. Should there be any such impact, we will report that in the next year’s APSR.
Please refer to the following chapters in the FFY 2010-2014 Child and Family Services Plan:

- Chapter #3 “Child and Family Services Array, Continuum and Service Description Including Health Care Services”
- Chapter #5 “Collaboration and Consultation”
“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 2009 Annual Progress and Services Report**

This chapter reports on the Family-Centered Services (FCS) Initiative’s progress under PSSF and activities in FFY2009 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 2010 plans for continuing implementation of the Educational Refocus Initiative.

**Introduction: Mission and History of the Family Centered Services Initiative**

**Mission of the Family Centered Services Initiative**

The mission of the Family Centered Services 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 composed of 62 LANs – representing distinct geographic areas through Illinois. This network is responsive to children and families’ immediate and evolving needs.

In 1997, the mission of the Family Centered Services 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 Family Centered Services 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 2006, under the Bryan Samuel’s administration, the Family Centered Services mission was modified to include the provision of educational and behavioral support services to children and youth at-risk of poor school attendance, truancy, suspension and/or expulsion. At that time, the department faced several educational challenges for the children under its care, and as a result, made the educational well being of children a priority. That expanded focus has served as the ongoing mission of Family Centered Services programs through the present.

Throughout the enhancements in the Family Centered Services mission over the years, the goal of the programs is still to maintain families safely in their homes, schools and communities and to deflect families from entering the state child protection system. This goal is consistent with the overall DCFS priority to support and stabilize families so that children can safely remain at home. All Family Centered services promote the safety, permanency and well being of Illinois’ children and families.

New DCFS Director’s Vision as linked to Family Centered Services Initiative

Director Erwin McEwen articulates the Department’s new vision as we move forward. “I envision a Department that can be approached to provide help and support to parents who are struggling to meet the needs of their children rather than a department that takes away your kids when you mess up or fall short. To accomplish this vision, it is necessary to take steps to meet the needs of parents as well as children. By incorporating strengths-based approaches, and integrating an understanding of protective factors such as those embodied in the Strengthening Families model, we can work to build upon the many strengths of families to prevent them from ever coming into care and to help them reunite as quickly as possible when they do.”

The vision of the Family Centered Services Initiative for the next five years is to rededicate our focus towards our roots as originally conceived in 1994 with an emphasis on providing prevention based services to community children, youth and their families.
In the coming year, the emphasis will be on a return to deflection of children from the state system and a prevention focus as a major part of the current education initiative. The target population will include children whose behavior makes them at-risk for poor school outcomes – not only children who have already experienced poor school outcomes. Education will still be a major partner, but it is not the only partner in the future. Parents as consumers will play an increasing role in this vision as they become incorporated as working partners.

The vehicle for attaining this vision will be the incorporation of the Strengthening Families model in the delivery of support services to communities. To facilitate this goal, the Family Centered Services program will receive training on the Strengthening Families Illinois Initiative and the protective factors that are at the core of service delivery. The family centered services programs will be required to incorporate these evidenced-based protective factors into their program plans. This will be consistent with and will enhance the overall DCFS vision to protect children by strengthening and supporting their families. A core set of shared values will also be developed and disseminated to all Family Centered Services programs to provide consistency statewide and to guide the programs in this expanded vision.

**Family Centered Services Target Population and Service Description**

The Family Centered Services 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. This also included serving children at-risk for negative school behaviors and outcomes, in addition to those children who are already truant, suspended and/or expelled. 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 care and DCFS intact families. In FFY2010, the emphasis will be on providing these educational support services predominantly to community youth and their families as opposed to state wards.

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 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.

During this last year, the Department contracted with the Family Centered Services agencies to serve 7,611 children, youth and their families. The Department also contracted with the flex fund agencies to provide enhancement services to 1704 children, youth and their families.
Description of the Family Centered Services 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 Family Centered Services-funded services 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;
Bi-lingual service capacity;
and transportation to services.

These family centered services programs were chosen through a decision making process based in the individual LANs. All 62 LANs are given the authority to nominate programs for funding based upon state and federal guidelines. The LANs distributed requests for proposals which were then reviewed and evaluated by a representative selection committee. Centering this process in the individual LANs allows for programs to be chosen based upon community needs as opposed to a “one size fits all” process.

It is also a requirement that all awarded family centered services programs are active participants in the LAN – local area networks. This assures that the programs are community based and have a track record of partnering with other local agencies to assure a wide continuum of services. All programs are required to report on services provided and expenditures on a quarterly basis to the LAN.

It is important to reiterate that the Family Centered programs in this statewide network are not stand-alone programs. These programs should be viewed holistically in the LAN and should be leveraged to provide a comprehensive array of traditional and nontraditional services. The Family Centered Services programs enhance the capacity of DCFS to build a community-based infrastructure for service delivery.

This network of Family Centered Services support and prevention services is an important component of a statewide continuum of services that addresses the needs of all community children and youth - whether wards or non-wards. This comprehensive network of services is viewed from a systems perspective, which espouses that a change in one aspect of the system will affect a change in another aspect of the system. Specifically, a reduction or a change in support and prevention programs designed to keep children and families out of the state system, may result in an increase in children and families coming into substitute care. Thus, it is important to maintain a balance of community-based services from prevention to intervention to treatment.

**Statistical data: Family Centered Services Database History and 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’s 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 FY10.

All Family Centered Services programs were monitored during the year. The LAN liaisons conducted annual onsite contract monitoring reviews of their respective LAN programs. These monitoring visits were comprehensive and included both client and fiscal data review. In addition, all funded programs are contractually required to present program and fiscal data on a monthly or quarterly basis to the local steering committee, which also serves a monitoring function in the LAN.

**Collaboration**

Collaboration is a cornerstone of the Family Centered Services Initiative. The FCS Initiative collaborates on many levels, both internally with other Department staff and programs and externally with the larger service community and local, statewide AND national organizations.
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 and the statewide steering Committee. The LAN Coordinator provides technical support to LAN Liaisons to ensure that Family Centered Services programs are designed to serve at-risk families whose children’s behavioral problems are impacting on school performance as demonstrated by poor school attendance, truancy, suspensions and expulsions.

Collaboration with the Family Centered Services Statewide Steering Committee

A close collaboration continues between the Family Centered Services Initiative and the Steering Committee, which provides ongoing oversight. The statewide steering committee is a collaboration of individuals representing community and statewide groups including, but not limited to, the Child Care Association of Illinois, HHS Region V, Family Centered Services funded agencies, statewide family coalitions, DCFS LAN liaisons, Educational Services Network, Downstate Assistant Regional Superintendent of Schools, Northern Illinois University Center for Child Welfare and Education, the Community Residential and Services Authority, and Prevent Child Abuse Illinois.

The five new members from the education community who were recruited to serve on the FCS Steering Committee last year were further integrated into the committee this year. 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, a Northern Illinois University professor who directs the DCFS education liaison project and the federal Region V representative. The former Region V representative resigned mid-year, and we are in the process of integrating the new Region V Illinois Children and Families Program Specialist.

The steering committee recently awarded the position of its first life time membership to a retiring DCFS employee who has played a leading role in the Initiative since its inception; thereby ensuring that the history of the federal grants remains as a resource to the committee. The steering committee has also enjoyed the leadership of the same volunteer co-convener for 10 years. This long term leadership has brought stability and consistency to the committee.

The committee members meet quarterly via videoconferences in Springfield and Chicago. The Family Centered Steering Committee has remained very involved in the education refocus of the FCS Initiative. This year, members of the committee participated in several very active work groups including the education and trauma training subcommittee, the parents advisory work group and the five year strategic planning committee.
In addition, the steering committee members received a presentation on the Illinois Task force on Re-Enrolling Students who Dropped out of School by a member of the Task Force and a steering committee member. The steering committee members provided input into the task force recommendations. These task force recommendations were drafted into Senate Bill 1796, a bill to create IHOPE (Illinois Hope and Opportunity Pathways through Education.). IHOPE will establish instructional programs and other services designed to re-enroll high school drop outs by providing incentive grant funds to build comprehensive plans to re-enroll high school dropouts in their region or districts.

Collaboration and Linkage to DCFS Flex funds

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 Family Centered Services 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 flex funds contracts. This change was in response to a groundswell of support from the LANs, local community-based providers and endorsement by the FCS statewide steering committee. This change allows 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.

Collaboration with the Community Residential Services Authority (CRSA)

During this last year, the Family Centered Services statewide Manager and the statewide LAN Coordinator participated in the CRSA LAN leadership committee and the database subcommittee. CRSA also sent a representative to the FCS Steering Committee.

CRSA is an interagency group created by the state legislature in 1985. Its purpose it to identify and address barriers facing parents, professionals and providers when trying to get needed services and programs for individuals with a behavioral or severe emotional
disturbance and their families. The FCS linkage to this organization includes a coordination of the statewide flex funds administered by DCFS. These funds complement and are used in conjunction with the Family Centered Services funding. Flex funds are used to provide concrete goods and social services to the same population as served by the Family Centered Services. This flexible funding is to be used only after all other resources have been exhausted.

Collaboration with CBCAP, CAPTA, FRIENDS Resource Center and ACYF

For the last two years, the Family Centered Services trauma training series was also made available to the Illinois CBCAP and CAPTA programs. In addition, all Family Centered Services programs received copies of the 2007 & 2008 Promoting Healthy Families in Your Community Resource packet created by the U.S. Department of Health and Human Services and FRIENDS National Resource Center for Community-Based Child Abuse Prevention. The Family Centered Services programs will all receive copies of the Strengthening Families and Communities 2009 Resource Guide created by the Children’s Bureau in conjunction with the proposed protective factors training.

Additional collaborations with CBCAP and their grant administrator will include an exploration of a possible merger of the CBCAP advisory committee and the Family Centered Services statewide Steering Committee. The link between both federal initiatives is the provision of community based prevention services. The possibility of other shared trainings with CBCAP, e.g., Parents as Teachers, will also be discussed. The joint use of FRIENDS National Resource Center for both federal grants in such areas as program evaluation and peer reviews is another area for possible collaboration.

Program Support

Family Centered Services 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 FY10 is to develop and implement the reporting structure. The availability of summary data reports will provide the Family Centered Services 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

As a result of the successful year one statewide trainings on trauma and its implication for education, training participants expressed a need for further training on trauma sensitive interventions to improve educational outcomes. During this year, The FCS trauma and education training subcommittee of the larger FCS Steering Committee
developed and implemented a statewide plan to continue the trauma training to all FCS programs with the focus on trauma sensitive interventions.

The trainings were once again a collaboration of Northern Illinois University, the Community Mental Health Council Institute of Managerial and Clinical Consultation, DCFS training division, the DCFS LAN liaisons, the Family Centered Services programs and Prevent Child Abuse Illinois. Northern Illinois University’s Center for Child Welfare and Education developed the training curriculum: “Reducing Suspensions, Expulsions and Truancy by Applying Trauma Sensitive Practices” and provided the regional training through their educational advisors. The training included a didactic slide show presentation and discussion, and interactive break out groups to discuss case studies, barriers to treatment, and successful strategies in working with children and families.

The training was conducted in two phases: a train the trainer session on September 26, 2008 and six training sessions in October and November throughout the state in Chicago, Springfield, Normal, Aurora, Skokie and Mt. Vernon. During the train the trainer session, an overview of psychological first aid was presented to the trainers by the Community Mental Health Council. The objectives for the six regional trainings included:

- Review of educational implications of trauma and trauma sensitive interventions
- Clarification of the role of Family Centered Services Providers
- Knowledge of school resources and how to be a part of the student’s educational team
- Awareness of trauma sensitive interventions and practical applications for school setting
- Sharing strategies with the educational team regarding individual students

All training participants received evaluations to complete, and the evaluations were analyzed by a PhD researcher from Northern Illinois University. A total of 166 training evaluations were collected with the following findings:

- All training objectives were sufficiently to thoroughly met
- The trainers were interesting and engaging
- Participants had a good understanding of their role in reducing suspensions, expulsions and truancy by applying trauma sensitive interventions
- Most participants want opportunities to share and network semi-annually with each other Family Centered Services providers
- A majority (66%) of the participants stated they will use the information in the communities where they work.

The participants also provided suggestions for future trainings. Some of these included the suggestion to provide online training tools; provide training institute days for school staff; provide differentiated trainings for new and more experienced providers; and
identified the need for more in-depth information on specific interventions to use with teachers.

Overall, this training was deemed to be very successful and well received. It was clear that the Family Centered Services programs enjoyed and benefited from the opportunity to network with other service providers. The training was made possible due to the collaboration of multiple agencies and DCFS staff as detailed previously. The lessons learned from this training will be applied to future Family Centered Services trainings.

LAN Liaison Training

As additional program support, all LAN liaisons and their managers participated in a half day training session on February 27, 2008. The purpose of this session was to provide training to the LAN liaisons on the review of the FY10 Family Centered Services contract applications. In order to expedite the contracting process, it was decided to involve the LAN liaisons in the review of their respective LAN applications; theorizing that it would be easier to review and retrieve applications at the local level before coming to the statewide manager level. The LAN liaisons also received training on additional family centered services policy and practice issues. In the future, it will be beneficial to conduct annual or semi-annual training for the LAN liaisons on issues of mutual concern as relates to the Family Centered Services Initiative.

FCS Staff Shortages

In October 2006, contracts for the FCS contractual support and fiscal staff were not renewed. This action has significant ramifications for the FCS Initiative overall. As a result of this action, only one FCS staff person remains – 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 Family Centered Services Steering Committee co-chair and members regarding emerging oversight issues and future directions.

Disaster Preparedness Planning

Many of the Family Centered Services 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.

With the recent outbreak of Swine Flu, several of the funded agencies have submitted copies of their emergency plans. One agency, Aunt Martha’s, created an Emergency Preparedness Task Force which developed an Emergency Response Plan to a possible swine flu outbreak through the assistance of a hired consultant.

**FFY09 LAN Education Refocus Summary**

FFY09 was the fourth 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 current DCFS director changed the flex spending guidelines to allow spending on concrete goods. By providing for concrete emergency needs such as housing and food, students are 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 LAN liaisons also received training on reviewing the FY10 contract applications in their respective LANs towards the goal of expediting the annual contract review process.

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, and other community partners conducted six regional trainings for approximately 160 participants on integrating trauma sensitive interventions into practice. The training was very successful as evidenced by the training evaluations and afforded the agencies the opportunity to network with other programs.

A subcommittee of the FCS Steering Committee met to discuss and develop the required five year federal strategic plan. The subcommittee articulated the expanded focus for the next five years, identified core program values across sites; developed a training plan and defined collaborative partners to move the Initiative forward towards its goal. The Steering Committee will oversee the implementation of the five year plan.

The success in 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 Family Centered 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.

**FFY10 Plans For Continuing Implementation of the Education Initiative**

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

The Family Centered Services 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. Education will be an important partner, but it will not be the only partner as the focus for providing services to children, youth and families.

Implementation of the Five year strategic plan will begin and will be monitored by the Family Centered Services statewide steering committee. The Steering Committee will play a key role in developing and implementing new trainings for the programs. Other subcommittees will be developed and implemented to address issues as identified.

The Family Centered Services Initiative will collaborate with the Strengthening Families Illinois Initiative through training for all programs on the protective factors as an evidence based model to prevent child abuse and neglect. This will be consistent with the overall DCFS mission.

The Family Centered Services Initiative will link to several DCFS internal statewide initiatives including the Action Teams and the Family Advocacy Centers. The FCS services will enhance the service continuum of care offered in the community to youth who are reunited with their families.

The LAN liaisons will conduct the annual contract onsite monitoring reviews of all FCS programs. The Family Centered Services Programs will continue to report on their services and expenditures to their respective LAN.
A communications vehicle will be developed to facilitate and increase parent/consumer input to the Initiative.

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 Family Centered Services 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. New funding sources under the American Recovery and Reinvestment Act will be identified and disseminated to the programs for possible additional sources of increased funding.

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

Historically and throughout the past year, the programs supported through CBCAP, or matching funds, provided core and adjunct services designed to prevent child abuse and neglect. Each program’s activities were reflective of the purpose, values and spirit of our CBCAP legislation. They played key roles in assuring that a continuum of services, including prevention; intervention and treatment were available in our Illinois communities.

Legislation underscores the purpose of the CBCAP program which is to:
- Support community-based efforts to develop, operate, and expand initiatives that are designed to prevent or respond to child abuse and neglect,
- Support coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect, and
- Foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Working in cooperation with other human service providers we were best able to integrate services that provided the kinds of support that families needed to reduce the types of stressors precipitating child abuse and neglect. Our wide variety of community-based child abuse prevention programs continue to be a part of a statewide network of local prevention efforts designed to modify, expand and strengthen a continuum of services leading to improved safety, permanency and well-being of children and families. Last year the core prevention services funded through CBCAP, the Child Abuse Prevention Fund, CAPTA Title I, Children’s Justice Services, Flexible Funding and the Family Centered Services Initiative continued to reflect this collaborative, multi-disciplinary approach.

Outreach to others has included external and internal web sites as well. These sites have been the primary method of distributing information about DCFS. The internal resource,
D-NET, could be 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 remained accessible through www.state.il.us/dcfs.

CBCAP has had a very busy year coordinating meetings and interests among numerous agencies and programs as well as internal and external stakeholders. Most of these collaborations have been surrounding early childhood activities. Some have been attempts to internally share programming goals, evaluation strategies and grantee technical assistance support with the PSSF-Family Support lead, the CAPTA Title I lead and our Division of Finance and Budgeting staff. Other collaborations involve internal expectations that this lead continue to contribute to the development of our agency’s five year plan and our next federal review preparations.

In recent past, CBCAP has been very active with collaboration, all of which leads to systemic change:

- Strong Foundations Home Visiting Infrastructure Grant
- Strong Foundations Home Visiting Infrastructure Grant Task Force & Committees
- Illinois Government Interagency Team
- Birth to Five Project
- State Early Childhood Comprehensive Systems
- PSSF Family Support Steering Committee
- Illinois Lifespan Respite Coalition
- Grandparents Raising Grandchildren Task Force
- Department on Aging Statewide Caregiver Advisory Committee
- IDHS Head Start State Collaboration Office Strategic Plan Committee
- Strengthening Families Through Early Care and Education
- United Fatherhood Coalition of Illinois
- CBCAP Learning Community

Throughout last year, the prevention services array supported through CBCAP, CAPTA, PSSF, CJS or state matching funds provided core and adjunct services designed to prevent child abuse and neglect. Each activity is reflective of the purpose, values and spirit of our CBCAP legislation. They play key roles in assuring that a continuum of services, including prevention; intervention and treatment are available in our Illinois communities.

**Flexible Spending for Wraparound Plans Program (FLEX Funds)**

Wraparound planning is a dynamic process which is based on individualized, strength based, needs-driven planning and service delivery. A Wraparound Plan is developed by the Child and Family Team after they have agreed on the strengths and needs of the child and family and the specific services/interventions, which need to be put in place. The team shares responsibility, expertise, and mutual support while designing creative services and choosing service providers who meet the needs of children and families across home, school and community. Wraparound Plans are continually reviewed and
modified based upon the child and family’s developing strengths and evolving needs. Wraparound interventions are flexible because the approach is multi-faceted, taking all aspects of the child’s history and current life situation into account.

The Illinois Department of Children and Family Services, through the FCS (PSSF) lead, governs the Flexible Funding for the Wraparound Plans Program. This program was originally designed to provide seed money to support communities in their effort to support the formulation of local systems of care. Currently, this program is intended to expand community-based service capacity that allows children and adolescents at risk of poor school attendance, and/or being expelled, suspended or truant from school to be maintained in their school through flexible funding provided through support for supplemental services as indicated in a Wraparound Plan. These are considered prevention activities to keep children and families from formal introduction to the child welfare system.

An active statewide FCS Steering Committee provides guidance and oversight for this programming. Last year, the Steering Committee was expanded to include representatives from the Illinois Lifespan Respite Coalition, the Illinois Maternal and Child Health Coalition, and many professionals in the field of grade school, middle school, high school and special needs education.

A requirement for wraparound planning is the formation of a Child and Family Team. Child and Family Team membership involves key stakeholders in the lives of the child and family. Those stakeholders include friends, relatives, clergy, interested community agencies, social workers, counselors, previous caregivers, etc. Team membership is unique for each child and family; the child and family select members. Representatives of the community become involved in wraparound planning early in the process to support a child remaining in the community or returning to the community rather than becoming a ward of the State.

This program is intended to be used to provide supplemental wraparound services for all Illinois children and adolescents, ages three (3) to twenty-one (21) with behaviors, or life situations that put them at risk of being truant, suspended and/or expelled from school and being formally referred to Child Protective Services. It is never used to supplant services otherwise available from the Department of Children and Family Services or existing services available through traditional funders (local community, state and federal service agencies). Member agencies of the LANs shall pursue all available local resources to support the delineated service plan including Medicaid reimbursement services before a request is made for Wraparound Flexible Funds.

Children’s Justice Services/ Child Death Review Teams:
The death of a single child due to preventable causes serves as a powerful reminder that there is much to be done to protect children from harm. The latest figures indicate there were over 1,500 total child deaths in Illinois last year. Many of these deaths were preventable.
Nine regional Child Death Review Teams (CDRTs) were established by Illinois statute in 1994 and implemented throughout the state in 1995 in an effort to better understand the reasons for child deaths. In 1999, the CDRT produced its first annual report summarizing team findings and presenting recommendations for reducing preventable child deaths. The CDRT annual report is presented to the Governor, the Illinois Legislature, and other interested parties in a continued effort to understand and reduce preventable child deaths in Illinois.

- The composition of CDRTs and the process for selecting members is outlined in the Child Death Review Team Act. There are nine child death review teams in Illinois, one in each of the seven DCFS administrative sub-regions outside Cook County and two within Cook County.

In Illinois, each CDRT submits recommendations for changes in procedures, programs and policies based on their reviews of child deaths. These recommendations are submitted to the DCFS Director and the Inspector General of DCFS. If not case-specific, the Director must respond to each recommendation within 90 days. Thus, the importance of CDRT recommendations – and their potential for preventing future child deaths – cannot be overstated.

Recommendations to DCFS may focus on establishing new policies and protocols, improving existing policies and protocols, raising public awareness, or increasing effectiveness of services provided to children and families.

Since the implementation of the child death review process, individuals and agencies responding to child deaths have come to understand the importance of a coordinated, multi-agency response. Recommendations from the CDRTs have helped to develop, streamline, and implement better practices regarding child safety. Prevention recommendations encourage strengthening of public awareness campaigns related to child health, safety, and welfare, and other mechanisms for preventing child deaths.

This document illustrates a wide variety of prevention/support and intervention/treatment services provided across the state. These services were selected specifically because they address the entire family system with the ultimate aim of preserving families whenever possible. This is based upon the firm belief that social service programs should make every effort to support families as the primary caretakers of children. Wherever possible, programmatic information below will be in the provider’s own words.

**Prevent Child Abuse Illinois (PCA Illinois) - Statewide Development Project to Prevent Child Abuse and Neglect in Illinois**

Prevent Child Abuse Illinois was formed in 1990 as the Illinois Chapter of the National Committee to Prevent Child Abuse by a group of concerned Illinois citizens from the business, corporate, and professional sectors. It was incorporated as a free standing not for profit organization and secured its charter from Prevent Child Abuse America (formerly the National Committee to Prevent Child Abuse) in 1990.
Its first Executive Director was hired in January 1992, and with government grants and private funding, began to build its programs of public awareness, public and professional education, advocacy, and promotion of the Healthy Families home visitor program in Illinois. Highlights from the early years included the Shaken Baby Syndrome prevention campaign, the Child Abuse Prevention Fund public awareness campaign, and initiation of the annual conference on child abuse, Child Death Review Teams, and implementation of Healthy Families Illinois.

There are no direct client services. Contract services are designed to reach healthy and at-risk families and children across the entire state of Illinois primarily through the public awareness and education components of this project.

Among the overall services provided by Prevent Child Abuse Illinois are several child abuse prevention public awareness and education efforts. These include a comprehensive Shaken Baby Syndrome Prevention Campaign; the Get Water Wise…Supervise! Campaign to warn of the dangers of leaving children unsupervised in or near water, Back to Sleep awareness effort, and others.

Prevent Child Abuse Illinois sponsors an Annual Statewide Child Abuse Prevention Conference, provides staff support to the seven downstate Child Death Review Teams and plans and hosts their annual Symposium. The organization supports and assists the development of the Healthy Families Illinois home visitor program in communities across the state. We also maintain a literature distribution program and Speakers Bureau. Also, we are building extensive partnerships in both the public and private sectors through our Partners in Prevention corporate involvement program, our Champions for Children giving program, and others.

As a statewide organization, our primary linkage agreements and collaborations are with other statewide organizations. In the public sector, these include the Office of the Attorney General, the Illinois Department of Human Services, the Illinois Department of Public Health, and the Illinois Violence Prevention Authority. In the private sector our major collaborative relationships are with Voices for Illinois Children, Parents Care and Share of Illinois, Ounce of Prevention Fund, Prevention First, and American Red Cross. We also work collaboratively with the Healthy Families Illinois Provider Network, the Children and Adolescent Local Area Network (LAN) structure, the Family Centered Services Provider Network, Family Violence Coordinating Councils, Child Advocacy Centers, and Illinois Association of Court Appointed Special Advocates (CASA).

We have formal affiliate agreements with child abuse prevention councils in six counties. They are Lake, Kane, Rock Island, Peoria, Tazewell, and Woodford. We are strengthening and developing additional child abuse prevention councils in other counties of the state. We have developed formal linkage agreements with almost all local DCFS field offices as well. Formal linkage agreements with several faith-based and prevention-focused programs, including Safe From the Start, Violence Prevention Collaborative in Rockford, Friends of Battered Women and Their Children, and Lutheran Social Services of Illinois have been forged as well.
PCA Illinois - The Prevention Resource Development Project (Discontinued mid year due to lack of funds)

The Prevention Resource Development Project (PRD) is a coordinated statewide effort to enhance communication and services among a network of agencies, organizations and community-based service providers. The goal of this project continues to be prevention and intervention of child abuse and neglect through forging key collaboratives across levels of numerous stakeholders. These stakeholders have included: DCFS staff, parents within the community, child welfare agencies and programs, those with cultural differences, substance abuse treatment programs, domestic violence programs, established community-based service networks, Local Area Networks (LANs), family violence coordinating councils, partner abuse intervention programs, local school districts, community law enforcement agencies, local judges, states attorneys and other governmental agencies. This has been accomplished through the following program components: Community Resource Development; Community Collaboration; Cross-Training and Technical Assistance and, Public Awareness and Education. In addition to maintaining and expanding the developing community networks, the PRD Project staff has specifically directed their activities toward the need for more timely and consistent comprehensive services for children formerly or currently involved in the child welfare system. These services involved, but were not limited to, education, mental health, substance abuse, domestic violence and the criminal justice system. Staff with this project, as agreed and when requested, has been active participants in the implementation of the DCFS Performance Improvement Plan.

The following is a description of each of the core services of the project and the identified community needs that were being addressed during FFY2008:

Community Resource Development - Developed and maintained current resource and referral information; assisted communities with identifying potential funding sources/grant opportunities for addressing service gaps; engaged new partners in community planning; and developed and piloted new approaches for child abuse prevention and intervention services at the local level.

Improvement of Family Access to (formal/informal) Resources and Assistance in Communities—by working directly with social service providers, the Prevention Resource Developers assisted in community outreach and information referral. Engagement of new partners in prevention was ongoing as well as providing support for the development of new, innovative approaches for prevention services in the communities.

Community Collaboration – Developed trust-based, and mutually respectful relationships with providers; attended, hosted, and/or participated in community networking meetings and events (LANs, FVCC, WRAP planning, resource fairs); encouraged and facilitated dialogue between DCFS, AODA, DV, education and other services affecting children; developed community linkage agreements between providers; provided child welfare workers with referral information, forms, and contact names for local DV and AODA...
services; accepted requests to assist providers in accessing AODA, DV, mental health, education, and or other services affecting children.

Training – Facilitated presented and supported trainings and in-services on relevant child safety and wellbeing topics to all sectors of social services affecting children. Training was provided on FCS programs focusing on the Educative initiative, Transitional Youth initiatives, the Fatherhood initiative, Strengthening Families Illinois, the Head Start Collaboration, the Methamphetamine Initiative, the Domestic Violence Initiative, Boyfriends as Babysitters, Mandated Reporting, Shaken Baby Syndrome, Water-wise—Supervise!, as well as other topics identified as vital to the safety and well-being of children.

Technical Assistance--Provided information to child welfare workers about AODA treatment, DV and SA levels of care, and relevant legal, policy, and best practice information; informed DV, AODA providers and school personnel of child abuse/neglect laws and DCFS protocols; provided training on accessing services; identified issues for providers when serving special and diverse populations; facilitated training and in services for providers in raising awareness and understanding for working with special populations identified in communities.

Public Education and Awareness - Assisted with educating the public about the role of DCFS, judges, etc. in protecting children; facilitated, supported and promoted prevention activities and events at the local/regional level; assisted with educating the public about providing a unified community response to protecting children; assisted with disseminating tools for early identification.

Prevent Child Abuse Illinois teamed up again this year with other organizations throughout the state to promote April as Child Abuse Prevention Month. Thanks to the many child advocates throughout Illinois, we were very successful at increasing local and statewide visibility of prevention activities.

**Chicago Children’s Advocacy Center**

Chicago Mayor Richard M. Daley established the Chicago Children’s Advocacy Center (CCAC) in October 1998. The CCAC was founded as a multidisciplinary partnership between a non-profit agency (Chicago Children’s Advocacy Center, Inc.) and the four government agencies responsible for responding to reports of child abuse in Chicago – the Chicago Police Department, DCFS, Cook County State’s Attorney’s Office, and Cook County Bureau of Health Services.

With supplemental funding from Cook County and the Illinois Attorney General’s Office, the City of Chicago constructed a building in the Illinois Medical District on Chicago’s Near West Side to house 130+ staff from all five partner agencies. After three years of construction and planning, the CCAC opened its doors on August 5, 2001. The CCAC coordinates 2,000-2,500 investigations into reports of sexual abuse involving children, age 0-17, in Chicago each year.
Cases from Cook County and the CCAC involving pregnant or parenting teens with a history of sexual abuse were reviewed by representatives from the following agencies:

- DCFS, Inspector General’s Office
- Chicago Children's Advocacy Center
- Cook County Public Guardian’s Office
- Cook County Bureau of Health Services
- Cook County State’s Attorney’s Office
- Chicago Police Department

Realizing that a service gap for this population existed in Chicago, and recognizing the well-researched and documented risks that this population experiences, the committee recommended the establishment of a program providing services specifically for this teen population. The CCAC developed the Pregnant and Parenting Teen (PPT) Program to serve girls, age 16 and under, who have a history of sexual abuse or who are pregnant or parenting as a result of sexual abuse in Cook County. The majority of the girls served by the PPT Program are wards of the State. The vast majority of girls are African-American. In special circumstances, the CCAC accepts girls who are over 16-years-old. Girls who are wards of the State are especially difficult to work with and engage in the program. They come from abusive and difficult backgrounds and have spent much of their lives in the foster care system. They have already seen many different social workers and therapists and are resistant to another adult meddling in their lives. It takes time and constant attention to build rapport and trust with these girls.

Children’s Home + Aid– Parents Care & Share (PC&S)

Parents Care & Share of Illinois, a service of Children’s Home + Aid, began as a chapter of Parents Anonymous, Inc. In 1989, a group of community leaders across Illinois gathered together to explore how to meet an emerging need to bring parents together in small, local groups. The statistics of child abuse were alarming. Parents were more transient, living miles from their immediate families. Extended families were not a reality for many parents. In searching for a solution, the group of community leaders discovered the mutual self-help support group model.

For nearly ten years, Children’s Home + Aid nurtured and helped develop a local network of mutual parent support groups in Illinois in affiliation with the Parents Anonymous organization. In 1999, Children’s Home + Aid opted to look at a new model of parent support. Holding onto the principles of self-help, Children’s Home + Aid created a new program, Parents Care & Share. Parents Care & Share helps to meet the changing needs of families and its name more accurately reflects the work of the program. The name of the program, Parents Care & Share, also creates a positive image that is welcoming to parents, grandparents and foster parents — the many faces of the caretakers of children. Today, Parents Care & Share works closely with the membership of Circle of Parents, a national network of mutual self-help support groups.

Parents Care & Share is a statewide network of semi-self help support groups. The groups are always free, confidential, anonymous, non-judgmental, and promote positive, non-abusive parenting. The semi-self help support group model has as its goal to provide
peer to peer leadership and support at weekly (sometimes bi-weekly) meetings so that parents and caregivers can, over time, gain self-esteem, overcome isolation and improve their parenting skills by exchanging support and positive parenting suggestions. The trained support group facilitator is present to help guide the meetings, develop parent leadership, identify clinical issues, and make appropriate referrals into the community as needed. Parents in the program work toward building family strengths in the areas of family management, communication, nurturing, and positive discipline. With the support and nurturing of the trained facilitator, parent leadership emerges, painful issues are confronted, victories celebrated, and accomplishments recognized.

In addition to the parent support group, the program also offers companion children’s programs as needed for the children of parents who are attending group meetings. The children’s programs are led by trained Children’s Program Specialists who provide structured activities for the children and develop a nurturing atmosphere in which they work with children on self-esteem and non-violent socialization skills. The support group facilitator and the children’s program specialist work together to holistically meet the needs of the entire family with a goal of preventing child abuse and neglect.

Historically, intake has been kept to a minimum in Parents Care & Share support groups. Parents/caregivers have been required only to give a first name and complete a basic information sheet the first time they attend a group meeting. On this basic information sheet, parents/caregivers are asked to provide information regarding gender, age, parental status (biological, grandparent, adoptive, foster, other relative caregiver, non-relative caregiver) race, marital status, income level, TANF reception, zip code of residence, number of children being raised and number of individuals in the household. During the intake process, parents are assigned a four-digit number that will track their attendance and record their outcome improvements over the duration of their group attendance. Child program participants are also assigned a five-digit number that links them to their parent and family.

Our outcome measurement surveys and the parent testimonials as well as the good news stories that we receive from parents and facilitators, tell us that Parents Care & Share is very effective statewide in strengthening families and preventing child abuse and neglect. Parents Care & Share is a direct service to parents that has a significant impact. Parents Care & Share is able to develop support groups in local communities through partnerships with community agencies in an efficient, cost effective manner. Literally, we are able to go where the need is greatest! We believe we can develop child abuse prevention support groups better and more effectively than anyone else in the state of Illinois! We are very pleased in what our program has accomplished in FY07!

Hamdard Center for Health and Human Services
Hamdard Center for Health and Human Services was established as a not-for-profit organization in 1992, as a proactive response to address the critical needs of the South Asian, Middle Eastern and Bosnian communities. However, Hamdard’s services are open to all individuals irrespective of ethnicity, race, religion, gender, age, income, or sexual orientation.
The agency targets the metropolitan Chicagoland area. However due to the uniqueness of its programs and services and lack of other service providers, Hamdard receives clients from across the state, Midwest, and nation. The main DCFS regions to be served include the Northern Region and LAN 39.

The agency predicts to serve over 360 people throughout the course of the funded period. Hamdard Center promotes child safety, permanency and family well being by serving intact families who are at risk of formal involvement with the child welfare system. Hamdard will provide Child Welfare Services as well as supportive services through its programs in Mental Health, Domestic Violence, Partner Abuse as well as Supervised Child Visitations and provision of Social Services.

The program focus is to implement assertive outreach and family centered case findings, strengthen child rearing and discipline practices; prevent child abuse and neglect, reduce and prevent domestic violence and family discord and add needed family support services. Overall, the program goals are to promote and increase safety to children and families, to provide necessary tools to family members to help improve their relationships and level of functioning, to increase self-sufficiency and independence to those in need, and to promote awareness and education among an underserved community to promote societal change and better understanding.

Staff provide counseling, conduct life and parenting skills trainings, case management, attend trainings, conduct home visits, school visits, participate in IEP, develop service plans, legal advocacy, attend court hearings, conduct administrative case review (ACR) with DCFS, attend SAY IT meetings, conduct CERAP and renew the foster license. A part of the procedure for activities documentation is a peer review process in order to improve the quality of service provided by case managers. This is an internal effort conducted through the continuous quality improvement (CQI) program.

**Hobby Horse House of Jacksonville, Quincy, Beardstown and Pittsfield – Positive Parenting**

Hobby Horse House’ mission is to provide services that promote individual and family growth through education, case management and counseling. Hobby Horse House supports and creates programs that assist individuals and families in developing interpersonal skills and community connections to encourage the stabilization of the family. To date, the services include parenting classes, workshops, counseling; case management, adoption/foster care, and mentoring for middle school children. Most services are provided to families, couples and individuals of all ages.

Last year these services were extended to clients in two additional medium-sized communities at the request of DCFS regional office staff.

The Positive Parenting Program model follows that of The Nurturing Parenting Program. The *Juvenile Justice Bulletin* (Washington, DC) of 2000 stated that this particular program proved to help stop the generational cycle of abuse and neglect by building
nurturing parenting skills and identifying how parenting patterns are learned through one’s own childhood. The Positive Parenting Program of Hobby Horse House also addresses learned parenting patterns as well as developing new positive skills that cultivate a loving and nurturing parent/child relationship.

This parenting curriculum is focused on a therapeutic, self-exploratory philosophy to increase the parent’s knowledge of his/her own history and related feelings. The program strives to increase this awareness in hopes that he/she can better understand his/her own current parenting choices and in the future correct problematic areas and make appropriate adjustments. Typical participants are DCFS clients, single and teen parents. There are specific classes that are adjusted to the needs of those suffering mental illness, physical challenges, substance abuse and those of different languages. Some families require hands on parenting skills training. These families receive intense services in home with a caseworker who attempts to provide parenting skills with the children, as well as, connecting the family with the necessary referrals.

**Illinois Central College and Harrison Primary School - Growing Together**

Founded as a comprehensive community college in 1966 in response to the Illinois Master Plan for Higher Education, Illinois Central College was established to meet post-secondary needs of the citizens of the District and to supplement the area’s four-year colleges. The College was formed on the belief that individuals have dignity and worth in their own right and should be educated to the fullest extent of their abilities. The College strives to provide quality education appropriate to each individual’s needs.

Harrison Primary School, located on Peoria’s south side, was built in 1901 for Peoria’s blue-collar residents. Harrison School sits in the center of an asphalt lot surrounded by what used to be the largest public housing project in the City of Peoria. Forty-six percent (46%) of Harrison students live in Harrison Homes and the remaining fifty-four percent (54%) live in rental homes in the immediate area. Currently 150 units are boarded up and scheduled for demolition. There are no grocery stores within walking distance of the school or housing project. Businesses located within the community are primarily individually owned shops performing services such as auto repair. Located across the street from the school in Harrison Homes is a branch of the Peoria Public Library. The Peoria Housing Authority offices also have DCFS personnel available to residents. The Boys and Girls Club and the South Side Mission are also located in the area.

The Growing Together Program utilizes the services of several community-based organizations to aid in its endeavor to achieve the goals set for the program each year. These services include literacy programs, budgeting workshops, and nutrition classes.

The program model is evidence based and evidence informed in that it articulates a theory of change which clearly defines outcomes and describes the activities related to those outcomes. The practice has a manual book and training available to practitioners and clients. The program is based upon the assumption that something is right with you. The program uses the theories developed by James Holland, Abraham Maslow, Herbert
Otto and other noted psychologist involved in the Behavioral and Developmental Sciences.

The Growing Together Program, co-sponsored by Illinois Central College and Harrison Primary School is a parenting training program designed for single parents and their children living in Harrison Homes Public Housing Program. The program is designed to help prevent child abuse and to help young women regain custodial care of their children who for various reasons have been taken from them. Illinois Central College provides the parent component and Harrison School provides the children’s component. Both components are held at Harrison School in a supportive, relaxed learning environment where participants feel comfortable sharing their problems and their goals.

The parenting component is designed to (1) help parents develop a deeper understanding of their children and themselves that will enable them to raise their children in a more positive atmosphere, (2) raise the self-esteem of participants, (3) enable parents to learn to take charge of their lives, (4) increase parents’ knowledge of basic developmental patterns affecting the physical and emotional growth of their children, and (5) reduce the number of low income children placed in foster care due to neglect and abuse.

The children’s component is designed to foster positive growth and development for children and focuses on areas of good child-parent communication skills, youth self-esteem, life planning skills and stress management for children.

The overall outcome of this project is for participating mothers to gain a more positive self-image and thus be better equipped to take charge of their lives and create an atmosphere of family stability and security for their children. The children benefit from a greater sense of self-worth, enhanced educational and social skills, and improved communication between parent and child that will better enable them to cope with their family.

United Methodist Children’s Home – Family Voices Building Strong Communities for SILANS (FVBSC for SILANS)

FVBSC for SILAN’s program works across all 34 counties of DCFS Southern Region of Illinois. The pilot project began after preliminary meeting with a few area organizations on July 26, 2006. At this meeting there were: parents, representatives from SFI, PCA IL, Prevention Councils, SILAN Council, IFPN, DCFS, and Foster Kids Are Our Kids. From this meeting a 3 day Leadership training was scheduled where 40 people participated from which 3 Family Voices Building Stronger communities groups were formed: one in Breese Illinois area, one in St. Clair County and one in the greater Centralia area. Each group has set a community goal. Breese group has initiated car seat safety checks in their area and bicycle safety programs which take place 2 times a year now. They are also working on collecting backpacks and personal supplies to put in them for children from Meth homes. St. Clair County Family Voices has just completed a power point to present to agencies and companies on the effects that mental health
challenges have on their employees and ways to help them. Centralia area has worked on projects to increase awareness of what happens to families affected by alcohol and drugs.

Our purpose is to:

- strengthen leadership skills of parents
- connect active parents to opportunities for influence and involvement in decision-making
- connect active parents and organizations dedicated to furthering parent leadership with state and local agencies working to fulfill mandates to increase parent involvement and leadership in program development and oversight
- build connections among active parents for sharing and peer support
- connect any parent who needs help to appropriate resources and support
- build the capacity of organizations, networks, initiatives, governing bodies to partner effectively with family leaders

FVBSC for SILAN’s expects each of the parent leaders – who work and or train with them to be active in their own communities. Some parent leaders are on their school board, or involved with the parent association at their children’s local school. Other parents have initiated their own projects to address community concerns that impact children and families. For example, parent leaders have begun reaching out to teen moms in their community to help them get the support they need to raise their babies. Some FVBSC groups have brought bi-annual car seat safety checks to their community. The parents have also earned proper credentials and the authority from the local police, hospital staff, and firemen to check car seats. They also include bicycle safety checks on these days.

Illinois State Board of Education – Sankofa House
Mandated by state legislation, the Regional Office of Education (ROE) provides education, technical assistance and services to local school districts within Champaign and Ford Counties. Services and supports are also provided to families and youth within the two county areas. These services include Attendance Improvement Services, Services for Homeless Families and Youth, support services for youth with emotional disabilities as well as educational services to youth in adoption and foster homes.

The intent of this program is to provide family support services to families and their children who reside in the communities of Champaign and Urbana Illinois who are at risk of losing custody of their children. The reasons for this are due to issues such as inadequate parenting skills, domestic violence and/or substance abuse. Eligible families may also be experiencing social network isolation due to the lack of knowledge of community norms and expectations, community resources and services. Families may also be in need of the development of supportive and positive interpersonal relationships and social networks.
It should also be noted that each of the local school districts have Latino (Spanish speaking) Family Liaisons as well as bilingual (Spanish speaking) social workers in the districts. Both districts offer support groups for families in the areas of parenting and discipline.

For this project, the staff has access to two Latino staff (native Spanish speakers) to assist our Latino families. Again, our services to Latino families are available in Spanish and are offered in either at home or centered base services. The services offered are in the area of family assessment, parenting school age youth and accessing community services and resources. No therapeutic or clinical services in Spanish are provided. We seek to link these families with other services as needed.

While no “eligible” family is denied services, a concerted effort is made to reach out to families in the community that are most at risk of family dysfunction and family disruption based upon data driven information in an effort to address disproportionality and overrepresentation issues within the child welfare, juvenile justice and special education systems.

For example, within our target communities, the rate of African American children in substitute care is disproportionate in relationship to their overall numbers in the community. Within Champaign County African American, children represent approximately 15% of the population but over 40% of the children in foster care.

Centered based services and supports include parent education classes, family support opportunities, and parent and child activities. The In-Home Parenting Program blends parenting and life skills education with hands on practice. This program provides in-home services to families that face any number of obstacles and challenges. The program’s purpose is to strengthen families by assisting them to consistently meet all needs for their family, develop connections to their community, and to improve families’ parenting skills. In-Home Parent Educators will work in the homes of the family receiving services. Services will be provided to each family during day, evening, and weekend hours. This will allow families who have school-aged children or are employed during the day to receive full, comprehensive service. In-Home Parent Educators work face-to-face with families for 90 days, but extensions may be provided.

In-Home Parent Educators provide initial plan reports, monthly reports, weekly progress updates, special reports as requested, and closing summaries. In-Home Parent Educators assess pre- and post-tests of parenting skills on all families. These tests are designed to assess individual strengths and areas for improvement in parenting. Families receive one-on-one services according to their particular case plan. Staff assists or accompanies the parent(s) to appointments and with telephone calls to ensure the specific needs of the family are met. Through this program, families succeed in achieving a safe, nurturing environment.

Education and resources are available to families in the following areas:

- Parenting
- Household Management
• Life Skills
• Community Resources

Parents as Teachers and the Nurturing Parent Curriculums are used in both home and centered based services. The wraparound process is used along with information from assessments to develop a plan for utilizing the most appropriate services and service delivery methodologies.

LSC & Associates – Family and Children’s AIDS Network/Red Ribbon Trails

The network’s mission is to create a coordinated, family-focused continuum of care for HIV-affected families. As such, it provides a forum for the development of policies and programs that respond to the unique needs of HIV-affected families. This contract purchases support for Family and Children’s AIDS Network’s (FCAN) and LSC and Associates to staff the Chicago Roundtable and Downstate Caucus. It also helps FCAN provide overall support to its Red Ribbon Trail Program of retreats for HIV-affected families. Direct services to families at retreats are not provided through this contract at its current funding level.

Direct services are provided through Red Ribbon Trails, FCAN’s statewide retreat program that serves HIV-affected families at two events per year – a four-day/three night family camp held each summer and a three-day/two night retreat held in winter or spring. During retreats, family members are offered social support, people to talk to, therapeutic interventions, education about HIV, recreation and respite, and opportunities to create long-lasting memories. FCAN aims to strengthen families through its brief interventions by providing programs that help families cope with HIV/AIDS and its associated stressors. Red Ribbon Trails is also designed to ease the isolation experienced by families living with HIV/AIDS by providing a supportive retreat environment and encouraging participants to build peer networks of support that flourish throughout the year.

FCAN’s program model is based on family camp models for HIV-affected families. FCAN is a member of the Children Affected by AIDS (CAAF) Camp Network, and participates in annual conferences and trainings on camping for children and families with HIV. CAAF is building a family camp model, and FCAN is taking a lead role in the development of the model.

FCAN administers the Family Options Project, which provides legal and social services to HIV-affected families that wish to make a future care and custody plan for children. Family Options also provides services to HIV-affected families in which a parent or guardian has already died, and a care and custody plan is needed for a child. Through this contract, FCAN also provides consultation to families and service providers downstate on family stability and permanency.

Through this contract, FCAN also provides training on issues of importance to HIV-affected families and service providers. Training topics include permanency planning;
accessing benefits for families with HIV; and HIV disclosure to children, other family members, and the community.

Our Parent Advisory Group includes birth parents and caregivers of children orphaned by HIV/AIDS, primarily grandparents and other relatives who have assumed responsibility for raising the children. Parents with HIV act as peer outreach workers for FCAN programs. These parent representatives talk one-on-one with other parents and act as mentors. They also do public speaking on behalf of programs and attend community events to disseminate information about FCAN programs.

Menard County Schools & Community Task Force – Rural Family Services
The mission of the Rural Family Services program is to assist families in their natural caregiving roles. This includes supporting and encouraging them to solve their own problems, as well as directing them to or providing the resources to do so. In this way, families raise their sense of self-worth, leading to greater, more independent future successes. With these supports, families are better equipped to raise emotionally healthy children, while contributing to their community. A team of family advocates work in each county in a direct service capacity with children and families in need. This work is done in the client’s home, in the community, or at the children’s school. In addition to these supports for the families, each child who is served by a family advocate is also being paired with a teen mentor while at school.

Rural Family Services began in 1997 as Tri-County AmeriCorps, a joint project between the Department of Children and Family Services and the Task Force to bring an AmeriCorps program to rural, Central Illinois. As the only rural AmeriCorps program in the state for some time, Tri-County AmeriCorps received accolades at both the state and federal levels. At one point we were rated the most cost-effective, efficiently run program in the state. In 2002, the Executive Director was chosen to sit on the statewide AmeriCorps Sustainability committee, helping to draft policy for the Department of Human Services with regards to program viability. In 2003, the program began focusing our services exclusively on direct services to families and children as Tri-County Family Services.

In our first year, we were slated to serve 30 children and families; we served 45. Subsequently, we were asked by the LANS to take over the advocacy work for Christian County as well. Eventually, the program name was changed to Rural Family Services, as we now serve four counties rather than three and are open to expanding services to other rural counties as supporting revenues become available. As before, we have closed each fiscal year having served more clients than programmatically required.

Rural Family Services serves beneficiaries in the geographic regions of Mason, Menard, Logan, and Christian counties in the service area of LAN – 15. Christian County is served under a subcontract through Rutledge Youth Foundation and LAN – 15.

Services:
1. Parenting Education provided by an experienced, master’s degree level parenting educator.
2. Parent support groups to further address the needs of the parents, as well as to work on skills learned in parenting education.
3. One-on-One intensive parenting education and support, in coordination with the parenting education and parent support groups, to ensure that once they have the skills, they are able to practice the skills and hone the skills to their specific needs in real life situations.
4. Any family referred to our agency for parenting support also has access to the whole range of mentoring, advocacy, and tutoring services offered by our agency, should their case warrant it.
5. Resource referrals to address any additional unmet needs not already being addressed by Rural Family Services but identified in the process of our parenting education work with the family.
6. The program provides crisis assistance need to help those families with urgent needs and or environmental problems that create barriers for families.

Marklund Children’s Home - Illinois Lifespan Respite Coalition
In 1998, the Illinois Lifespan Respite Coalition (ILRC) was formed by a group of parents and concerned respite providers to address the desperate needs for respite services for families. The Illinois Lifespan Respite Coalition (ILRC) mission is to increase public awareness of the importance of “Lifespan Respite”. Life Span Respite is a Model that is being promoted at the National level. The approach calls for a coordinated system of accessible, community-based respite care services for caregivers and individuals regardless of age, race, ethnicity, special need or situation. Respite care is planned or emergency short-term relief to caregivers from the demands of ongoing care for an individual with special needs or at risk of abuse or neglect. Special needs may include any disability, any chronic or terminal physical, emotional, cognitive or mental health conditions requiring ongoing care and supervision. These conditions may include Alzheimer’s disease and related disorders, developmental disabilities, children with special medical needs, and any other conditions determined by the state. Crisis respite may also be used to provide a temporary safe haven for the care recipient in the event of an emergency brought on by domestic violence, substance abuse, and a housing, health or job crisis.

The Illinois Lifespan Respite Coalition is dedicated to increasing public awareness of the importance of “Lifespan Respite”, promoting education and training for users and providers of respite services and advocating support for families and providers by insuring universal access to quality respite services for the residents of the State of Illinois. There are over 100 respite programs throughout Illinois but some of these programs only address a very specific targeted population. The Illinois Lifespan Respite Coalition in partnership with the Statewide Respite Coordinator provides a coordinated system of accessible, community-based respite care services for caregivers and individuals regardless of age, race, ethnicity, special need or situation. Respite care is the number one request from caregivers because of the demands and the potential risk factors associated with caring for their loved one with special needs.
The Coalition meets quarterly with Illinois families, caregivers and respite providers to communicate and collaborate about ways to increase public awareness of the importance of respite services. These meetings facilitate dialogue that promote education and training for users and providers of respite services; and advocate support for families and providers by ensuring universal access to quality services for the residents of the State of Illinois. The Coalition is a membership organization that encourages statewide coordination for respite services, and works in partnership with community-based agencies of all kinds and interested citizen groups from different parts of the State.

The coalition hosted its annual Summit, which was a hit, in Springfield this year. Nearly 100 agencies and families were represented, including some politicians from Illinois and Nebraska who showed a great interest in respite services in Illinois. Some of the topics covered and discussed were financial options for families, how to get funding from the Lifespan Respite Care Act, and finding political champions. Jill Kagan, Chair of the National Respite Coalition in Virginia served as one of the keynote speakers. She has been working closely with the Illinois Lifespan Respite Coalition to position the state as a recipient of federal respite dollars.

Southern Illinois University – Children’s Medical Resource Network

Services provided:

- Recruit and train network physicians and advanced practice nurses to provide medical consultations to DCFS, law enforcement officers, and medical personnel in child abuse investigations, either by phone, record review or physical examination of a child.

- Provide medical advocacy for children ages 0-17 who are alleged victims of sexual or physical abuse, neglect, or at risk of harm due to exposure to methamphetamine or a methamphetamine manufacturing environment. This includes:
  - comprehensive medical assessment, evaluation and diagnosis;
  - case coordination of each child’s identified health needs;
  - appropriate and timely follow-up of targeted medical services for each child;
  - documentation of findings to referral source;
  - data tracking of each child served;
  - health care provider consultation on difficult cases or when additional medical needs are identified;
  - parent education and support;
  - multidisciplinary staffings to coordinate investigation and follow-up services;
  - court preparation and testimony.

- Provide emergency consultation upon request to those fellow medical personnel (or staffs) who are directly affiliated through the CMRN.

- Educate a variety of health care providers on signs and symptoms of child abuse and neglect and explain their responsibility as mandated reporters.
Provide information on referral criteria and services of the Children’s Medical Resource Network.

- Educate health professionals, DCFS investigators, Child Advocates, and other multidisciplinary team members on the effects of methamphetamine on children. This includes distributing the methamphetamine protocol for children who are at risk of harm due to the exposure of a methamphetamine environment.

- Arrange high-quality training workshops for professionals in the field of child abuse and assure that continuing education credits are available for involved disciplines. Training workshops will be offered at least annually.

- Encourage participating CMRN providers to participate in multidisciplinary efforts in the area of child abuse and neglect in their local communities that are not case specific.

The Children’s Medical Resource Network is structured to complement those local and regional agencies already working in the area of child abuse. The CMRN does not wish to duplicate services, but to supplement the offerings of existing agencies by providing services not otherwise available to these children and families.

Children will be referred to the CMRN primarily by the Department of Children and Family Services (DCFS), Children’s Advocacy Centers or law enforcement agencies. Health care providers may refer children to the Network when a consult is needed to assess an injury for possible child abuse. The CMRN does not seek to disrupt the current legal requirements for reporting child abuse, and it will not assume the responsibility for direct reporting to the DCFS Hotline of cases referred from other mandated reporters.

The Children’s Place Association – HIV Day Respite for Children
The Children’s Place was conceptualized by Dr. Ram Yogev, a pediatrician at Children’s Memorial Hospital who was concerned by the number of children confined to hospital wards simply because of the lack of appropriate alternative housing. These children needed more care than could be provided by their parents. Through the actions with private and community supporters, The Children’s Place Association was founded to deliver specialized and innovative services to HIV/AIDS-affected children and families in the Chicago area. In 1991, it opened the Midwest’s first group home for HIV/AIDS-infected children. It remains the only facility in the region (and one of only a few in the nation) providing both residential and 24-hour nursing care specifically for children affected by HIV/AIDS. We also provide a vital network of support services to low-income, HIV/AIDS-affected families.

The services provided are an important element of the safety net for highly vulnerable HIV/AIDS-affected families. The program is licensed and accredited to serve 60 children per day, ages 3 months to five years. Program activities are designed to promote cognitive and developmental progress while promoting emotional and social growth for both child and caretaker.
The program promotes child safety by fostering the protective factors of the child’s social and emotional development, increasing parents’ knowledge of child development, enhancing parenting skills, reducing social isolation, and creating opportunity for monitoring children’s health and well-being.

By supporting families who are contending with the chronic, debilitating, and socially stigmatized illness of HIV/AIDS, the program promotes permanency. For families who choose to utilize adjunct services, provided by the agency, assistance is available for planning subsequent caregiver arrangements in the event of a parent’s incapacitation or death due to HIV/AIDS.

The program supports child and family well-being by enabling chronically ill parents to engage in necessary self-care while ensuring maximal opportunity for the physical, cognitive, emotional, and social development of the child through high quality early childhood education services. Further, participating families have access to a comprehensive set of services provided by the agency including mental health counseling, in-home respite care, case management services, social and recreational activities, psycho-social treatment groups, and housing and income assistance advocacy. In sum, the program takes a holistic and comprehensive approach to supporting families living with HIV/AIDS.

The Parent Place
The Parent Place has been providing parent support services to local families since 1974. During this time it has grown from one support group, Parents Anonymous, to an agency serving over 7,000 clients per year. Many of the staff are parents who have received services from The Parent Place, which emphasizes the philosophy of the organization of empowering parents through peer-to-peer support. The programs the agency provides have a primary focus of family preservation and prevention of child abuse and neglect. The Parent Place is the only area agency whose sole purpose is the year round provision of services to include a comprehensive list of services for kinship caregivers which includes free daily legal advocacy services, telephone support and referrals, walk-in services and a twice monthly educational support group for the adult caregivers and the minor children in their care. In 2006, The Parent Place implemented two new initiatives, the Diaper Pantry and Kids’ Rights. The Diaper Pantry provides parents and caregivers in need with one package of diapers per child per month free of charge as well as one-on-one parent education. Kids’ Rights is a four hour class that equips divorcing parents with the tools they need to keep the focus on their children as they rebuild their lives after divorce.

The Parent Place provides services to all members of our community seeking services, regardless of age, income, location, ethnicity, etc. We serve a significant number of low functioning clients, turning away only the severely developmentally challenged unable to participate in a group setting. Individualized one-on-one services are available to all clients able to pay for the service and those subsidized by DCFS funding. Many of the clients we serve at community fairs, WIC and local schools do not provide demographics,
but that information can be projected based on the population served by the hosting agent. An accurate number of clients is always sought. The nature of our services to large community based groups, telephone clients and walk-in clients eliminates the ability to identify unduplicated/duplicated clients.

Services through The Parent Place provide parents with child development information to assist them in developing appropriate expectations for their children – reducing the risk of frustration and anger that can lead to child abuse and neglect. Parents participating in our services learn techniques to deal with infant crying, whining and other behaviors that can incite parental anger. A large component of service delivery is focused on developing support networks and community referrals and resources that families may utilize when feeling stressed, enraged or overwhelmed. Our clients are taught to utilize time outs on themselves to reduce the risk of hurting their children. Child proofing their homes, choosing safe child care and positive discipline techniques vs. punishment round out our efforts to keep children safe through positive parenting services.

Enhancing the parenting skills, which in effect reduces the risk of the children being removed from the home, is the crux of the services provided through The Parent Place. Child development, school success, meeting the physical, emotional and social needs of their children are tools parents need to succeed. Confident parents with practical tools enjoy parenting and are better equipped to deal with the inherent challenges of raising children. The Parent Place provides the education, skills and support for a parent which leads to an enhanced parent/child relationship.

**Youth Services Network – La Voz Latina**

La Voz Latina was founded by local residents in 1971 for the purpose of creating a bridge between the Hispanic community and the larger community through education and mutual respect. The agency has expanded tenfold over the last three decades, continuing to anticipate and meet the needs of the fast-growing Hispanic population. Bilingual professional staff currently provides 17 programs and services to over 5,000 residents of Winnebago and Boone counties annually. Examples of the agency’s programs include English and GED preparation classes, job counseling/training/placement, neighborhood development, after-school tutoring, health education and screening, parenting classes, financial literacy program, youth leadership programs, college scholarships, home visiting for young parents, legal advocacy, and document translation. La Voz Latina also offers services to the community at large, such as medical/legal interpretation, translation, Spanish classes and cultural competency training.

The parenting classes funded through this contract change the attitudes and behaviors of parents who have a history of problem behavior, including alcoholism, drug abuse and domestic violence. The classes also give new strategies and self-confidence to parents who have been struggling with family management and discipline problems, as well as ineffective communication, poor family attachment, and parental use of harsh verbal and physical punishment. During the course of 12 weeks, parents listen to culturally competent experts in family counseling, discuss their own concerns including cultural differences and lack of support, role play new behaviors, journal their experiences, and
share examples of family bonding and healthy communications. The parenting classes promote effective parenting, social competency, healthy beliefs, support from peers, clear standards of behavior between spouses and with the children, and self-efficacy.

The program is designed to service low income, limited English speaking parents who have multiple risk factors (e.g. poverty, substance abuse, domestic violence, unmet health needs, language barrier, isolation due to cultural barriers, and lack of support network). They are referred for parent training classes by DCFS, the courts, school counselors and other professionals, or they call the agency and request this service for specific problems they have recognized within their own family.

Family Focus-Midwest Learning Center-Strengthening Families Through Family Advocacy Centers

Strengthening Families Illinois (SFI) staff will be working across the state with parents involved with 7 to 9 DCFS-supported Family Advocacy Centers located in communities that historically have had a high child welfare risk. The goal is to support child-welfare involved families that are working towards reunification, child protection-involved families that are working to keep their families intact, and community families who need services to prevent negative outcomes. SFI will offer Love Is Not Enough (LINE) Parent Cafés to parents involved in the program and provide opportunities for interested parents within those programs and communities to participate in Parent Leadership Training and/or LINE Parent Café Facilitator Institutes.

At this point, each center is at a different stage of development in being able to offer services for parents and foster meaningful parent leadership and participation in policy and program planning. SFI will continue working with those centers identified in SFY09 to continue supporting their parent engagement efforts and SFI will be working extensively with the others centers to determine their stage of development and will provide technical assistance and parent engagement / parent leadership services and supports at the appropriate level.

Since the centers will be at different levels of establishment, the types of services provided will vary from center to center and will require a multi-year approach. Services will include some or all of the following:

- Technical Assistance in helping Family Advocacy Centers reach their self-determined parent engagement goals.
- Offering Partner Cafes for Staff at Centers and potentially parent engagement training for staff
- Providing a series LINE Parent Cafes, Parent Leadership Training, and/or Parent Café Facilitator Institutes

Parents that self-identify through participation in the LINE Parent Café series will have the opportunity to participate in Parent Leadership Training and Parent Café Facilitator Institutes. Upon completion, they will be invited to join the SFI Parent Leadership Team.
Regarding the specific program focus of this work, SFI will be working with active parents who are interested in: 1) Strengthening their leadership skills, 2) having opportunities to learn and to contribute in their schools and communities, 3) helping other children and families. In addition to developing café teams of individuals that include parents, grandparents, fathers, and primary caregivers, who live in predominantly low income communities, the SFI Parent Leadership Team will be taking a regional approach that will result in geographic diversity statewide in each of the 6 DCFS regions.

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Ever mindful of our PART measurement goals, this lead has decreased the percentage of CBCAP funding for network support and development. I have increased funding for Strengthening Families activities, especially through our developing Family Advocacy Centers across the state. There has also been an increase in funding directed to Parent Leadership training and Parent Cafes in our Southern Region.
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 FFY 2009 APSR and, consequently, we have no information to report.
Program Support: Caseworker Contacts with Children in Foster Care

Please refer to the chapter #11 “Caseworker Contacts with Children in Foster Care” in the FFY 2010-2014 Child and Family Services Plan.
Chapter: 10

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

The Department’s Indian Child Welfare Advocacy Program was developed to serve Indian children and their immediate family members. Its primary goal is to advocate for the needs of every American Indian child that comes to the attention of the child welfare system within the State of Illinois.

The Indian Child Welfare Advocacy Program’s Mission:

- 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 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.
- Provides clinical consultation and case support to child welfare professionals state-wide for identified ICWA children and families.
- Participates in a monthly teleconference with the National Indian Child Welfare Association (NICWA) with child welfare professionals throughout the country to promote optimal child welfare practice for Native American children and families.

The Advocates:

- Work with child welfare agencies and the legal system to ensure ICWA compliance throughout the life of cases.
- Participate in the investigation and exchange of information for enrollment options with the tribes.
- Initiate and maintain connections with the identified tribes of the child [ren] and families involved.
- Attend child and family meetings, ACRs, and case related meetings including court hearings.
- Identify community support, organizations, programs and activities for Native Americans.
- Recruit Native American foster parents/homes.
- Provide training to DCFS licensed foster parents around ICWA, its history and relevance to the child welfare community.
• Participate weekly in community outreach activities within the Native American community.
• Developed a thirty-two slide, two-hour presentation involving ICWA’s historical base and ICWA’s relevance to the child welfare system including information regarding the Department’s advocacy program; the advocates have presented the PowerPoint to child welfare stake holders in both the public and private sector throughout the State.

Progress Regarding Compliance with the Indian Child Welfare Act:

The Department has updated and amended its policies and procedures relative to compliance with the Indian Child Welfare Act (Procedure 307). In order for the Department to inform any Indian child, any parent of an Indian child, or any Indian custodian of his or her rights under the Indian Child Welfare Act, the Department shall determine if a child is an Indian child at intake and throughout the life of the case.

Notification of Proceedings

a) The Department shall notify the child's parents or Indian custodian and the child's tribe by registered mail, return receipt requested, within 10 days after determining that an Indian child is the subject of a proceeding under Article II of the Juvenile Court Act of 1987 [705 ILCS 405] or for termination of parental rights.

b) If the identity or location of the parents or Indian custodian and the tribe cannot be determined, the Department shall notify the Secretary by registered mail, with return receipt requested. The Secretary shall have 15 days after receipt to provide the requisite notice to the parents or Indian custodian and the tribe.

No proceeding for adjudication of wardship under Article II of the Juvenile Court Act of 1987 or termination of parental rights shall be held until at least 10 days after receipt of notice by the parent or Indian custodian and the tribe, or by the Secretary. The parent or Indian custodian or tribe shall, upon request, be granted up to 20 additional days to prepare for the proceeding. (See 25 USC 1912(a).)

Section 307.30 Transfer of Jurisdiction

a) When removal of an Indian child from the custody of his or her parent or Indian custodian is contemplated, or when parental rights to an Indian child may be terminated, the child's tribe has the option to request transfer of jurisdiction to the tribal court.

In the event that a single tribe's jurisdiction cannot be established because of multiple tribal claims of right, the Department shall not participate in the intertribal jurisdictional dispute unless specifically requested by the tribes to aid in the resolution of the jurisdictional conflict.
c) Absent good cause to the contrary, the State court must transfer proceedings to the tribal court. However, objection by either parent shall act as an absolute bar to such transfer.

d) When the State court transfers the proceedings to the tribal court, the Department shall transfer custody or guardianship of the Indian child as directed by the State or tribal court.

Section 307.35 Placement of an Indian Child

a) In choosing an adoptive placement, the Department shall assure that the child is placed in accordance with the provisions of 89 Ill. Adm. Code 309 (Adoption Services for Children for Whom the Department of Children and Family Services Is Legally Responsible). In addition, preference must be given in the following order, absent good cause to the contrary, to the placement of an Indian child with:

1) a member of the Indian child's extended family;

2) other members of the Indian child's tribe; or

3) other Indian families. (See 25 USC 1915(a).)

b) In choosing a foster care or pre-adoptive placement, the Department shall assure that the child is placed in the least restrictive setting that most approximates a family and in which his or her special needs, if any, may be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child. In addition, preference must be given in the following order, absent good cause to the contrary, to the placement of an Indian child with:

1) a member of the Indian child's extended family;

2) a foster home licensed or approved or specified by the Indian child's tribe;

3) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or

4) an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs. (25 USC 1915(b).)

c) In the case of a placement under subsection (a) or (b) of this Section, if the Indian child's tribe establishes a different order of preference by resolution, the Department or court selecting the placement shall follow that order so long as the placement is the least restrictive setting appropriate to the particular needs of the child, as provided in subsection (b) of this Section. When appropriate, the preference of the Indian child or parent shall be considered, provided that, when a consenting parent expresses a desire for
anonymity, the court or Department shall give weight to that desire in applying the preferences.

d) The standards to be applied in meeting the preference requirements of this Section shall be the prevailing social and cultural standards of the Indian community in which the parent or extended family resides or with which the parent or extended family members maintain social and cultural ties.

e) The Department shall maintain a record of each placement of an Indian child that includes efforts to comply with the order of preference specified in this Section. The Department shall make these records available for inspection, at any time, upon the request of the Secretary or the Indian child's tribe.

Section 307.40 Retaining Custody of an Indian Child

a) When seeking temporary custody or placement of, or termination of parental rights to, an Indian child, the Department shall inform the court that the child named in the petition or motion is an Indian child as soon as that information becomes known.

b) Excluding extraordinary circumstances, the Department may retain temporary custody of an Indian child for a reasonable period of time not to exceed 90 days. Continued custody after that period may occur only upon a court finding, based upon the testimony of a qualified expert witness, that the child is likely to suffer serious emotional or physical injury if returned to the custody of the parent or Indian custodian. The court's finding shall be supported by clear and convincing evidence.

c) Each party to an involuntary placement proceeding involving an Indian child shall have the right to examine all reports or other documents that the Department may present during the proceedings.

Section 307.45 Terminating Parental Rights

a) When the Department determines at an internal legal screening (as defined in 89 Ill. Adm. Code 309.80 (Termination of Parental Rights)) that adoption is in the best interests of an Indian child and sufficient legal grounds exist for termination of parental rights, the Department shall notify the State's Attorney of the names and addresses of the child's parents or Indian custodian and the child's tribe for purposes of the Juvenile Court proceeding, if these persons or the tribe have not been previously served.

b) The Department shall request the State's Attorney to notify the tribe so the tribe may intervene in a proceeding for the termination of parental rights.

c) To terminate parental rights, the court must find, beyond a reasonable doubt, that the child is likely to suffer serious emotional or physical injury if returned to the custody of his or her parent or Indian custodian. The court's finding shall be based upon the testimony of a qualified expert witness. (See 25 USC 1912(f).)
Each party to a proceeding to terminate parental rights that involves an Indian child shall have the right to examine all reports or other documents that the Department may present during the proceedings.

e) When a parent or Indian custodian voluntarily consents to a foster care placement, or when a parent voluntarily consents to termination of his or her parental rights, the consent shall not be valid unless executed in writing and acknowledged before a judge of a court of competent jurisdiction and accompanied by the judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian. The court shall also certify that the parent or Indian custodian fully understood the explanation in English or that it was interpreted into a language that the parent or Indian custodian understood. Any consent given prior to, or within ten days after, the birth of the Indian child shall not be valid.

f) A parent or Indian custodian may withdraw consent to a foster care placement under State law at any time and, upon such withdrawal, the child shall be returned to the parent or Indian custodian when the sole basis of placement was the consent.

g) When a parent of an Indian child has executed a surrender or consent for adoption, the surrender or consent may be withdrawn by the parent for any reason at any time prior to the entry of an order terminating that parent's parental rights or an order of adoption, as the case may be, and the child shall be returned to the parent.

h) After the entry of an order of adoption of an Indian child, the parent may petition the court to vacate the order for adoption on the grounds that his or her consent was obtained through fraud or duress. If the court finds that the consent was obtained through fraud or duress, the court shall vacate the order of adoption and return the child to the parent. No action to void or revoke a consent to or surrender for adoption based on fraud or duress may be commenced after 24 months from the date of the entry of the order for adoption.

Training:

The Department continues to institute state-wide training facilitated by Native American staff to educate child welfare professionals within the State regarding the Indian Child Welfare Act including its history, goals and mandates. These trainings include the historical foundation of the Act, relevance to the child welfare community, as well as an overview of Departmental procedures when there is a question as to whether a child may be Native American. Training material covered includes the importance of inquiry of Native American heritage throughout the life of the case, implications for case and service planning, placement preferences and permanency planning factors to be considered for Native American children under the Indian Child Welfare Act. As of May 2009, there have been 59 trainings by the Indian Child Welfare Advocacy program throughout the State of Illinois related to compliance with the Indian Child Welfare Act. The Department also includes material regarding the Indian Child Welfare Act in all relevant trainings.
Additional trainings are being scheduled through the Indian Child Welfare Advocacy Program. One goal in the coming fiscal year is to extend outreach trainings to the broader court community due to concern that legal court personnel, particularly downstate, appear to have varying degrees of familiarity with the Indian Child Welfare Act and its implications for case and permanency planning for Native American children and families. To heighten responsiveness and understanding of the legal issues related to compliance with the Indian Child Welfare Act, attorneys within the Department’s Legal Division have been identified to provide specific expertise and direction to legal staff in situations in which ICWA applies on a case. Currently, there is a DCFS attorney identified to provide legal expertise regarding application of the Indian Child Welfare Act within Cook County, as well as a DCFS attorney for the downstate and northern regions.

There has been increased awareness and compliance with the Indian Child Welfare Act by child welfare staff in regards to identification and, per Departmental protocol, referral to the Indian Child Welfare Advocacy program when Native American heritage is suspected for a child involved with the Department. Referrals to the Department’s Indian Child Welfare Advocacy program from January 2008 through April 2009 were approximately 150. Approximately 40 children in substitute care through the Department are currently identified as Native American. (16 of those children are deemed eligible/members of federally recognized tribes but ethnic coding within the Department does not reflect them as Native American even though they are being served as ICWA cases; this coding issue is being rectified). From the 150 referrals to the Indian Child Welfare Advocacy program, eleven have included Native American children being served through Intact Family Services. Identification and referral of Native American children on the front end of services, as mandated by the Department, has allowed for the involvement of the Indian Child Welfare Advocate in proactively supporting culturally appropriate remedial and rehabilitative services to prevent out of home placement of the child. For two of the intact families identified as Native American, the program’s advocate became aware of them through outreach in the community. The fact that the Indian Child Welfare Advocate is known to the Native American community was instrumental in helping to establish a level of beginning trust with the involved caregivers for the children and child welfare professionals.

Recruitment of Foster Parents to Serve Native American Children:

Recruitment of Native American foster homes is being pursued on multiple levels including continued outreach in the community, collaboration with other programs working with Native Americans including Chicago Public School Title VII programming for Native American students and participation in a monthly ICWA work group composed of child welfare professionals from across the country. The work group is sponsored by the Child Welfare League of American and was established with the goal of best serving Native American children and families. One of the issues that will be explored within the national work group is what other states have determined most effective in the recruitment of Native American foster parents, particularly those states without federally recognized tribes. Identification and development of resources outside of the Chicago metropolitan area will also be pursued due to the fact that most of the
identified resources for community engagement with the Native American community are based in the Chicago area. Faith based programs such as Native Christian churches downstate will be explored as to potential resources/partnership with the Department in serving Native American children and families.

*Outreach/Collaboration within the Native American Community:*

The Indian Child Welfare Program advocates continue to be active in a variety of outreach activities within the Native American community. Identification and development of resources outside of the Chicago metropolitan area has also been initiated due to resources currently identified for community engagement with the Native American community being centered in the Chicago area. In situations in which an Indian child is placed in a non-Indian foster or adoptive home, ICWA program advocates have provided 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.

*Native American Advisory Board:*

A state-wide DCFS Native American Advisory Board is projected to be in operation within the first quarter of the next fiscal year. The board will provide guidance to the child welfare system around the provision of culturally relevant, effective services to Native American children and families within Illinois, as well as input and direction regarding the recruitment of Native American foster families across the State.
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 seeks advice and assistance of child welfare stakeholders in drafting policies for implementing and administering child welfare programs and services. The stakeholders include but are not limited to:

- Child Welfare Advisory Committee;
- DCFS Advisory Council;
- Illinois Action for Children;
- AFSCME Standing Committee;
- Statewide Youth Advisory Board;
- Statewide Foster Care Advisory Committee;
- Illinois Foster Parent Association Board; and,
- Adoption Advisory Council.
This complies with the CCA [225 ILCS 10/70(a)] and the Illinois Administrative Code [5 ILCS 100/5-30(b)].

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 most significant new or revised policies in 2007 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 2009 Policy Development: Policies Issued in 2009 by OCFP**

**Policy Transmittals**

**PT – 2008.14**
**LICENSING STANDARDS FOR YOUTH TRANSITIONAL HOUSING PROGRAMS**

**BACKGROUND**

124
These procedures were developed by a committee with input from the Chicago Coalition for the Homeless.

These procedures provide important instructions for compliance with the requirements in Part 409, Licensing Standards for Youth Transitional Housing Programs not only to Department licensing staff but also instructions to homeless agency staff.

**SIGNIFICANT PROVISIONS**

Homeless minors who are at least 16 years of age but less than 18 years of age who have applied for emancipation or obtained partial emancipation by the court can be admitted to a licensed YTHP. The YTHP excludes minors in the custody or under the guardianship of the Department.

A licensed Youth Transitional Housing Program (YTHP) may operate in a child care licensed facility, such as group home, emergency shelter, child care institution but excludes foster homes and where the operation of the YTHP does not compromise the safety of clients in the licensed facility, or in a building or facility not licensed by the Department such as community homeless shelter as long as the facility complies with the requirements of this Rule 409. It is the program that is licensed not the building, although it must meet certain building safety requirements.

The application form for the licensure of YTHP is to be done on form CFS 597-HY Application for Youth Transitional Housing Program License. The form can be ordered from Central Stores.

**Placement Alternative Contracts**

The Placement Alternative Contract program provides selected youth, over 18 years of age, who are unable to accept a traditional placement option the opportunity to receive services and financial support from the Department in a placement of his/her choosing, provided the youth has:

- selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
- established written goals that promote the youth’s ability to achieve economic self-sufficiency; and
- identified an advocate who will assist the youth in achieving his/her goals.

The Placement Alternative Contract program replaces procedures regarding self-selected placements. The procedures describe the criteria for eligibility for a Placement
Alternative Contract, and contain answers to frequently asked questions. These procedures also provide for a Wards With Infants special service fee for parenting wards with custody of their children who have a Placement Alternative Contract or who live in an unapproved placement (SSU) within Illinois.

**Adoption Assistance/Subsidized Guardianship Assistance/Behavioral Health Services**

The amendments:

- change the eligibility requirements for adoption assistance and subsidized guardianship to reflect changes in federal statutes;
- add behavioral health services and the Enhanced Subsidized Guardianship and Adoption Assistance Program (ESGAP) to services that may be available to children and youth for whom the Department is responsible; and
- establish the Department’s obligation to provide adoptive parents of a child adopted with an adoption assistance information about the Department’s post-adoption search and reunion services once each year and to provide the same information to the youth within 30 days of his or her eighteenth birthday.

**UNUSUAL INCIDENTS**

Rule 311 was amended to add the definition of each type of incident that requires submission of an unusual incident report. The rule is re-formatted, adding Appendix A, Definitions of Unusual Incident Reports.

**Allegation #11/61 Cuts, Bruises, Welts, Abrasions and Oral Injuries**

The purpose of this policy transmittal is to issue revised procedures for the investigation of children reported to the Department with cuts, bruises, welts, abrasions and oral injuries. The procedures have been revised for the purpose of improving consistency in the information gathering and assessment processes to identify threats to child safety. To enhance this consistency, investigators are now required to provide a completed CANTS 65-A, Referral Form for Medical Evaluation of a Physical Injury to a Child, to the physician examining child prior to the child’s examination.

**YOUTH IN COLLEGE/VOCATIONAL TRAINING PROGRAM**

Youth that choose not to attend summer school or participate in an approved internship program are now eligible to receive their grant payments through the summer months if they have a grade point average of “C” or better; have their contact information current; submit requested class schedules; and submit documentation of enrollment in a secondary
educational program for the fall semester to the OETS Business Office no later than June first.

**SYSTEM OF CARE SERVICES**

Revisions to Procedures 301.66:

- Clarify what constitutes a completed SOC referral;
- 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;
- Decrease the amount of time SOC has to make an initial home visits from 14 to 5 days;
- Require SOC to provide the family with an Interim Care Plan at the time of the Initial Home visit;
- Clarify that when a child has behavioral issues that threaten the placement stability and the child and/or caregiver will need services both in the short term and also over a longer period of time than is typically associated with SOC, the caseworker shall make the referral to SOC and shall also make a referral for the needed services to alternate resources that will be able to provide the long-term support for the child and/or caregiver; and
- Include the child’s guardian ad litem as a member of the Child and Family Team.

**LICENSING STANDARDS FOR FOSTER FAMILY HOMES**

Revisions to Procedures 402 implement recommendations made by the Office of the Inspector General to include in Section 402.27 the provisions written in Procedures 301 Appendix E. These provisions require that the licensing worker for the foster home be contacted by the DCFS or POS worker if the DCFS or POS worker plans to place a child in a foster home that is not supervised by the same agency/region for which the DCFS or POS worker is an employee. The licensing worker is to complete the CFS 2012, Pre-placement Questionnaire Licensed Foster Homes & Unlicensed Relative Homes.

**FOSTER PARENT RIGHTS**

The revisions amend Section 340.40, Foster Parents Rights, which adds right #8 (#7.5 in the Foster Parent Law), requiring the Department to give foster parents relevant information concerning a child from the Department whenever possible prior to the child being placed in a licensed foster home, group home, child care institution, or in a relative home. Appendix B, which establishes the scoring guidelines of the annual implementation plans, has also been revised to reflect the amendments to Section 340.40.
AUTHORIZED CHILD CARE PAYMENTS

The purpose of this Policy Transmittal is to issue revisions to Sections 359.40 - 359.45, Appendix A, and Appendix F of Procedures 359, Authorized Child Care Payments. These revised procedures reflect increases to Substitute Care Rates statewide due to a Cost of Living Adjustment (COLA) effective October 1st, 2008. The Maximum Day Care Rates have also been revised by the Illinois Department of Human Services effective July 1, 2008. Procedures 359 Appendix A and CFS 2000 have been updated to reflect the new day care rate maximums approved by the Illinois Department of Human Services.

IDENTIFICATION PROCEDURES FOR CHILDREN IN PLACEMENT

The purpose of this Policy Transmittal is to issue revised Procedures 301.150 Identification Procedures for Children in Placement which address questions regarding the child identification procedures and its requirements. The revised procedures clarify when and which children, for whom the Department is legally responsible, must be photographed and fingerprinted.

LICENSING ENFORCEMENT

In March 2008, the Department adopted new Rules 383. The related procedures implement the licensing functions set out in Rules 383.

The procedures describe the Department and private child welfare agency licensing unit responsibilities to:

- examine and monitor child care facilities to determine compliance with the Child Care Act and licensing standards;
- receive and investigate licensing complaints; and
- develop and implement protective or corrective plans that assure the safety of children while allowing licensed facilities to correct noted violations.

The procedures also describe the processes for:

- concurrent child protection and licensing investigations;
- reexamining foster homes after an indicated child abuse/neglect report;
- reviewing licensing decisions;
- conducting enforcement actions; and
- surrendering a license or permit.

BACKGROUND CHECKS

The revisions made in Part 385, Background Checks, include the provisions in Policy Guide 2007.12 that implemented the requirements of the Adam Walsh Child Protection
Services Act. These amendments do not require new actions by Department or private agency licensing staff since these requirements were put into effect when Policy Guide 2007.12 was issued.

In Section 385.20, the definition of “Background Checks” has been expanded to include a search of criminal and national child abuse and neglect records through the National Crime Information Database (NCID) as mandated by the Adam Walsh Child Protection and Safety Act and amendments to The Children and Family Services Act [20 ILCS 505/5]. Definitions of “National Crime Information Database” “National Registry” and “National Sex Offender Registry” were also added.

Section 385.30, was amended to require the Department to request a check of other states’ child abuse and neglect registries and the National Sex Offenders Registry for foster home license applicants who have resided in another state in the preceding 5 years.

In Section 385.60, the statutory citation was added regarding the required foster family home background checks.

In Appendix A, additional bars for foster home licensure were added as required by Children and Family Service Act and the Adam Walsh Child Protections Act.

In Appendix B, the required age for fingerprints was lowered from persons 18 years of age to persons 17 years of age and over as these persons are treated as adults by the Illinois criminal courts.

PT 2009.06
PROCEDURES 302.APPENDIX K, Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youths

PURPOSE

The purpose of this Policy Transmittal is to issue Appendix K of Procedures 302, Services Delivered by the Department. These procedures promote the safety, adjustment and well-being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth.

PT – 2009.07
MEDICATION MANAGEMENT IN FOSTER HOME, TLP AND ILO LIVING ARRANGEMENTS

OVERVIEW OF NEW PROCEDURES
Children Entering Substitute Care and Living In Foster Care:

Amendments to Procedures 300.80, 301.60, 315.100 and 315.110 address the investigation and placement workers’ responsibilities to gather information about a child’s health/medical needs, medications and durable equipment when the child enters substitute care, and the caseworker’s role in medication management while the child is in substitute care. Each child entering substitute care must have an initial health screening and comprehensive health examination. Ongoing assessments may address whether a youth may self-administer medications or carry emergency/rescue medications, what to do when a youth on daily medication has (or has threatened to) run away, and when a child or youth refuses to take prescription medication. The caseworker must ensure that the caregiver can administer a child’s medications and is meeting the child’s health needs.

Procedures 301.120 (new) require investigation and placement workers to share information with the substitute caregiver, including known information about the child’s medical and behavioral health needs and medication management, and information about allergies and asthma. The procedures also permit caregiver access to the child’s record.

Procedures 325.40 (new) note that a child’s medical provider must contact the DCFS Consent Unit for authorization prior to administering a psychotropic medication to a child. Copies of previously issued consents for administration of psychotropic medications are to be obtained from the caseworker.

Procedures 325.60 (new) address when a child in foster care may self-administer his/her medications.

Amendments to Procedures 329.60 require the worker to discuss with the youth’s caregiver and doctor whether the caregiver should hand over any amount of a prescription medication to a youth who says he/she is running away.

Youth in Transitional (TLP) and Independent (ILO) Living Arrangements:

Amendments to Procedures 302.Appendix H require TLP and ILO programs to have written policies regarding medications and medication management for youth in those living arrangements. The procedures address all medications (prescription, over-the-counter, vitamins, etc.) given to or taken by youth in TLP and ILO living arrangements and:

- require that youth entering TLP or ILO be able to self-administer medications or be taught to do so;
- require staff to document and notify appropriate persons when medication errors and adverse reactions occur;
• instruct staff what to do when a youth refuses to take medication;

• require staff to teach youth to take medications with them when they are off-site or change living arrangements, temporarily or permanently; and

• require training on medication administration for staff in TLP and ILO programs.

The procedures 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 living arrangements are progressively less stringent.

PT – 2009.08
RULES 430, OFFICE OF THE INSPECTOR GENERAL (OIG)

SUMMARY

The purpose of this Policy Transmittal is to issue amendments to Rules 430, Office of the Inspector General (OIG). The amendment clarifies that the Inspector General may share information with members of the Illinois State Police (ISP) when referring cases for investigation or prosecution or when conducting joint investigations with the ISP. The information will be shared only with the agreement that the information will not be used for any other purpose and that the ISP will seek a protective order before redisclosing any information, if that becomes necessary.

PT – 2009.09
PROCEDURES 315.110, Worker Contacts and Interventions

SUMMARY

New Procedure 315.110(b)(4) requires caseworker contact with i) a parent in an open intact family or placement case who becomes pregnant, and that parent was previously indicated for abuse or neglect, or ii) a DCFS ward who becomes pregnant, to determine if there are any health or safety concerns for the new baby. If there are health or safety concerns and the pregnant parent or youth is refusing to provide the caseworker the baby’s due date and the expected place of delivery, the caseworker must attempt to obtain this information from other sources.

Amended Procedure 315.110(f) requires caseworkers to have monthly visits with children in in-state residential facilities regardless of distance. This amendment is required for compliance with federal regulations.
In Cook County, the Cook County Public Guardian (Public Guardian) is
the appointed attorney and guardian ad litem (GAL) for the majority of
minors for whom the Department is awarded legal custody. In accordance
with the Abused and Neglected Child Reporting Act (ANCRA) (325 ILCS
5), Juvenile Court Act of 1987 (705 ILCS 405), and Department Rules
300, Reports of Abuse and Neglect, the Department is required to transmit
a copy of the report and investigative file to the GAL appointed under the
Juvenile Court Act when the a report has been indicated, unfounded, or
undetermined and the minor who is the subject of the report is also the
minor for whom the GAL has been appointed.

The Public Guardian brought a lawsuit that resulted in a court order
requiring the Department to implement new procedures for providing
investigative files to the Public Guardian. These procedures only apply to
investigations involving children represented by the Cook County Public
Guardian.

The main requirement of the court order is that the Department must provide the
Public Guardian with information regarding the identity of the reporter and source
of information and all other information regarding the minor contained in the
investigative file. The Department and the Public Guardian agreed to settle the
remaining issues in the litigation under the terms specified in this policy guide.

After the report is classified, the person making the
classification shall determine whether the child named in the
report is the subject of an action under Article II of the
Juvenile Court Act of 1987. If the child is the subject of an
action under Article II of the Juvenile Court Act, the Department
shall transmit a copy of the report to the guardian ad litem
appointed for the child under Section 2-17 of the Juvenile Court
Act [ANCRA, 325 ILCS 5/714].

Whenever the Department determines that a reported incident of
cild abuse or neglect from a mandated reporter or any other
reporter is “unfounded”, the minor's guardian ad litem appointed
under the Juvenile Court Act of 1987 may request a review of the
investigation within 10 days of the notification of the final finding if the subject of the report is also the minor for whom the guardian ad litem has been appointed [ANCRA, 325 ILCS 5/7.21].

INVESTIGATIVE FILES PROVIDED TO THE COOK COUNTY PUBLIC GUARDIAN

When the Department investigative staff have determined that a child abuse and neglect investigation involves a minor represented by the Public Guardian and the Department’s Cook County Juvenile Court staff (court staff) have been notified of the report, the court staff will do the following.

A) Determine what calendar the case is pending in and obtain the complete investigative file.

B) Redact the investigative files in accordance with the following procedures prior to providing the Public Guardian with a copy of the file. Information redacted from investigative files must be listed on the CFS 600–3C, Redaction Checklist, and attached to the file. The legal basis for each redaction must be included in the checklist. The Public Guardian may file a motion before the court hearing the minor’s juvenile court case seeking disclosure of the redacted information based upon applicable laws.

1) Identifying Information Regarding the Reporter, Source and Other Persons with Information

The identity of the reporter, source and other persons with information shall not be redacted from the investigative file and shall be provided to the Public Guardian.

2) LEADS Information

Information indicating that a LEADS check has been conducted by Department staff during the course of an abuse or neglect investigation shall be provided to the Public Guardian, but the actual LEADS report shall be redacted from the investigative file. Investigation case notes or other documentation of arrests and convictions, other than the LEADS report, shall not be redacted. Arrest and conviction information is public information.

3) Information Regarding Minors Represented by the Cook County Public Guardian

Information regarding a minor represented by the Public Guardian shall not be redacted and shall be provided to the Public Guardian.
This includes information regarding the minor’s foster parents; information regarding prior reports of abuse and neglect; mental health information; substance abuse treatment information; and health/HIV/AIDS information.

4) Information Regarding Persons Other Than Minors Represented by the Cook County Public Guardian

a) Mental Health Information

Mental health information shall be disclosed regarding the parent, guardians of the minors represented by the Public Guardian, or legal custodians of the minors represented by the Public Guardian when the parent, guardian or legal custodian is named as a respondent in the case pending in juvenile court.

Mental health information regarding persons other than the respondent parent/legal guardians and minors represented by the Public Guardian shall only be redacted pursuant to the provisions of the Mental Health and Developmental Disabilities Confidentiality Act. A confidential communication under the Mental Health and Developmental Disabilities Act is any communication made by a recipient of mental health services or another person to a therapist or to or in the presence of other person during or in connection with the provision of mental health or developmental disability services.

For example, information contained in an investigative note documenting an investigator’s interview with a person during which the person disclosed their mental health diagnosis would not be a mental health communication as defined by the Mental Health and Developmental Disabilities Confidentiality Act, and should not be redacted from an investigative file provided to the Public Guardian. However, information regarding a person’s diagnosis received from a provider of mental health services would be considered mental health information and should be redacted from the investigative file unless consent for release is in effect.

b) Substance Abuse Treatment Information
Only substance abuse treatment information as defined by the Code of Federal Regulations [42 C.F.R. 2.12 (a) (ii)] shall be redacted from an investigative file provided to the Public Guardian. Substance abuse treatment information is defined as alcohol or drug information obtained by a federally assisted drug or alcohol program for the purpose of treating alcohol or drug abuse, making a diagnosis for treatment, or making a referral for treatment.

For example, an investigative note documenting an investigator’s conversation with a foster parent in which the foster parent discussed their substance use and treatment would not be protected under the Code of Federal Regulations, and should not be redacted from an investigative file provide to the Public Guardian. However, information regarding a person’s substance abuse treatment received directly from a qualified provider of substance abuse treatment would be considered protected information as defined by the Code of Federal Regulations, and should be redacted from an investigative file provided to the Public Guardian.

c) Health Information

Health information should only be redacted from investigation files as required by the Healthcare Insurance Portability and Accountability Act (HIPPA) and applicable regulations, and the AIDS Confidentiality Act [410 ILCS 305/1 et.seq.].

d) Identifying Information Regarding Minors Not Represented by the Cook County Public Guardian

An investigative file may contain information about minors other than those represented by the Public Guardian. Any identifying information regarding these minors should be redacted from the investigative file, but any information regarding the relationship between the minor and the minor represent the Public Guardian should not be redacted. The content of the minor’s conversation with the investigator shall not be redacted. Each such minor referenced in the report shall be identified by initials or first name so that the content of report remains comprehensible.

e) Other
If the investigative file contains information that should be redacted for reasons not listed in this policy guide, then the appropriate juvenile court personnel shall file a motion before the juvenile court seeking to prevent the disclosure of the information in accordance with the provisions of ANCRA and/or other applicable laws.

PG – 2008.04
LEARNING COLLABORATIVES

BACKGROUND

The Learning Collaborative approach is a quality improvement methodology developed by the Institute for Healthcare Improvement (IHI) in 1995 and has been used in the field of health care for more than ten years. This approach is currently being used and adapted within several national initiatives within child welfare and pediatrics with proven effectiveness for delivering new knowledge to the field. The original purpose for establishing the model of a Learning Collaborative was to bridge a gap between what we know works (best practices) and what practitioners in the field struggle with in providing client services. This approach is currently used by the National Child Traumatic Stress Network (NCTSN), comprised of the leading national experts in child trauma and a range of community agencies across the U.S., as the primary and recommended method for training and supporting practitioners in best practices for child trauma.

The Learning Collaborative approach reflects the current thinking of national experts about the most effective methods for promoting implementation of trauma-focused practices, spreading best practices across multiple settings, and bringing about lasting change and improvement in practice across diverse organizations, including DCFS sites and POS agencies and their local communities.

GOAL

The goal of the Illinois Department of Children and Family Services Trauma-Informed Practice Learning Collaborative is to improve the quality, effectiveness, provision, and availability of trauma-informed services delivered to all DCFS children and adolescents who have experienced traumatic events.

DCFS aims to achieve this goal by improving trauma-informed engagement, assessment and intervention practices, specifically including:

1) the engagement of children and families as well as key stakeholders in the service planning and provision process;
2) providing a thorough and comprehensive assessment to guide the planning and delivery of services and monitor and evaluate outcomes of these services over time; and,

3) planning for, supporting, and delivering empirically-based, trauma-informed treatment and services by all DCFS professionals.

There are several important reasons for offering the Learning Collaborative approach at this stage of DCFS planning. We have gathered several lessons learned from our ongoing work with DCFS providers throughout Illinois as well as in our collaborations with national partners through the National Child Traumatic Stress Network. While many DCFS providers are getting exposure to or receiving training on a range of trauma-focused assessment, treatment, or service delivery practices through different venues, DCFS provider agencies continue to face challenges around implementing these particular practices in their settings.

We also know that many DCFS providers are struggling with challenges around implementing new practices and tools in their various agency settings and they are trying to overcome these challenges largely on their own. We recognize the need to create a forum for the exchange of experiences and ongoing feedback across agencies that will shift us away from an “expert model” and will enable the learners or practitioners in the field to become each other’s teachers through the sharing of challenges, successes and lessons learned in their implementation of these practices.

This would be an opportunity to provide alternative approaches to training and apply proven methodologies for increasing successful implementation and adoption of trauma-focused engagement, assessment and intervention practices. Improvements associated with the Learning Collaborative approach have the potential to propel the child welfare field forward. The training centers and collaboratives will offer a structure through which ongoing training, staff development, reinforcement and support will be provided for continuity of learning. Collaboratives will promote new practices in small, rapid cycles in order to make immediate progress towards our goals and offer ongoing opportunities to share feedback and successes in real time to further accelerate the application of new knowledge and skills within local settings and communities.

Action Transmittals

AT – 2008.03
Physical Examination Forms

BACKGROUND
In 1996, the Department created 15 well-child physical examination forms, each one corresponding to a stage of life between birth and late adolescence, and each listing age-specific developmental milestones and teaching/anticipatory guidance information for a physician’s easy reference during a physical examination. The Department also created a separate form for a physician to use to document an acute medical visit.

Many physicians are using the CFS 600, Certificate of Child Health Examination to record findings from physical examinations of children and youth. Many physicians’ offices use electronic medical records systems that can generate a report documenting a physical examination.

The Department will accept the CFS 652-F through M (for ages birth through 18 months), the CFS 600 (for ages 24 months through late adolescence) or an equivalent report generated from a primary care physician’s electronic medical records system as adequate medical documentation for physical examinations of children and youth in the Department’s custody or guardianship. Age-specific physical examination forms for children under 2 years of age provide valuable information for physicians that is not fully captured on the CFS 600.

The Department will accept the CFS 652-U or an equivalent report generated from a primary care physician’s electronic medical records system as adequate medical documentation for acute medical visits.

The age-specific physical examination forms for children and youth ages 24 months through late adolescence (CFS 652-N through T) are obsolete and will be discontinued.

The CFS 651, Referral Form, CFS 652-C, Mental Health Screen, CFS 652-D, Mental Health Screen Scoring Sheet, CFS 652-V, Substance Abuse Screen and CFS 652-W, Problems List/Immunization Record Information are also obsolete, and much of this information is captured on other DCFS forms.

Therefore, the following CFS forms are hereby obsolete:

- CFS 651 Referral Form
- CFS 652-C Mental Health Screen
- CFS 652-D Mental Health Screen Scoring Sheet
- CFS 652-N Ambulatory Pediatric Service-24th Month Visit
- CFS 652-O Ambulatory Pediatric Service-3 Year Visit
- CFS 652-P Ambulatory Pediatric Service-4-5 Year Visit
- CFS 652-Q Ambulatory Pediatric Service-6-10 Year Visit
- CFS 652-R Ambulatory Pediatric Service-Early Adolescence (11-13)
NEW FORMS FOR INTAKE AND REFERRAL TO A SHELTER

When making a temporary placement of a child in a Cook County Emergency Shelter, the placing investigation specialist/worker shall complete one of the following new forms:

**CFS 1900, ERC Intake and Referral Form, Disruption.** Use this form for:

- **Placement disruption cases** involving children/youth in the custody or guardianship of the Department that disrupt from their placement/living arrangement, and require entry into the shelter system because there are no other placement alternatives.
- **Voluntary placement agreement** when there is a signed agreement by the parent/legal guardian that gives DCFS authority to provide shelter care and to consent to all medical, surgical or mental health care, including psychotropic medication or hospitalizations for children under the age of 18.
- **Runaways / walk ins** - ERC staff shall complete this form when admitting children/youth in the custody or guardianship of the Department who, without any planning or announcement, appear at ERC after being on unauthorized absence/runaway status from any placement.
- **Delinquent youth committed by the Cook County Juvenile Court** prior to the youth’s 15th birthday.

**CFS 1901, ERC Intake and Referral Form, DCP/Dependency.** Use this form for:

- **Abuse/Neglect Cases** when the investigation specialist has determined that it would be unsafe for the child/youth to remain in the home of the family and a brief temporary placement is necessary, after exhausting possible placement with all family members. This may include failed adoptions and subsidized guardianships.
- **Dependency** when a child under the age of 18 is without a parent, guardian or legal custodian due to the parent’s incarceration, hospitalization, incapacitation or death.
The investigation specialist/worker shall send the completed CFS 1900 or CFS 1901 by Outlook e-mail to “ERC Referrals” and to his/her supervisor.

**Policy Interpretations**

**PI 2009.01**

**Licensure Exempt Lunch Programs**

**Discussion:** Some licensed day care programs have established special activities programs as defined in Section 2.09(g) of the Child Care Act. These operate before or after the licensed day care program, and many allow children to bring their lunches from home. Such programs are exempt from licensure and not subject to the nutrition requirements in the Licensing Standards for Day Care Centers.

The Department has determined that these special lunch activity programs meet the exemption requirements in the Child Care Act if:

1. enrollment in the lunch activity program is separate from enrollment in the preschool program and there is a separate fee (if charged);
2. the lunch activity program operates less than five days per week or individual children are enrolled for less than five days per week; and
3. the lunch activity program is operated by a governmental, civic or charitable (non-profit) organization.

**Response:** Day care programs that establish special activities programs as defined in Section 2.09(g) of the Child Care Act may allow children to bring their lunches from home, when their local licensing authority determines that they meet the following requirements:

1. enrollment in the lunch activity program is separate from enrollment in the preschool program and there is a separate fee (if charged);
2. the lunch activity program operates less than five days per week or individual children are enrolled for less than five days per week; and
3. the lunch activity program is operated by a governmental, civic or charitable (non-profit) organization.

If the local licensing authority determines that the aforementioned requirements are not met, a day care center may
request a declaratory ruling from the Department’s Office of Child and Family Policy for a final determination of the exempt status of its lunch program.

PI 2009.02
Capacity in Private Adoption Foster Homes

Discussion: Individuals and married couples who are required by law or rule to have a valid foster family house license must meet the requirements set forth in Rule 402, Licensing Standards for Foster Family Homes. The family must comply with the licensing standards as long as they hold the license.

Unless otherwise required by law or rule, a family may privately adopt a child without being licensed as a foster family home. A non-relative family wishing to adopt a child under the guardianship of the Department, a family wishing to adopt a foreign-born child in the State of Illinois or a family completing a private adoptive placement in Illinois must be licensed as a foster family home.

Due to these differences for families wishing to adopt a child, some licensed foster family homes have questioned whether they should be bound by the capacity requirements of Rule 402 if they complete a private adoption.

The capacity of the home is reevaluated when there in any change in the number of children in the home, birth, death, and so forth. The licensing standards have provisions for granting waivers of the capacity requirements and a licensed family foster home is required to comply with the standards to retain its license.

Response: Licensed foster family homes completing any private adoption are subject to the capacity requirement of Rule 402.

PI 2009.3
Assessing Capacity in a Licensed Foster Family Home

Discussion: In accordance with Procedures 301, Appendix E, the placement worker must request and receive Placement Clearance Desk (PCD) approval before placing a child in a foster family home. The PCD will deny any placement that would cause the home to exceed the maximum capacity as determined by the licensing worker under Section 402.15. Therefore, it is critical that the licensing worker make the correct capacity determination based on the composition of the foster family during each monitoring visit.
“Maximum capacity” is defined in Section 402.15 and means the maximum number of children permitted in a foster home at any one time. The licensing worker must ensure that the foster parent makes him or her aware of the presence of all children under age 18 in the foster home at the time of each monitoring visit. The licensing representative must count all children under the age of 18, including the foster parents’ biological and adopted children, current foster children, homeless youth, and any other children that reside or are receiving full-time care in the home. Adopted children include children from foreign, private, DCFS, or POS agency adoptions. Full-time care means that the child is a resident of the household, whether on a temporary, emergency, or permanent basis, and receiving family care usually provided by a parent or guardian.

The licensing worker must further reduce the maximum capacity if any of the aforementioned children in the home have developmental, emotional, behavioral, or medical needs and have been determined to require specialized care. When determining capacity, all placements paid at a specialized rate must be counted as specialized; however, being paid at a specialized rate is not a requirement to be counted as a specialized placement. Since the complexity of care determines how a child is counted when determining capacity, the licensing must count all children requiring extraordinary care as specialized, regardless of their payment rate. Additionally, the licensing representative must consider the number of children under 6 or 2 years of age, when determining capacity. Licensing workers should use the charts located in Rule 402, Appendix C.

On each monitoring visit, the licensing worker must:

1) count and determine the ages of all children under the age of 18 who reside or receive full time care in the home. This includes:

   • the foster parents’ biological and adopted children;
   • current foster children;
   • children for whom the foster parents are legal or subsidized guardians; and
   • other children under the age of 18, whether or not related to the foster parents.
2) attempt to determine if any children in the home require specialized care by reviewing recent assessments, if available, and requesting that the foster parent obtain a clinical assessment if a child appears to require extraordinary care.

3) using the number and ages of the children, and, when available, specialized care assessments and the most recent CFS 2012, Preplacement Questionnaire, document determination of maximum capacity using the capacity charts in Rule 402, Appendices B and C.

Response: A placing worker may approve a new placement in a foster family home only with placement clearance desk approval and when the placement will not cause the home to exceed the maximum capacity, as set out in Rule 402.15.

During each monitoring visit the licensing representative must determine the number and ages of all children under age 18 presently in residing or receiving full time care in the foster family home, including:

- the foster parents’ biological and adopted children;
- current foster children;
- children for whom the foster parents are legal or subsidized guardians; and
- any other related or unrelated children.

The licensing representative must also attempt to determine whether any of the children have been assessed as having developmental, emotional, behavioral or medical needs that require specialized care.

Before placing additional children with the foster family, the placement worker must determine that the additional children will not cause the home to exceed the maximum capacity by completing the CFS 2012, Preplacement Questionnaire and having the placement approved by the Placement Clearance Desk.

**Policy Development In 2010**

In FFY 2010, the Department is amending or plans to amend the following Rules or Procedures:
**Rule 301.40**

**Placing an Indian Child**

Proposed amendment requires that, when placing an Indian child, the Department shall also comply with Rule 307, Indian Child Welfare Services.

**Rule 301.90**

**Specialized Foster Care Services**

For children who have emotional, developmental or medical needs, or a combination of these, the Department shall provide specialized foster care services when such services are required to maintain the child in foster care or a permanency setting. Sets out the process for determining eligibility for specialized foster care services and the specific service interventions needed, and the minimum qualifications of the Department staff making that determination. Requires the Department to assess the foster parents with whom the child is placed or may be placed for the ability, experience and willingness to meet the child’s needs, and to monitor the caregiver’s compliance with the service plan and the child’s wellbeing. Provides that children for whom the Department is legally responsible who are adopted and are eligible for adoption assistance, or for whom guardianship is transferred, may be eligible to receive services that are similar to specialized foster care services.

**Rule 301.120**

**Written Summary of Available Information About the Child to Caregiver**

Proposed amendment requires the caseworker to give the caregiver a written summary of available information about the child. In the case of emergency placements, the caseworker shall provide information verbally as it becomes available. Within 10 business days after placement the caseworker shall obtain from the caregiver a signed verification of receipt of the information, and also shall provide a copy of the written information to the child’s guardian ad litem. The caregiver may review the supporting documents in the child’s file in the presence of casework staff.

**Rule 307**

**Negotiate in Good Faith with an Indian Tribe**

**Rule 307** is being amended to require the Department to negotiate in good faith with an Indian tribe, tribal organization or tribal consortium that:

- requests to develop an agreement with the Department to administer all or a part of the program under title IV-E on behalf of Indian children who are under authority of the tribe, organization or consortium, including foster care
maintenance payments, adoption assistance payments, and tribal access to resources for administration, training and data collection under title IV-E; and

- that does not receive an allotment under the Chafee Foster Care Independence Program or Education and Training Voucher directly from the U.S. Department of Health and Human Services and that requests to develop an agreement with the Department to administer, supervise or oversee such programs with respect to eligible Indian children and to receive an appropriate portion of the Department’s allotment for the cost of such administration, supervision or oversight.

**Procedures 302.360**

**Health Care and Instruction for the Care of Children**

**New Procedures 302.360** provide caseworkers, supervisor and substitute caregivers with up-to-date health care instruction and guidance for the care of children in the custody or guardianship of the Department. These procedures also provide clear and direct instructions to caseworkers and caregivers regarding areas that have been the subject of concern in the past, such as instructions that caregivers cannot also serve as a health care provider for a child in their home and cannot refuse to allow a DCFS ward to be immunized.

**Procedures 404.18**

**Administration and Documentation of Medications**

**New Procedures 404.18** address administration and documentation of all medications (prescription, over-the-counter, vitamins, etc.) given to children and youth in residential facilities licensed by the Department; teaching age-appropriate youth to self-administer medications; documenting and notifying appropriate persons of medication errors and adverse reactions; handling a youth’s refusal to take medication; sending medications when a child or youth is off-site or changes living arrangements, temporarily or permanently; and training issues for staff in residential facilities. The draft requires the medical director or a nurse to conduct a monthly review of medication logs and medication errors.

**Rule 333, INTERCOUNTRY ADOPTION SERVICES**

The Part will be amended to implement provisions in the Intercountry Adoption Act of 2000 (42 U.S.C 14901-14952) and include post-adoption monitoring services and provisions for home studies.

**Rule 406, Licensing Standards for Day Care Homes and Rule 408, Licensing Standards for Group Day Care Homes:**
COMPLY WITH THE MISSING CHILDREN RECORDS ACT [325 ILCS 50/5], THAT REQUIRE THE PARENT OR GUARDIAN OF A CHILD TO BE ENROLLED TO PROVIDE A CERTIFIED COPY OF THE CHILD’S BIRTH CERTIFICATE WITHIN 30 DAYS OF ENROLLMENT, FLAG AND REPORT TO THE ILLINOIS STATE POLICE ANY REQUEST CONCERNING FLAGGED RECORDS OR KNOWLEDGE AS TO THE WHEREABOUTS OF ANY MISSING CHILD.

COMPLY WITH THE LEAD POISONING PREVENTION ACT [410 ILCS 45/7.1], THAT REQUIRE CAREGIVERS TO PROVIDE ANNUALLY TO PARENTS OR GUARDIANS OF ENROLLED CHILDREN WITH A COPY OF A LEAD PAINT POISON AWARENESS PAMPHLET PROVIDED BY DPH.

IMPROVE FIRE SAFETY STANDARDS AS REQUIRED BY FIRE SAFETY CODE AND AGREEMENT WITH THE OFFICE OF THE STATE FIRE MARSHAL.

COMPLY WITH THE PROHIBITION OF SMOKING AS DIRECTED IN SMOKE FREE ILLINOIS ACT [30 ILCS 805/8.31]

REQUIRE THAT NEW DAY CARE HOME APPLICANTS AFTER SEPTEMBER 2010 HAVE HIGH SCHOOL DIPLOMA OR GED AND IN RULE 408 THE DEPARTMENT IS ADDING A PROVISION ON HOME SCHOOLDING TO PARALLEL A SAME PROVISION IN DAY CARE HOMES.

**Rule 402**

- Add the “Inactive Status” designation to increase resources for monitoring foster homes by allowing the Department and POS agencies to suspend monitoring of licensed foster homes that do not have foster children.
- Add language requiring pool enclosures in foster homes to improve the safety of foster children.
- Add language prohibiting smoking in foster family homes ensure compliance with Smoke Free Illinois [30 ILCS 805/8.31].
- Add the requirement for carbon monoxide detectors to ensure compliance with P.A. 94-741, the Carbon Monoxide Alarm Detector Act [430 ILCS 135/1].
- Add spousal abuse to the list of offenses that are an absolute bar to licensure in response to Public Act 095-0010, which amended the Children and Family Services Act.

**Rule 403**

- Require that group homes have procedures for ensuring the safety of a child’s funds.
- Clarify child protection language and language for supervising children.
- Require that group homes comply with the Smoke Free Illinois Act [410 ILCS 82], the Smoke Detector Act [425 ILCS 60], and Carbon Monoxide Alarm Detector Act [430 ILCS 135/1].
• Require that all persons who transport children hold a valid driver’s license and have insurance.
• Clarify educational requirements for group home supervisors.
• Require that group homes caring for children under the age of ten or developmentally disabled children maintain a water temperature of 115° Fahrenheit or less for its showers and bathtubs.

Rule 407

• Day Care Center Directors - Require future day care directors to hold a bachelor’s degree or greater as recommended by COA and the National Health and Safety Performance Standards. This will increase professionalism and quality of care at day care centers in Illinois.
• Lead Paint Poisoning Awareness – Require that centers participating in the Illinois Child Care Assistance Program annually distribute IDPH’s lead paint poisoning awareness pamphlet to parents or guardians.
• Birth Certificates - Require that day care centers inform parents that they must submit a certified copy of their child’s birth certificate or equivalent before enrolling their child will ensure compliance with Section 5 of The Missing Children Records Act [325 ILCS 50/5].
• Hearing and Vision Screenings – Add language to ensure that day care centers provide annual vision and hearing screenings consistent with IDPH requirements and 410 ILCS 205.
• Urinals - Clarify policy for counting urinals in meeting the toilet/child ratio per Policy Interpretation 2000.13. It is standard practice to incorporate policy interpretations into the rule.
• SIDS - Change language regarding SIDS to comport with prevailing standards and correct the vagueness of the current language in Section 407.350. The recommended language was developed by licensing staff to add greater clarity and ensure that Department standards are current with the prevailing medical consensus regarding the prevention of SIDS.
• Pesticide Policy - Ensure that day care centers make parents aware of the center’s pesticide policy before their children are enrolled, which was recommended by JCAR.

Rule 340, Foster Parent Code

The reason was a recommendation from DCFS and the Statewide Foster Care Advisory Council in light of the resignation of one of the Council’s designated scorers. No one could be found to replace the departing scorer. Members of the council were forced to score many extra plans at approximately one hour per plan. In the past several years annual implementation plans have greatly improved therefore, it is no longer necessary for 3 people to score each plan.
**Rule 302.410 Subsidized Kinship Guardianship**

The subsidized guardianship program will end in October of 2009 and is being replaced by the subsidized kinship guardianship program. It provides kin who assume guardianship of children in State care with monthly payments equal to the foster care board rate as well other benefits.

**Rule 302.310 Adoption Assistance**

This Rule will need to be updated to comply with the new federal regulations based on the Fostering Connections Act of 2008.

**Rule 309 Adoption Services**

Needs several changes due to Putative Father Registry changes:
- New disclosure requirements based on new federal regulations as well as
- Changes in dissolutions of adoption rights (pending with State legislators).
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Chapter: 12
Program Support: Administrative Case Review System and Infrastructure

Introduction

Administrative Case Review (ACR), an independent, third party review process for the State of Illinois, is 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 placement in substitute care 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.

DCFS Rule 316 governs all Department Administrative Case Reviews. ACR is responsible for reviewing the service plan as well as adherence to DCFS policy & procedure; federal and state law; consent decrees; and court mandates after the first six months of a child’s placement and every six months thereafter while the child is in substitute care. For purposes of Administrative Case Review, substitute care includes traditional foster care, unlicensed relative care, placement in group homes, residential facilities, shelter care facilities, detention facilities, psychiatric hospitalization, as well as minors on runaway status from their substitute care placement. A written notice indicating the date, time, place and purpose of the Administrative Case Review is mailed 21 days prior to the ACR 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; the child’s Guardian ad Litem (A Child’s Advocate in Court); and all others whom the family/child/ren caseworker deems needed to attend. The State is not required to conduct an Administrative Case Review for child or youth who lives in the home of parent.

The Administrative Case Reviewer has the responsibility and authority to manage the case review process, and must ensure that the ACR 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 (in accordance with 89 Ill. Adm. Code 337, Service Appeal Process) if they disagree with any portion of the service plan resulting from recommendations made at the Administrative Case Review or from decisions made by ongoing casework services of their worker. Appeals are conducted by the Department’s Administrative Hearing Unit.

A Decision Review conference is available when a service provider, caregiver, or the caseworker (with supervisor approval) disagrees with any recommendations or usage of authority by the Reviewer for interventions to be included in 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 a specific intervention.

**Administrative Case Reviews are conducted:**

- To assure that casework services are outcome-based to attain permanency for the child;
- To assure 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 assure 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;
- To assure that the services and efforts are directed toward achieving the selected 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 entered into substitute care;
- Advocates for the best interest of the child(ren) and family;
- 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 Administrative Case Review unit consists of the following staff:

• Acting Deputy Director;
• Acting Associate Deputy Director for the Cook County regions (Cook Central, Cook North and Cook South);
• Acting Associate Deputy Director for the downstate regions (Central, Northern and Southern);
• Purchase of Service (POS) Administrator;
• Quality Improvement Manager;
• Program Managers;
• Case Reviewers;
• Support Staff;
• Administrative Assistants
• Business Manager; and,
• Personnel Manager.
ACR offices are headquartered throughout the state of Illinois within the six DCFS regions. The Acting Deputy Director oversees the Administrative Case Review unit under the umbrella of the Division of Planning and Performance Management. The Acting Associate Deputy Directors oversee the day-to-day operations of the Administrative Case Review functions for their respective areas. A Program Manager is assigned to each region for supervision of reviewers and support staff, respectively. Each region has Reviewers that conduct ACR’s and support staff who are responsible for data entry of case review packets completed by their Reviewers. The POS Administrator oversees ACR-related activities for Purchase of Services agencies contracted under DCFS to provide casework services. The Quality Improvement Manager observes, assesses and evaluates the ACR program to determine the need for modifications and/or expansion, and recommends solutions for areas in need of enhancement. In addition, the Quality Improvement Manager conducts quality reviews of ACR files and processes, and recommends service enhancements in this arena. Administrative Assistants are also available for the administrative staff support needs. The Business Manager oversees the ACR budget and the Personnel Manager handles all of the human resource related functions, with direct supervision by the Acting Associate Deputy Directors.

**Upgrades/Enhancements to the ACR Reporting System in FFY 2009**

**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 applicable caseworkers, giving them a two month 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 ACR, if one has been prescheduled. This information is sent to all caseworkers involved with the family, which includes the primary or lead worker, and all other caseworkers who may only be assigned to a single child within the greater family. The workers review the CRMR’s information regarding the child(ren) 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. Coordination among all workers should occur at this time to ensure all are available on the determined date and time for convening a family ACR. Submittal of this information via the ACR application by the lead worker is required within 14 days. To help ensure that the ACR is held as a family unit, only the lead worker may submit and/or make any changes to the CRMR for scheduling. This information “populates” an online log for ACR Support Staff for scheduling and tracking purposes. Effective on the 15th day, workers are locked out of the CRMR screen for submittal of form and ACR then schedules all eligible cases. ACR
Support Staff schedule the review via the ACR application, which “populates” a calendar system viewable by all ACR staff.

Administrative Case Reviews may sometimes be held outside of a family’s catchment area; thus, an ACR may be scheduled and/or rescheduled by support staff in other locations. The electronic system now allows for tracking of each ACR scheduled for review as well as indicating who originated the scheduling/re-scheduling.

**Legal Notification:** Upon scheduling completion, the Department sends legal notification of the ACR to all persons listed on the CRM R who are to be invited to the review. Should any changes be made to the scheduled ACR, 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 with forms to complete during and after the review is printed from the ACR system which provide the Reviewer with all pertinent information needed during the review. After each review, this information is given to ACR Support Staff to enter data 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 Placement 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 should follow up on the steps needed to resolve the issues. This is entered into the data base, 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.

The reports listed below were revised and became available May 2009 with enhancements to allow more detailed specific querying of individual agencies, teams, workers, families and children:

**Compliance Reporting:** For reports described below, a specific report is available of statewide statistics combining DCFS and Purchase of Service Agencies, DCFS statistics and Purchase of Service Agency statistics.

- Reasons based on CYCIS information for eligible cases not scheduled or not held for an administrative case review;
• Statistical summary report of reviews scheduled to be held statewide, including numbers and percentages of those not held;

• By region, identified eligible children not having an Administrative Case Review;

• By region, quantitative eligible cases having an Administrative Case Review;

• Individual Purchase of Service Agencies reasons based on CYCIS information for eligible cases not scheduled or not held for an Administrative Case Review;

• By region and agency, quantitative response/resolution to critical and/or chronic issues identified during an Administrative Case Review.

New to the Compliance Reporting Series

• By individual team, quantitative submittal of Case Review Monthly Roster (CRMR)

Additional reports available for administrative and managerial information include:

• Healthcare/Immunization

• Statistical

Additional electronic process currently in development

• Correct security access for managerial and administrative staff for DCFS contracted private agencies is in development to allow access to appropriate designated information which includes the ACR Corrective Action Plans online

• Region/Site/Field (R/S/F) compliance report for critical/chronic feedbacks

Training Initiatives

The ACR Electronic System Training commenced in March 2009 for this calendar year. Cook County trainings are currently being scheduled and will occur at the varying DCFS and Purchase of Service agency locations for worker and supervisory staff. This training will allow staff to learn how to access the ACR database computer operation. The training includes 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 are aware of the status of their cases that are eligible for an Administrative Case Review.
Incorporation of information from the ACR Procedures and Processes training will also be provided during the Electronic System sessions. Information will be provided on the responsibilities of ACR; where and how ACR receives its information on eligible cases; 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.

Continuing Education Credit will again be available for all staff who participate in these trainings.

The ACR Electronic System Training is planned to take place in the DCFS downstate regions for DCFS and POS staff beginning Summer 2009.

The ACR Electronic System Training and the ACR Procedures and Processes training are also provided within the Foundations Training for New Workers (DCFS & POS). The inclusion of this information is to enhance the awareness and understanding of ACR and to 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 ACR workload, scheduling their ACR’s in a timely manner, and responding to feedback from the ACR with a Feedback Response Action Plan (FRAP).

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. Staff can also identify cases that need to be scheduled for an ACR, and identify the lead worker and all other workers involved with the family system.

A second viewlet shows staff how to complete the Case Review Monthly Roster (CRMR) and return the completed report to the ACR coordinator for the scheduling of the ACR.

A third viewlet shows staff how to respond to a chronic and/or critical feedback generated after an ACR; how to request documented approval of the Feedback Response Action Plan from their supervisor and Placement/Field Service Manager; and how to submit the approved response to the Feedback Response Coordinator. Submission of the feedback response action plan helps to ensure that any outstanding issues/problems are being addressed and mitigated as recommended. This process provides ACR with the ability to monitor progress on these feedbacks. It also provides administrative staff of
DCFS and respective POS on the problems, recommended action and movement on same.

**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 encourages caregivers to actively participate in the planning process for children in their care and to attend scheduled reviews. The caregiver can provide a Reviewer with vital information about the child’s progress and service needs.

An invitation letter to the caregiver, based on information provided by the caseworker on the Case Review Monthly Roster (CRMR), is sent for all scheduled Administrative Case Reviews. Notifications are sent to caregivers twenty-one days prior to the scheduled ACR. Caregivers have the right to participate and every effort is made for their inclusion. Although ACR’s are held during regular agency business hours, when a caregiver is unable to attend in-person, the Reviewer can accommodate them via a telephone conference.

The Reviewer may segment the review when family constellations are separated or when parents prefer the caretaker not be privy to his/her part of the service plan. This allows for individual discussion of each parent/parents without intrusion on their privacy. In these circumstances, the other parent, caregivers, and child(ren) may be asked to wait in a reception area during this portion of the review.

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. An ACR informational brochure is available for caregivers to assist in their understanding of the case review process, their role and the importance of their participation. This brochure is available in both English and Spanish.

**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.

Permanency Hearings are a separate process from the ACR system. The Illinois Juvenile Court Act requires the first permanency hearing to be conducted 12 months after the
Department has been 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 continues to play an integral role with the Department’s Youth Advisory Board, Partnering with Parents Advisory Councils and caregiver conferences.

Staff has 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 encouraged 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 participates 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 provides 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 at workshops which provided information on the scope and purpose of ACRs.

Informational brochures are also available targeted to children, youth, and parents that provide information on the ACR process and the importance of participating in that process. These brochures are also available in both English and Spanish.

**Plans for Enhancing the Case Review System in FFY 2010**

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 maintain families and keep children at home with their parents (provided there are no safety concerns), or to reunite families when possible. To support the Department’s stance on strengthening families, ACR is upgrading its collection and monitoring activity to include an emphasis on “needs and strengths.” The ACR Packet, used by Reviewers during the reviews, will be modified to collect information on whether appropriate services identified in the “Child and Adolescent Needs and Strengths (CANS)” assessment tool are incorporated in the service plan in an effort to track progress over time. The following areas are the desired outcomes from the CANS approach:

- 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.

The initiatives indicated above will support Administrative Case Review’s continuous quality improvement efforts to provide timely, effective, and relevant tracking and monitoring reports, which will lead to better outcomes for the children and families served by the Department.

Future electronic application enhancements include:

- Tracking of biological parents not identified in CYCIS applications
- System maintenance of previously reported answers for family special needs by reviewer
- Alert message to worker of “information overlaid” upon data entry of information outside of correct timelines
- Addition of tables to collect proper audit data
- Accurate update of information interface between mainframe and ACR systems
- Correction of exception reports when a client is on a non reviewable status
- Tracking of clerical error by ACR support staff regarding scheduling
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.

Child care licensing is a regulatory process by which the State grants the right (license) to an individual, business, or corporation to operate a child care facility for a specified period of time and according to statutorily-defined purposes and standards of operation. The child care licensing process is based in State law, governed by administrative rules, and executed according to agency policy and procedure. In Illinois, the Department of Children and Family Services has the authority to administer the child care licensing process. In addition to being a regulatory function, child care licensing is a preventive program that is designed to reduce risks to children who are in care apart from their own families. It is a consumer protection program that is established on behalf of the most vulnerable portion of our population, children. Some of the basic functions of licensing include: preventing known risks to children by ensuring that facilities meet established standards of care; prohibiting persons or organizations who should not be responsible for the care of children from engaging in activities that are detrimental to children’s welfare; assuring that substandard facilities not continue to operate; and identifying a pool of resources for meeting licensing standards.

Licensing Functions, Activities, Systems and Effectiveness

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 family homes, adoptive foster family homes, group homes and child care institutions that serve children in the Department’s care.

Through the rule making process, the Department establishes and maintains child care facility specific licensing standards which insures protection of the health, safety and well-being of children. Additionally, protection is provided through prevention and risk reduction. DCFS reviews and revises the licensing standards to reflect: best practice, legislative change, programmatic change, child health, child development, and child well being, and child welfare research. Licensing standards may also change in response to recommendations by the Department’s Inspector General, the Statewide Foster Care Advisory Council, the Illinois Adoption Advisory Council, Child Welfare Advisory Committee, Partnering with Parents Advisory Committee, other state agencies and advisory groups.

The Department requires each foster family home, adoptive foster family home, group home and child care institution comply with the applicable 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. A child for whom the Department is legally responsible may be placed in the home of a relative when the Department has reason to believe that the relative can safely and adequately care for the child in the absence of formal licensing, including training. In determining whether relative home placement is in the best interests of the child, the placing worker shall consider the child's prior relationship with the relative, the comfort level of the child with the relative, and the extent to which the relative complies with the placement selection criteria of Section 301.60(b). No child under age 18 for whom the Department is legally responsible shall be placed with a relative unless the conditions for placement specified in this Section have been met prior to placement of the child with the relative. Staff of the placing agency shall meet with the relative and ascertain that the relative meets the following conditions for placement and signs an agreement to that effect. The relative:

1) Will care for no more than the number of children consistent with the number and ages of children permitted in a licensed foster family home (89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes);

2) is willing and capable of protecting the children from harm by the parents or any other person whose actions or inactions allegedly threatened the children's safety or well-being as determined by a child abuse or neglect investigation pursuant to the Abused and Neglected Child Reporting Act [325 ILCS 5];

3) Agrees not to transfer physical custody of the children to anyone, including parents or other relatives, unless previously authorized in writing by the Department;

4) Agrees not to allow the indicated or alleged perpetrators of abuse or neglect to reside in the relative's home unless previously authorized in writing by the Department;
5) Agrees to notify the Department of any changes in the household composition;

6) Agrees to notify the Department of any change of address prior to moving;

7) Agrees to seek the prior written consent of the Department for non-emergency medical, psychological, or psychiatric testing or treatment;

8) Agrees to take the children out of state only if previously authorized in writing by the Department;

9) Agrees to abide by any conditions or limitations on the parent-child visitation plan;

10) Is willing to cooperate with the agency, the children's parents and other resource persons to help develop and achieve the permanency goal recorded in the children's service plan;

11) Agrees to adequately supervise the children so they are not left in situations or circumstances which are likely to require judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities would reasonably dictate;

12) Agrees not to subject the child to corporal punishment, verbal abuse, threats, or derogatory remarks about the child or the child’s family; and

13) Agrees that any and all firearms and ammunition shall be locked up at all times and kept in places inaccessible to children. No firearms possessed in violation of a State or federal law or a local government ordinance shall be present in the home at any time.

c) Prior to placement with a relative, staff of the placing agency shall visit the home of the proposed caregiver and shall determine whether the following conditions for placement are met:

1) background checks of the Child Abuse Neglect Tracking System (CANTS) as required by 89 Ill. Adm. Code 385 (Background Checks) and a check of the Statewide Child Sex Offender Registry have been completed on all adult members of the household and children age 13 and over, communicated to the supervising agency prior to placement, and appropriate decisions made. If a report of abuse or neglect exists, staff of the placing agency have made appropriate decisions whether the child should be placed with the relative based on the following considerations: A) the type of indicated abuse and neglect; B) the age of the individual at the time of the report; C) the length of time that has elapsed since the most recent indicated report; D) the relationship of the report to the ability to care for the related children; and E) evidence of successful parenting;

2) A check of the Law Enforcement Agency Data System (LEADS) on all adult members of the household is completed prior to placement of the related children. If the results of the LEADS check identify prior criminal convictions listed in Appendix A of 89 Ill. Adm. Code 301 (Placement and Visitation Services) for any adult member of the
household, children shall not be placed in the relative's home unless a waiver has been
granted in accordance with the requirements of Appendix A of this Part;

3) The home is free from observable hazards;

4) Prescription and non-prescription drugs, dangerous household supplies, and dangerous
tools are stored in places inaccessible to children;

5) Any and all registered weapons and registered firearms and ammunition are locked up
at all times and kept in places inaccessible to children.

6) Basic utilities – (water, heat, electricity) -- are in operation;

7) Sleeping arrangements are suitable to the age and sex of the children;

8) Meals can be provided daily to the related children in sufficient quantities to meet the
children's nutritional needs;

9) Supervision of the related children can be assured at all times including times when the
relative is employed or otherwise engaged in activity outside of the home;

10) The relative can provide basic necessities for themselves and their own children;
11) The relative can access health care and provide necessary in-home support for any
health care needs of the related children;

12) no member of the household appears to have a communicable disease which could
pose a threat to the health of the related children or an emotional or physical impairment
which could affect the ability of the caregiver to provide routine daily care to the related
children or to evacuate them safely in an emergency;

13) There is no evidence of current drug or alcohol abuse by any household member as
determined by the placing agency's observations and statements provided by the relative;

14) The relative has the ability to contact the agency, if necessary, and the ability to be
contacted;

15) The relative has immediate access to a telephone when the related child has medical
or other special needs;

16) The relative shall cooperate with the supervising agency's educational and service
plan for the child;

17) The relative is able to communicate with the child in the parent’s or child’s preferred
language.
d) Prior to or concurrent with placement in a relative's home, staff of the placing agency shall document, on the form prescribed by the Department, that the conditions for placement prescribed by this Section have been met.

e) The supervising agency shall reassess the appropriateness of the relative home placement on an ongoing basis and at least prior to each administrative case review or at any point the supervising agency has reason to believe the relative caregiver can no longer safely or adequately care for the children. Appropriateness is determined by the extent to which the home is in compliance with the conditions described in subsections (b) and (c) above and by an evaluation of the continued safety of the children, including an evaluation of any pending criminal charges against any adult members of the household.

f) The Department may, after providing notice as required by 89 Ill. Adm. Code 337 (Service Appeal Process) move the child to another placement if the Department determines, based on the consideration and assessment of the safety and well-being of the child, the child's permanency goal, and the best interests or special needs of the child, that an alternative placement is necessary.

g) Only placements in licensed foster family homes receive the foster care payment rate. Relatives who care for children for whom the Department is legally responsible may, but need not, apply for licensure as a foster family home in accordance with the requirements of 89 Ill. Adm. Code 402 (Licensing Standards for Foster Family Homes). When a relative is licensed under Part 402, the relative will receive the established foster care payment rate appropriate for the number and ages of foster children placed. Relatives who are unlicensed receive the child only standard of need.

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 available on-line that was previously available only in hard-copy reports mailed to the licensing workers. 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.

Each DCFS and POS licensing representative must take and pass a test regarding understanding the Child Care Act of 1969, as amended. DCFS and POS licensing staff that examine and license foster family homes additionally take and pass the Child Welfare Specialist Licensure Exam. DCFS and POS staff must take and pass as well the qualifying tests in areas of licensure in which they specialize, such as child welfare agencies, foster family homes, group homes, child care institutions and maternity centers, day care agencies, day care homes, group day care homes, day care centers, youth emergency shelters, youth in transitional housing program, and secure care facilities.

Effectiveness in Establishing and Maintaining the Licensing Standards

Legal Context for Licensing in Illinois

The provision of child welfare services in Illinois occurs in compliance with the requirements of applicable Federal and State laws, regulations, and procedures, and in compliance with applicable court consent decrees. Following is a brief summary of the most relevant laws.

Child Care Act of 1969, As Amended

Licensing grants the authority to do business or to engage in activities that, without a license, are prohibited by law. Licensing derives its power from the delegated authority of the legislature. In Illinois the Child Care Act of 1969 as Amended is the statutory mechanism by which the Department of Children and Family Services regulates child care facilities. Specifically, the authority is embodied in the Child Care Act by the following statement:

“No person, group of persons, or corporation may operate or conduct any facility for child care, as defined in this Act without a license or permit issued by the Department.”

The Child Care Act establishes the criteria and procedures governing the licensing and regulation of child care facilities, including the type of facilities that must be licensed, the license application process, the required background investigations, and enforcement actions to revoke or refuse renewal of licenses for non-compliance with licensing regulations.
The Children and Family Services Act

This Act establishes the Department of Children and Family Services as a state agency, mandates the provision of services to certain populations of children and provides the legal framework for public child welfare services in Illinois. Cases in which child abuse or neglect is suspected enter through the child protective services division. All other cases enter through the child welfare services division. The Act requires DCFS to provide family preservation and direct child welfare services such as foster care, adoption, adoption assistance, counseling and homemaker services. DCFS is also required to assure protection of children through licensure of foster homes, agencies, group homes, child welfare agencies and other institutions.

The Central Office of Licensing shall 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:

1) The Regional Licensing Administrators and selected Licensing Supervisors shall review Rules 402 – Foster Family Homes, 403 – Group Homes and 404 – Child Care Institutions and Maternity Centers to identify any standards that should be added, amended or rescinded. The Regional Licensing Administrators and Licensing Supervisors shall submit their recommendations, and the reasons for those recommendations, in writing to the Central Office of Licensing. When a recommendation is accepted, the Deputy Director shall submit to the Office of Child and Family Policy a request to amend the applicable licensing standards to implement the recommendation.

2) The Department also amends licensing standards to incorporate changes in law enacted by the Illinois General Assembly or as a result of court proceedings. When a statutory change or court proceeding requires amendments to Rules 402 – Foster Family Home, 403 – Group Homes or 404 – Child Care Institutions and Maternity Centers, the remainder of the rules will also be reviewed for possible needed revisions. DCFS continually reviews and revises its licensing standards to reflect best practice, legislative change, programmatic change, child health, welfare, and development 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, Child Welfare Advisory Committee, Partnering with Parents Advisory Committee, other state agencies, and advisory groups.

The Department amends licensing standards and rules to reduce risk to and upgrade safety for children and families. During FY’09, the Department amended licensing Rules 385 – Background Checks, 402 – Foster Family Homes, and Procedures 383 – Licensing Enforcement.

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 and POS agencies six months in advance of the expiration date of the license. Each foster home license should be renewed on or before the license expiration date. While filing a complete and timely application for license renewal prior to the license expiration date will keep the home's license in force, it is expected that the vast majority of homes will have completed the entire re-licensing process on or before the license expiration date. The Central Office of Licensing sends monthly reports to each DCFS child welfare agency foster care licensing team which contains the status of each pending foster family home license expirations and any 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 or the Child Welfare Agency 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 inter-country adoptions.
Background Checks

The purpose of Background checks is to ensure the safety and well-being of children cared for in any facility subject to licensing requiring that the operators of child care facilities and other persons subject to background check are screened for a history of child abuse or child neglect, prior criminal convictions or pending criminal charges. Authority to conduct Background Checks implementing and authorized by the Child Care Act of 1969 [225 ILCS 10]; Section 5(a) (3) (A) and (F) and (v) of the Children and Family Services Act [20 ILCS 505/5(a) (3) (A) and (F) and (v)]; and Section 55a (34) of the Civil Administrative Code [20 ILCS 2605/55a (34)].

Background Check Components include criminal history check via electronic fingerprints of persons age 17 and over that are submitted to the Illinois State Police and Federal Bureau of Investigation (FBI) for comparison to their criminal history records, as appropriate; and a check of the Child Abuse and Neglect Tracking System (CANTS/SACWIS) and other state child protection systems, as appropriate, to determine whether an individual is currently alleged or has been indicated as a perpetrator of child abuse or neglect; and a check of the ISP Sex Offender Registry.

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:

- The operators of the child care facility.
- All current and conditional employees of the child care facility.
- Any person who is used to replace or supplement staff.
- Any person who has access to child as defined in this section; and
- Any person who provides services that allow unsupervised access to children if the requirement for background checks is a condition of contract or agreement or is required otherwise under 89 ILL. Adm. Code 357, Purchase of Service.

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.

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 criterions 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 not 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 in FY 2009

**Rule 385 – Background Checks**

The revisions made in Part 385, Background Checks include the provisions in Policy Guide 2007.12 that implemented the requirements of the Adam Walsh Child Protection Services Act. These amendments did not require new actions by Department or private agency licensing staff since these requirements were put into effect when Policy Guide 2007.12 was issued.

- In Section 385.20, the definition of “Background Checks” has been expanded to include a search of criminal and national child abuse and neglect records through the National Crime Information Database (NCID) as mandated by the Adam Walsh Child Protection and Safety Act and amendments to The Children and Family Services Act [20 ILCS 505/5]. Definitions of “National Crime Information Database” “National Registry” and “National Sex Offender Registry” were also added.

- Section 385.30 was amended to require the Department to request a check of other states’ child abuse and neglect registries and the National Sex Offenders Registry for foster home license applicants who have resided in another state in the preceding 5 years.

- In Section 385.60, the statutory citation was added regarding the required foster family home background checks.

- In Appendix A, additional bars for foster home licensure were added as required by Children and Family Service Act and the Adam Walsh Child Protections Act.

- In Appendix B, the required ages for fingerprints was lowered from persons 18 years of age to persons 17 years of age and over as these persons are treated as adults by the Illinois criminal courts.

**Procedure 383 – Licensing Enforcement**

These procedures implement the licensing functions set out in Rules 383. The procedures describe the Department and private child welfare agency licensing unit responsibilities to: examine and monitor child care facilities to determine compliance with the Child Care Act
and licensing standards; receive and investigate licensing complaints; and develop and implement protective or corrective plans that assure the safety of children while allowing licensed facilities to correct noted violations. The procedures also describe the processes for: concurrent child protection and licensing investigations; reexamining foster homes after an indicated child abuse/neglect report; reviewing licensing decisions; conducting enforcement actions; and surrendering a license or permit.

- **Smoke Free Illinois Act (Public Act 95-17).** The State of Illinois 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 Public Act.

- **Day Care – Accreditation Database of Postsecondary Institutions and Programs** was placed on the D-Net (Department’s Intranet) for ready access by all licensing staff.

- **Home of Relative Initiative** - Accurate Biometrics began fingerprinting Home of relative caretakers and household members on Saturdays beginning April 25, 2009 and offering extended hours. The Department in partnership with the Illinois Department of Public Health is offering FREE medical exams for unlicensed adult relative caretakers and adult household members only at four (4) strategic Department Field Office locations.

**Home of Relative**

- Beginning in FY2009 the Department experienced a severe budget crisis. As a result, the Department strategizes to find ways to increase revenue. The Department discovered that there was a 21.5 million dollar short fall in Title IV-E claiming as a result of the Departments inability to claim children placed in a relative unlicensed home after 261 days. In addition, research that was conducted by the Children and Family Research Center discovered that children are safer in licensed traditional and relative homes than in unlicensed relative homes. There are more incidents of maltreatment in unlicensed relative homes than in licensed traditional and relative homes.

- The Home of Relative (HMR) Initiative began October 2008 after the Fostering Connections Legislation passed. The focus of the Home of Relative Initiative is to license unlicensed relative homes. DCFS and Private Agency staff was asked to focus on licensing those relative homes with children with a subsidized guardianship or adoption goal because it is essential to achieve licensure prior to achieving the permanency goal for the purpose of Title IV-E claiming. However, the major push is to license all unlicensed relative homes. DCFS/POS agencies are required to license 80% of eligible home of relative homes by June 2010.

- The Department is currently using a tracking and monitoring spreadsheet to monitor progress. The spreadsheet contains the names of each caretaker as well as the names of children and the permanency goal. The spreadsheet requires the agency licensing
representative to report information to the Director’s Office and Department’s Agency Performance Team on a weekly basis. The information requested is the date the licensing application was submitted, the date the Authorization form and fingerprint slip was submitted, the date the license was issued, the date that a director’s waiver was requested and the date granted or denied, as well as any barriers to licensure. All information requested will be documented by the department.

The Director’s designee reviews each agency’s spreadsheet. The designee makes phone calls to those relative caretakers that the agency reports are uninterested in licensure. The purpose of the phone calls is to provide support to the agencies in their effort to educate relatives on the benefits of licensure. The Director’s Office also uses the spreadsheet to document the number of relative homes that cannot be licensed because of criminal background, tax identification number, and those that are simply not interested.

Barriers to licensure that have been reported include fingerprinting locations, days and times, medical exams, background checks and tax identification numbers. The Department has made efforts to address barriers reported. The Department negotiated with the fingerprinting vendor to provide fingerprinting two Saturdays in April. The Department worked with the Illinois Department of Public Health to provide free medical exams one Saturday in April. The Department intends to increase these efforts to provide fingerprinting on Saturdays and free medical exams.

The Department has established a Public/Private HMR workgroup that will attempt to address barriers as well. In addition, the workgroup will look at systemic and policy issues as well as marketing and training issues. Relatives will be informed of the benefits of licensure at placement in an effort to increase the number of licensed relative homes. The workgroup will develop a protocol that will ensure that relatives will be informed of the benefits of licensure and to encourage participation in the licensure process. The protocol may also require licensing staff to make contact with the relative within a specified timeframe. The details of the protocol have not yet been established.

The workgroup will also create a tracking and monitoring tool for DCFS/POS agency staff to track the progress of licensure. The HMR Website was originally developed to track and monitor. Agencies were responsible for entering information relative to the licensing process. However many agencies did not comply and thus was not tracked.

The workgroup will explore allowing agencies to have read only access to our mainframe system which tracks applications and background checks. This will assist the agencies with tracking the licensure process.

The workgroup will also take a look at marketing and communication strategies. An article which discussed the benefits of licensure was published in the Families Now and Forever April issue. The publication is sent via mail to traditional and home of
relative foster parents. The workgroup will explore creating a brochure for relative
caretakers that will be given at the time of placement.

Finally, the workgroup has begun development of a HMR Link which will be
accessible through the D-NET homepage. The target audience for the link is
DCFS/POS licensing staff and the purpose of the link is to provide up to date
information on the HMR Initiative.

The Department intends to continue its efforts to license relative homes by creating
solutions to barriers identified by and working in partnership with the private sector
to create an effective protocol that will inform relative homes at the time of placement
that licensure is beneficial. The Department could potentially gain $17 million
dollars (minus administrative costs) if we can license 80% of unlicensed relative
homes. In addition, incidents of maltreatment are higher in unlicensed relative homes
than in licensed traditional and relative homes.

Homeless Youth – Rule 409 Youth in Transitional Housing Program web cast orientation
hosted by the Illinois Department of Children and Family Services and the Illinois Homeless
Coalition.

Implements Public Act 93-0105 that adds amendments to the Children and Family
Service Act [20 ILCS 505/4b] and the Emancipation of Minors Act [750 ILCS 30].
The amendments direct the Department to develop rules governing the licensure of
Youth Transitional Housing Programs (YTHP) and at the discretion of the
Department to license them.

Homeless minors who are at least 16 years of age but less than 18 years of age who
have applied for emancipation or obtained partial emancipation by the court can be
admitted to a licensed YTHP. The YTHP excludes minors in the custody or under the
guardianship of the Department.

YTHP in a Licensed Facility -- The Department will consider applications for
licensure of youth transitional housing programs when these programs intend to
operate in a facility licensed by the Department in accordance with the Child Care
Act and where the operation of the YTHP does not compromise the safety of clients
in the licensed facility, such as a youth emergency shelter.

YTHP in a Facility Not Licensed by the Department -- The Department will also
consider licensing a YTHP in a facility that is not licensed by the Department as long
as the facility complies with the requirements of this Part.

Background Checks (Central Office of Licensing - COoL)

Automated Background Check Clearance Document - The background check
clearance document system is now automated. The system allows COoL to generate a
clearance document during the day, the letter is generated in an over night batch process, a machine folds, inserts, and stamps the envelope. The automation of this process saves COoL from manually typing over 63,000 envelopes a year.

- **Automated Incomplete Background Check Form Notification** – The incomplete Background Check (CFS-718E) notification process is now automated. The system notifies the submitting facility that there is a completion problem with background check form. Previously, a manual process was in place which physically required an individual to highlight the incomplete form area, type an envelope, and mail it. A system similar to the Automated Background Check Clearance Document is now in place which requires that a computer function key to be chosen and the system will generate the incomplete Background Check notification document to the submitting facility.

- **D-Net Fingerprint Database** – The fingerprint database was updated and split into two separate fingerprints databases. The fingerprint databases are now current and historical. The troublesome ability to recover fingerprints function was omitted.

- **Reports** - New enhanced Background Check tracking reports were created.

**Licensing Data Base Screens Enhancements**
*(BC = Background Check Screens; LC = Licensing Screens)*

- **BC-04 screen** - previously only had one field to accommodate Illinois CANTS and Sex Offender information. The screen is now split into four different groups: Illinois CANTS; Illinois sex offender check; Out-of-State CANTS and National Sex Offender. These enhancements allow Cool to more efficiently track the additional checks necessary to comply with the Adam Walsh Law.

- **LC-08 screen** - was updated to add two (2) thirty day licensing complaint extension fields

- **BC-10 screen** - was created to display the DCFS employee background check information.

- **BC-07 screen** - was created to display the drug testing information complied for DCFS and Purchase of Service employees.

- **BC-03 screen** - was modified to remove the provider identification number information. The information pulled from the 1st field on BC-09 and did not always display the most recent provider number

- **BC-05 screen** - was modified to add the provider identification number for the FBI information.

- **BC-09 screen** - was modified in numerous ways.
  - Field added to display the status of a provider number,
Date fields added to capture clearance and incomplete notice documents print dates
Field added to display if the provider has a contract with the department.

LC-06 screen - updated to capture licensing monitoring visit dates

Training

Licensing Staff Attend Licensing Core Training - New DCFS Day Care and Agency and Institutional licensing representatives were tested on the Child Care Act of 1969, as amended and the respective facility licensing standards prior to attending the 2009 Licensing 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 401, 402, 403, 404, 406,407 and 408 and 410. If they passed the exam, licensing representatives would receive certification and start carrying caseloads. The implemented changes allowed new staff to go out with a certified licensing representative prior to going to Licensing Core Training. Core Training was held in January 2009.

Procedure 383 – Licensing Enforcement Training – All DCFS licensing administrators, managers, and supervisors received 2 day workshop training on Rule 383 – Licensing Enforcement. The training emphasis was as follows: Department and private agency licensing units’ responsibilities as set out in Rule 383
  - Monitoring facilities
  - Corrective and protective plans
  - Conducting complaint investigations
    - Licensing
    - Concurrent
    - Reexamination of foster homes
    - Reviews of licensing decisions
    - Enforcement activities
    - Surrenders

Adoption Immigration Process Training - Two Cook County Agency and Institutional Supervisors attended the federal adoption training on the immigration process for families adopting children from countries outside the U.S. Should this informational training be offered again it would beneficial to invite at least two Agency & Institutional staff from each of the licensing regions.

“Building Blocks for Quality Care” Workshop - was developed and required for twenty-five (25) Cook County day home care providers who completed Day Care Home Orientation. This workshop enhanced the provider’s knowledge of the licensing standards (Rule 406) and skills in working with children. For workshop attendance the providers received six (6) hours of in-service training which would be applied to the yearly in-service requirement of fifteen (15) hours.
Workshop training highlights were:

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 Are 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 goals of this workshop included an opportunity for providers to enhance their ability to be responsible day care givers and provide an appropriate day care home 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.

**Additional Policy Enhancements Made by the Department in FY 09**

- **Policy Interpretation 2009.01** – Licensing standards for Day Care Centers, Exempt Lunch Program - Day care programs that establish special activities programs as defined in Section 2.09(g) of the Child Care Act may allow children to bring their lunches from home, when their local licensing authority determines that they meet the following requirements: 1. enrollment in the lunch activity program is separate from enrollment in the preschool program and there is a separate fee (if charged); 2. The lunch activity program operates less than five days per week or individual children are enrolled for less than five days per week; and 3. The lunch activity program is operated by a governmental, civic or charitable (non-profit) organization.

- **Policy Interpretation 2009.02** – Licensing Standards for Foster Family Homes, Adoption Interstate Compact - Licensed foster family homes completing any private adoption are subject to the capacity requirement of Rule 402 – Licensing Standards for Foster Family Homes.

- **Drug Testing** - The Illinois Department of Children and Family Services requires all POS agencies to conduct drug testing of employment applicants, in accordance with Administrative Procedure #24 and all Department contracts and service agreements. All Department service providers, vendors, and other contractors are required to test qualified
applicants who will be delivering services to Department clients. This prospective employees drug testing is completed prior to the background check process.

- **Policy Interpretation 2009.03** - Foster Home Capacity and CFS 2012 Policy interpretation 2009.03 clarifies the responsibilities of the placing worker when considering a placement in a foster home. This interpretation ensures that the additional child or children will not place the home out of compliance with the homes maximum capacity. In addition, the information the licensing worker needs to determine and set the homes capacity is also clarified. The CFS 2012 use and purpose is also defined in this interpretation.

- **Policy Transmittal 2009.02** – Part 359, Authorized Child Care Payments. The purpose of this Policy Transmittal is to issue revisions to Sections 359.40 - 359.45, Appendix A, and Appendix F of Procedures 359, Authorized Child Care Payments. These revised procedures reflect increases to Substitute Care Rates statewide due to a Cost of Living Adjustment (COLA) effective October 1st, 2008. The Maximum Day Care Rates have also been revised by the Illinois Department of Human Services effective July 1, 2008. Procedures 359 Appendix A and CFS 2000 have been updated to reflect the new day care rate maximums approved by the Illinois Department of Human Services.

- **Policy Transmittal 2009.01** – Part 340, Foster Parent Code The purpose of this Policy Transmittal is to issue amendments to Rule 340, Foster Parent Code. The revisions amend Section 340.40, Foster Parents Rights, which adds right #8 (#7.5 in the Foster Parent Law), requiring the Department to give foster parents relevant information concerning a child from the Department whenever possible prior to the child being placed in a licensed foster home, group home, child care institution, or in a relative home. Appendix B, which establishes the scoring guidelines of the annual implementation plans, has also been revised to reflect the amendments to Section 340.40.

- **Policy Transmittal 2008.21** – Procedures 402, Licensing Standards for Foster Family Homes. The purpose of this Policy Transmittal is to issue revisions to Procedures 402, Section 402.27, and Licensing Supervision. Revisions to Procedures 402 implement recommendations made by the Office of the Inspector General to include in Section 402.27 the provisions written in Procedures 301 Appendix E. These provisions require that the licensing worker for the foster home be contacted by the DCFS or POS worker if the DCFS or POS worker plans to place a child in a foster home that is not supervised by the same agency/region for which the DCFS or POS worker is an employee. The licensing worker is to complete the CFS 2012, Pre-placement Questionnaire Licensed Foster Homes & Unlicensed Relative Homes.

**FUTURE PROJECTS:**

- Development of licensing complaint tracking codes to match the individual licensing standards; the current violation codes have no relationship to the licensing standards.
• Development of Procedures to accompany Rules 403 – Group Homes, 404 – Child Care Institutions and Maternity Centers, 406 – Day Care Homes, 407 – Day Care Centers, and 408 – Group Day Care Homes.

• Update Study Guide for the Child Care Act of 1969, as amended.

• Develop study guides for Rules 406 – Day Care Homes, 407 – Day Care Centers, and 408 – and Group Day Care Homes to assist Department staff in preparing for licensing exams needed for employment as licensing representatives who inspect those facilities.

Pending Implementation FY 10

 o **Amendment to Rule 402 – Foster Family Homes** - The revisions will add the “Inactive Status” designation to increase resources for monitoring foster homes by allowing the Department and POS agencies to suspend monitoring of licensed foster homes that do not have foster children; require pool enclosures in foster homes and prohibiting smoking around foster children to improve the health and safety of foster children; require carbon monoxide detectors to ensure compliance with the Carbon Monoxide Alarm Detector Act [430 ILCS 135/1], which became law on January 1, 2007; and add spousal abuse to the list of offenses that are an absolute bar to licensure to comply with Public Act 095-0010, which amended the Children and Family Services Act, effective July 1, 2007

 o **Amendment to Rule 406 – Day Care Homes** - comply with the Missing Children Records Act [325 ILCS 50/5], that requires that the parent or guardian of a child to be enrolled provide a certified copy of the child’s birth certificate within 30 days of enrollment, flag and report to the Illinois State Police any request concerning flagged records or knowledge as to the whereabouts of any missing child. Comply with the Lead Poisoning Prevention Act [410 ILCS 45/7.1], that requires caregivers to provide annually to parents or guardians of enrolled children with a copy of a lead paint poison awareness pamphlet provided by the Department of Public Health. Improve fire safety standards as required by fire safety code and agreement with the Office of the State Fire Marshal. Comply with the prohibition of smoking as directed in Smoke Free Illinois Act [30 ILCS 805/8.31]. Require that new day care home applicants after September 2010 have a high school diploma or GED.

 o **Amendment to Rule 407 – Day Care Center - Director Qualifications.** The major revisions will require that future day care directors hold a bachelor’s degree as recommended by COA and the National Health and Safety Performance Standards; ensure that centers participating in the Illinois Child Care Assistance Program provide lead paint poisoning information to parents or guardians; ensure that day care centers inform parents that they must submit a certified copy of their child’s birth certificate or equivalent before enrolling their child; clarify current policy for counting urinals in meeting the toilet/child ratio per Policy Interpretation 2000.13; change language regarding SIDS to comport with prevailing standards; and ensure that day care centers make parents aware of the center’s pesticide policy before their children are enrolled.
Other minor changes were made to correct minor typographical errors or clarify language to agree with the intent of the rule.

- **Amendment to Rule 408 – Group Day Care Homes** - Comply with the Missing Children Records Act [325 ILCS 50/5], that requires that the parent or guardian of a child to be enrolled provide a certified copy of the child’s birth certificate within 30 days of enrollment, flag and report to the Illinois State Police any request concerning flagged records or knowledge as to the whereabouts of any missing child. Comply with the Lead Poisoning Prevention Act [410 ILCS 45/7.1], that requires caregivers to provide annually to parents or guardians of enrolled children with a copy of a lead paint poison awareness pamphlet provided by the Department of Public Health.

  Improve fire safety standards as required by fire safety code and agreement with the Office of the State Fire Marshal. Comply with the prohibition of smoking as directed in Smoke Free Illinois Act [30 ILCS 805/8.31]. Require that new day care home applicants after September 2010 have a high school diploma or GED. Add a provision in Rule 408 on home schooling to parallel a same provision in day care homes.

- **Amendment to Rule 403 – Group Homes** - The revisions will: require that group homes have procedures for ensuring the safety of a child’s funds; clarify child protection language; require that group homes comply with the Smoke Free Illinois Act [410 ILCS 82]; require that all persons who transport children hold a valid driver’s license and have insurance; clarify educational requirements for group home supervisors; clarify language for supervising children; require that group homes comply with the Smoke Detector Act [425 ILCS 60]; require that group homes comply the Carbon Monoxide Alarm Detector Act [430 ILCS 135/1]; require that group homes caring for children under the age of ten or developmentally disabled children maintain a water temperature of 115° Fahrenheit or less for its showers and bathtubs.

- **Revise Procedures for Rule 401 – Child Welfare Agencies**
  The Department is amending Procedures 401 to clarify that at least 4 of the required 6 hours of training prior to adoption be done in-person. Some providers were relying heavily on web-based training which is not considered in-person training. In addition the Department is clarifying the requirements for international adoptions.

- **Amendments to Rule 402, Licensing Standards for Foster Family Homes**
  - Add language requiring pool enclosures in foster homes and prohibiting smoking around foster children to improve the health and safety of foster children;
  - Add the requirement for carbon monoxide detectors to ensure compliance with the Carbon Monoxide Alarm Detector Act [430 ILCS 135/1], which became law on January 1, 2007; and
  - Add spousal abuse to the list of offenses that are an absolute bar to licensure to comply with Public Act 095-0010, which amended the Children and Family Services Act, effective July 1, 2007
- **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.

- **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 to information that they can use to provide technical support and consultation to day care providers.

- **Purchase of Service Foster Licensing Worker and Supervisor** - Development and Implementation the POS child welfare agency foster care licensing worker and supervisor training schedule for the Licensing Process and Rule and Procedure 383 – Licensing Enforcement.

- **Staff Development** - Statewide Agency and Institution Staff Development regarding the Adoption Agency Requirements outlined in Rule 401 – Child Welfare Agencies.

- **Statewide Adoption Information Line** – verify the 1-866-730-5110 is receiving calls and responding accurately to the public after checking the licensing complaint tracking system.

- **DCFS Agency Home Page** - verify that web site is updated with current information on the licensed child welfare agencies that perform adoption services and the name of the current A&I licensing representative.

- **INCCRA** - To provide on-going training in-cooperation with INCCRRA and National Louis University for Day Care Licensing Staff to complete a Credentialing for a better understanding of Early Care and Child Development.

- **Environmental Rating Scale (ERS)** - Working to obtain a greater understanding of the ERS in relation to the Licensing Standards. The licensing standards are minimum licensing requirements and only require the provider to meet and maintain the minimum standard requirement for licensure. There is nothing in the licensing standards that states a provider cannot do more than the minimum licensing standards requirements.

- **Consultation Skill Building** – Training and enhancing licensing staff’s consultation skills which will be used to assist and encourage licensed providers to exceed the minimum licensing standards.

- **On-line Training Hours Look Up Tool** - Working with Illinois Network of Child Care Resource Referral Agencies (INCCRRRA) to develop an on-line central clearing site that licensing staff can access to review a licensed provider’s training hours. Training subject matter title and classroom hours would display by provider name on this web site if training was taken at the CCRRRA.
- **On-line or DVD Training** - Collaboratively work with the training unit to develop an on-line or DVD training option for DCFS & POS Foster Parents that would result in all licensed foster parents being trained in CPR & first-aid.

- **Training Assessment Plan** - Develop a Foster Family Training Assessment Plan that licensing staff can utilize with individual foster parents to assess training needs/wants and then develop a plan to ensure the foster parents can access the training.

- **Foster Family Home Licensing Complaint Codes** - Develop licensing complaint codes for Foster Homes and to train DCFS foster home licensing staff on this data entry system so all complaints on licensed facilities will be tracked through one comprehensive system.

- **Assessment Form** - Make Enhancements to the Foster Home Assessment Form.
Please refer to the chapter # 13 “Infrastructure and Systems for Ensuring the Service Quality and Program Accountability” in the FFY 2010-2014 Child and Family Services Plan.
Please refer to the chapter # 12 “Research and Evaluation” in the FFY 2010-2014 Child and Family Services Plan.
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 Children and Family Services relies heavily on 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 retrieve information electronically for as many program areas and job functions as possible and to integrate this information to the degree practical.

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. For example, the Child and Adolescent Needs and Strengths (CANS) system, the Statewide Provider Database (SPD) and the Residential Treatment Outcomes System (RTOS) were developed in conjunction with Northwestern University in Illinois in SFY08. In SFY09, DCFS has integrated these applications into the state network and has assumed responsibility for maintenance and development of new functionality.

Our systems capture a wealth of child welfare data that helps the Department validate program effectiveness and enhance program development and project implementation. As an example, CANS system results are provided in advance to staff responsible for conducting special reviews. This information allows them to better assess a child’s history before the review ever begins.

Goals for the coming year include integrating more levels of data and making the data available on a single platform whenever possible.

Quality Assurance Results Using Information Systems Reporting Capacity

The Department employs various quality assurance and continuous quality improvement processes to ensure the integrity and validity of data that is captured and reported. For example, DCFS has used statewide computerized data collection and reporting systems for more than 25 years. The Illinois Child Welfare System (ICWS), formally known as the Statewide Automated Child Welfare Information System (SACWIS), records front-end data related to child protection, including the tracking of all abuse and/or neglect reports made to the state’s hotline and information from ensuing investigations.

Data related to children and families receiving ongoing services is tracked through the state’s Child and Youth Centered Information System (CYCIS). For placement purposes, CYCIS stores complete placement history, legal status history, permanency goal history
and administrative case review results for children whose cases are directly managed by DCFS, as well as those managed by private agencies in Illinois.

The Management Accounting and Reporting System (MARS) allows the state to obtain and report even more specific child placement data, including licensing data.

To ensure accuracy, the information entered into these data systems goes through a series of checks by Quality Assurance and data specialists from throughout the Department. 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 within the Department, as well as to 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 with parent(s) who are incarcerated.

Data provided by Department systems include a series of electronic tickler reports that act as reminders for upcoming court dates, administrative case reviews and necessary data cleanup. 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 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, Ongoing, and/or Planned for Next Year**

The following initiatives are those that primarily impact caseworkers’ ability to affect safety, permanency and well-being for the children and families served by DCFS. Infrastructure support initiatives that are transparent to direct service staff are not included here.

**Application Development/Enhancement**

**Illinois Child Welfare System (ICWS, formerly known as SACWIS) Enhancements**

ACF closed the SACWIS APD in correspondence dated October 21, 2008. This was in response to the states APD of September 2008. ACF continues to support the state’s partial SACWIS, now known as ICWS, through operations federal financial participation.

ICWS is the application with the largest user base 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. Active DCFS users number over 3,800 at over 100 sites and
more than 2,300 active private agency users can be found 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)
- Person record management (Phases I and II)
- Case entry/case contact documentation (Phases I and II)

Ongoing system enhancements support field staff in improving child protection and child welfare service. Specifically, improvements to service referral and delivery, case documentation and enhanced assessment processes lead to advanced services 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 through FFY2009. Only changes to key functionality are identified here.

<table>
<thead>
<tr>
<th>Date</th>
<th>Enhanced Functionality</th>
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</thead>
<tbody>
<tr>
<td>November 2008</td>
<td>- State Central Registry Intake</td>
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<tr>
<td></td>
<td>- Investigation</td>
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<tr>
<td></td>
<td>- Case</td>
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<td></td>
<td>- Assessments</td>
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<td></td>
<td>- Service Planning</td>
</tr>
<tr>
<td>February 2009</td>
<td>- State Central Registry Intake</td>
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<td></td>
<td>- Investigation</td>
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<td></td>
<td>- Assignment Functionality</td>
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<td></td>
<td>- Resource Referral Acculab</td>
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<td></td>
<td>- Notifications</td>
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<tr>
<td>Spring/Summer 2009</td>
<td>- State Central Registry Intake</td>
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<td></td>
<td>- Investigation</td>
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<td></td>
<td>- Assignment Functionality</td>
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<td>- Resource Referral</td>
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<td></td>
<td>- Assessments</td>
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<tr>
<td></td>
<td>- Case Entry/Case Contact Documentation</td>
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<tr>
<td></td>
<td>(Child/Caseworker Visits)</td>
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<tr>
<td></td>
<td>- The ICWS case contact note functionality is being improved to better capture data on</td>
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<tr>
<td>Date</td>
<td>Enhanced Functionality</td>
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<tr>
<td>------------</td>
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<tr>
<td></td>
<td>child/worker visits. The note search functionality is also being enhanced to allow workers and supervisors to search specifically for note documentation on child/worker visits to easily track and review note documentation around this critical practice.</td>
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<tr>
<td></td>
<td>• Online Reports</td>
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<tr>
<td></td>
<td>(Child/Caseworker Visits)</td>
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<tr>
<td></td>
<td>➢ Online report functionality is being enhanced to include a new report for tracking child/worker visits. The new “Contact Compliance” report was designed for the ICWS worker desktop to show workers and their supervisors all required child contacts and display when contacts have been recorded or not yet recorded for any calendar month the child has been in care.</td>
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<tr>
<td>August/Oct. 2009</td>
<td>• e-Health Passport</td>
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<td></td>
<td>➢ Current ICWS health data will be enhanced for a more robust, user-friendly health information system for staff use. The current phase of the project involves designing new screens for ICWS and organizing data in a logical format. Eventually, an array of new tabs will take users to separate screens for different categories of information, such as family history and immunization records. Once the framework is in place, the system will be populated, in part, with health data entered by caseworkers and Illinois HealthWorks agencies. However, to minimize the amount of manual entry required, OITS plans to program the system to automatically draw relevant medical data from other state agencies into e-Health Passport. Upon completion, e-Health Passport will capture medical information in the following categories:</td>
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<tr>
<td></td>
<td>➢ Demographic data &amp; digital photo</td>
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<td></td>
<td>➢ Family history</td>
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<tr>
<td></td>
<td>➢ Birth history</td>
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<tr>
<td></td>
<td>➢ Initial health screenings</td>
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<tr>
<td></td>
<td>➢ Comprehensive health evaluation</td>
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<tr>
<td></td>
<td>➢ Immunization records</td>
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</tbody>
</table>
OITS continues to have an increased presence in child welfare activities. Proper use of Department systems is crucial for gathering data and reporting outcomes. Systems that were created to bring efficiency to child welfare practice must be utilized in an efficient way; therefore the OITS Functional Support Team continues to assist staff with general ICWS use, as well as office automation support. Post-release support is offered every time ICWS system functionality is enhanced with a system release. The ICWS Functional Support team lead is a former Department caseworker with a master’s degree in social work who serves as the functional manager and child welfare subject matter expert for OITS.

Beyond general system use, the team is currently assisting the Division of Training and Development in the Title IVB Case Contacts project, which is scheduled through September 30, 2009. This project has been a key Department initiative in the last year to improve the practice around child/worker visits. The functional team provided ICWS contact recording, technical assistance sessions to all Department and Purchase of Service placement casework staff between November 2008 and May 2009. To date, approximately 1,700 casework staff have been trained on proper child/worker visit documentation in ICWS.

The team is also slated to provide support for upcoming Department initiatives. As noted above, the ICWS E-health project is slated for late summer 2009. FY010 ICWS projects requiring functional support include P-Health (psychiatric health services) and Safety Assessment Enhancements project. The Safety Enhancements project in particular will require a great deal of user training and support, in that much of the current ICWS functionality will change when implemented. The ICWS e-Health, P-Health and Safety Assessment Enhancements projects are scheduled for implementation in August/October 2009 and March/April 2010, respectively.

In addition to the noted enhancements to ICWS functionality made in the past year, OITS is upgrading software and database technology by moving from the current VB6 platform to a .Net platform, which will bring the ICWS system to a supported level that is more current with industry standards.

**Case Work Staff Child & Adolescent Needs & Strengths (CWS CANS):**

The Child and Adolescent Needs and Strengths (CANS) system is an important assessment tool that offers a comprehensive evaluation of factors such as risk behaviors, emotional and behavioral needs, and impact of traumatic experiences on children.
In FFY2009, the Department issued a mandate requiring caseworkers to conduct a CANS assessment for every child once every six months, in conjunction with Administrative Case Reviews (ACRs) of children in substitute care. By completing the CANS assessment prior to the ACR, and reviewing any previously completed assessments, the caseworker can better identify a child’s needs and address those needs in the service plan.

To support this new Department requirement, the Office of Information Technology Services developed the CWS CANS website to capture assessment data collected for every DCFS ward, as well as assessments on parents and caregivers. Version 1.0 was implemented during the fourth quarter of 2008 and Version 1.1 of CWS CANS will be implemented before the end of FFY2009.

The CWS CANS application is designed to tap into the broader CANS warehouse of data, enabling a caseworker to create new CANS assessments, as well as view and print CANS assessments created in other applications. In an unprecedented innovation, CWS CANS allows caseworkers to compare up to five child assessments for a picture of progress over time. Version 1.1 adds a similar comparison capability (of up to five assessments) to show parent/caregiver progress toward reunification.

The expanded use of CANS impacted some 1,500 case managers. Ongoing training began in January 2009 to prepare the large number of new users.

CWS CANS gives caseworkers access to a larger pool of assessment data, which supports better decision-making and planning. On a larger scale, CANS data can be compiled to help DCFS determine the broader characteristics and service needs of a given population.

**Statewide Provider Database (SPD)**

The Statewide Provider Database, implemented at the beginning of 2008, contains statewide information on agencies, programs, and services 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:

1. All service provider locations are geocoded, which allows data searches based on distance from a point of interest (e.g., a child’s location) and allows the information to be displayed in a geomapping website as layers on maps that also contain ward data. The superimposing of child and provider data is available in a separate geomapping website for use by administrative leadership of the agency.

Previously, the narrowest search possible was by zip code; but in FFY2009, the Department enhanced this search ability to allow users to search by a specific address to locate details on the nearest providers and services. An additional enhancement made in FFY2009 allows the user to look up a particular agency by name.
2. The SPD also allows recommendations to be made for appropriate service referrals based on clinical assessment data. In this way, the SPD provides caseworkers with an additional tool to guide the selection of services within the family’s community to best meet the unique needs of each child. 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 state’s outpatient behavioral health services system.

In FFY2009, the Department continued to train users on the SPD and made several other system enhancements based on feedback from internal users and authorized third-party users.

**Residential Treatment Outcomes System (RTOS)**

RTOS is used to report, monitor and 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 Rules 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 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 plays an important supportive role in the Department’s residential performance-based contracting initiative, which began in SFY09. As part of this initiative, DCFS developed two primary performance measures to serve as benchmarks for residential agency performance:

1. **Treatment Opportunity Days Rate.** This measure is calculated by dividing the number of days a child is present at the facility by the total number of days the
child has been assigned to that facility. The Treatment Opportunity Days Rate performance measure is designed to encourage residential facilities to maximize treatment opportunities for every child in their care.

2. **Sustained Favorable Discharge Rate.** The Sustained Favorable Discharge Rate performance measure is designed to quantify discharge outcomes and encourage facilities to work with kids and families after discharge for sustained positive placements over time.

In FFY2009, the Department completed a major enhancement to RTOS that offers report functionality for these two performance measures. The Treatment Opportunity Days Rate Report was introduced in December 2008 and the Sustained Favorable Discharge Rate Report debuted in April 2009. These reports will provide residential agencies access to new data that will offer the following benefits:

- Provide agencies easy, online access to performance data, so they can track their progress toward meeting DCFS performance benchmarks and manage their performance throughout the year.
- Give agencies the ability to break down data in a variety of ways to help them plan more effectively. For example, agencies will be able to monitor placement stability at the levels of individual youth, units within agencies, and agencies as a whole, through defined rates of stability.
- Give agencies ongoing performance data that can be used to compare with internally generated data for reconciliation purposes or compared to other agencies serving similar populations of youth. Agencies can then use this information to make changes that address areas of identified weakness.
- Enhance the Department’s ability to track agency performance, determine the need for corrective actions by the agency or increased monitoring by the Department, and make informed contracting decisions in the future.

Ultimately, our performance-based contracting approach helps ensure that Department and agency resources are focused on the most critical performance areas, which will ultimately benefit the children we serve.

**Unusual Incident Reports (UIRs)**

Since April 2008, the Illinois Outcomes website has also been used by residential providers to report unusual incidents, including runaways and incidents involving restraint, aggressive behavior, or allegations of abuse.

The Web-based UIR system replaced an antiquated database and streamlined a somewhat cumbersome process whereby UIRs were completed and then handed off to clerical staff for data entry. This time-consuming process often led to a backlog of UIRs.

Throughout the year, the Department has continued to improve the UIR application to create a more user-friendly tool. Today, the UIR system provides more detailed reports
for a more accurate overall picture. The new system can compile UIR data or categorize UIRs by child, agency, type of incident or other categories.

Additional system modifications also encouraged more thorough documentation by adding generous space where residential agencies are required to document additional incident details, such as type and length of incident, staff members involved, method of restraint, injuries, and more.

**Infrastructure Services Enhancements**

**Server Upgrade Project**

To enhance technology and service, OITS undertook a server upgrade project to replace outdated servers in the Data Center, Test Lab, Field Offices, and the Disaster Recovery Site. The servers required replacement because they are out of warranty and do not have the capacity to optimally fulfill future requirements.

Through an ACF-approved competitive bid process, the State purchased the following equipment in SFY08:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Server – rack mounted</td>
<td>66</td>
</tr>
<tr>
<td>Server – blade</td>
<td>56</td>
</tr>
<tr>
<td>Blade chassis</td>
<td>4</td>
</tr>
<tr>
<td>SAN</td>
<td>18</td>
</tr>
<tr>
<td>Tape drive</td>
<td>2</td>
</tr>
<tr>
<td>Power distribution unit</td>
<td>34</td>
</tr>
<tr>
<td>Uninterrupted power supply</td>
<td>42</td>
</tr>
</tbody>
</table>

Beginning in SFY09, OITS began configuring and deploying the equipment with the following objectives:

1. **Improve Server Infrastructure**
   - Replace obsolete and out-of-warranty servers
   - Centralize storage of certain user data, such as group shares, and implement a near-line storage solution
   - Enhance Web-facing infrastructure with implementation of additional components
   - Implement SAN technologies to expand the ICWS data warehouse
   - Improve exchange infrastructure by redesign and upgrade; rework exchange distribution lists; introduce Outlook wireless access
   - Expand use of virtual server technologies to better utilize server hardware
   - Implement Microsoft SharePoint to provide a centrally managed document share and collaboration environment
   - Develop a new OITS infrastructure support test lab to provide testing and staging area for new products
• Improve disaster recovery/business continuity failover/failback capabilities; expand continuity capabilities by adding redundant services
• Improve management of file transfer jobs between the DCFS infrastructure and outside entities

2. Improve End-User Support and Experience
• Implement phone call management system for the OITS Help Desk
• Desktop rollout support
  o Laptop Security: The Laptop Security Server helps protect sensitive user and client data by providing an anti-theft security system in the laptop that can track a lost or stolen laptop, as well as delete all information stored on the hard drive
  o Image Storage Server: The image storage server provides services that store and manage desktop configuration files (images). This server will reduce the storage utilized on field servers and provide better control of images. In addition, this server will provide the ability to deploy reliable and verified images to individual workstations and laptops, further ensuring consistency throughout the enterprise

3. Improve ICWS Governance Efficiency
• Improve asset management - ability to track hardware and software
• Implement a technical library resource to retain all ICWS technical information
• Introduce MS Project server to handle ICWS project management needs

In FFY2009, OITS completed Phase 1 of the Server Refresh project, with new servers deployed in the Data Center.

As Phase 2 of the project will begin in June 2009, OITS began upgrading servers at approximately 30 field sites. Updating the Citrix environment, which allows DCFS field offices and POS agencies to connect to DCFS applications, is the focus of Phase 2.

By replacing aging servers with new ones, OITS will enhance system performance and reduce the risk that parts will be unavailable when maintenance is required. As outdated servers are replaced, users will also benefit from newer operating systems with fresh technology, faster connections, greater storage capacity and new options.
Introduction

The State Diligent Recruitment Plan (plan) was submitted in 2005 to meet the Administration on Children and Families (ACF) federal requirement and was incorporated in the FFY 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 fourth year, and this report summarizes that progress. The report also notes some direction for work to be accomplished during the new, soon-to-be-developed plan’s timeframe.

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 was new to this report last year.

An even newer targeted recruitment initiative has begun since last year’s report. This statewide region-based effort consists of recruitment committees made up of diverse staff public and private, as well as foster parents. This newest initiative is described in detail below.

This 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 partner 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% 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, as the new five-year plan is implemented. 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 2009, 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, runaway/self-selected settings, 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
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 resource development with some programs that have foster parents who have expressed interest.
- Emergency specialized foster care, which 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 continues to work 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, and we have been pushing the adolescent foster care agencies to find resources for placement for these 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 where they can continue successfully 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 requiring more direct support to manage their behavioral health needs and youth requiring 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

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 negotiating a memorandum of understanding with DHS regarding services to severely MI young adults. Through this agreement, a clear protocol will be established to deliver appropriate mental health services to youths and adults. DCFS will continue to provide staff placements in which young adults will begin to access lifetime supports and services. The Individual Emancipation plan will support a seamless transition from DCFS to DHS prior to the young adult’s 21st birthday. We plan to utilize two 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;
- Function at an intellectual and adaptive level that indicates ultimate eligibility for DHS-funded adult community-based settings;
- Currently reside 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
- Obtain screening and approval by the DCFS Office of Developmental Services.

The DD TLP Programs will provide congregate housing with single or double (two-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 their self, 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 2007 all regular Cook County, Northern Region, and two Central Region providers implemented the redesign. Parenting providers, that had not yet done so, were scheduled to complete the transition by October of 2007. 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 does not exist which meets 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. 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. At that time, 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. 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 reviewed again by all parties to ensure it meets our Department objectives before going to Office of Child and Family Policy for finalization.

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 ongoing training have been effective methods of maintaining and enhancing the current pool of foster parents.

**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 under-represented 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 helps 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. 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.

The DCFS African American Advisory Council (AAAC) 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 on foster home recruitment through which the Council advises the DCFS Director about needs and resources. The AAAC has shared documents with the Director’s office that were created under the Council’s work with Howard University, University of Illinois, Chicago and Habilitative Systems Inc. in 2002 to assist in current African American foster home recruitment efforts through the Local Area Network and Resource staff. The Director has accepted some of the recommendations from the documents shared by the Council to enhance recruitment efforts in the African American community. The AAAC will continue to advocate for effective recruitment of African American foster homes and will assist the Department in efforts to recruit homes through collaborative relationships with local schools. Discussions are taking place with the DCFS Director to expand strategies in recruitment of African American homes.
Resources for Assisting With the Recruitment of Asian and Pacific Islander American Placement Resources

The DCFS Asian American Advisory Council is comprised of DCFS staff, including investigators, administrators, and foster care workers, as well as attorneys at juvenile court at this time. The Council hopes to engage and embrace community organizations, faith based organizations, and agencies that have contracts with DCFS for services. The Council works to improve the cultural and language identification of children and families they serve so that DCFS may provide appropriate culturally-sensitive services in the native language of the family. In its advisory capacity, the Council assists DCFS in understanding the need to recruit Asian foster parents, adoptive families, and staff to develop and support the Asian children and families we serve.

To achieve this, the DCFS Asian American Advisory Council and the Director’s Office liaison will advise on the deficits of DCFS in the provision of and delivery of services to DCFS Asian staff, families and children. Together these entities will work on issues of improving cultural competency, improvement of services for Asian foster and adoptive parents, and developing career opportunities for DCFS/POS staff who wish to become more attuned to service in the Asian community.

Through community advocacy, outreach and collaboration, the Asian American Advisory Council and the Director’s Office liaison will provide training opportunities for DCFS/POS staff through an annual conference and through open discussions at Council meetings concerning issues that affect this population. Additionally, they will develop outreach to and partnership with local Asian agencies and faith-based organizations in order to maintain a supportive environment for Asian children in our care.

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 un-utilized 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 must 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. The non-active process is currently in the final stages at the DCFS Office of Child and Family Policy.
Family Reunification Support: Special Service Fee and Visiting Task Force

In response to a 2006 private agency foster parent utilization survey indicating a need for more supportive services, DCFS implemented the Family Reunification Support Special Service Fee (FRSSSF) program in 2007 to support parent and child visits. The FRSSSF is designed to encourage child visitation by the parent in the foster parent’s home, or in certain cases, in other settings that mimic normative parental-child activities. Foster parents are identified by case managers to participate in the project. The foster parent agrees to work actively with the parent to support and encourage the parent in their visits with their child and to engage in typical parenting activities such as helping with homework, reading or doing chores. The visits typically begin outside of the home and move to in-home visits once the foster and biological parents are comfortable with the arrangement.

After the first month, most visits are expected to occur in the home, although other activities might include trips to museums, recreational activities, school outings, etc. to give parents and children the chance to engage in normal parent-child activities. To support these visitations, DCFS provides the foster parents with a small monthly stipend to minimize any cost they might incur during these events. Additionally, once the child returns home, the stipends may continue to support on-going parental support and mentoring by the foster parent for a limited time.

DCFS conducted multiple three-day reunification training sessions with private agency staff, DCFS personnel and foster parents beginning in 11/06 through 3/08. Additional training on Reunification principles (specifically the FRSSSF foster parent program) is provided on an as-requested or as-needed basis across the state and was part of the Illinois Caregivers’ Conference in October 2008.

In January of 2008, a professionally guided self-assessment by caregivers of their readiness to work directly with parents of children in care toward reunification was implemented. This guided self-assessment is now a part of the regular semi-annual visit of the family development specialist/licensing representative to each caregiver. A foster family with an approved self-assessment to reunification support to the child’s family will be given placement preference (within the geographic parameters of the current placement system) of children new to child welfare.

As a result of the sessions, the following training products were developed for use in the field and are available on the Illinois Department of Children and Family Services web site.

- Working with Parents and Caregivers toward Reunification
- Reunification Team Visit Agreement
- Return Home Timeline for New Cases
- Return Home Timeline for Continuing Cases
- The Reunification Team
- Ground Rules for Family Visits in a Caregiver’s Home
- Early Casework Events that Involve the Caregiver
- Some Caregiver Questions with Answers
• Caregivers and Reunification and Visitation in the Foster Parent Handbook, DCFS Rule and Illinois Law
• Guiding Caregivers in Discussion and Self-Assessment for Reunification Work
• CFS 250 Guiding the Caregiver through Self-Assessment for Reunification Support
• CFS 250A Discussion Questions for Agency Professionals to Consider with Caregivers before Self-Assessment (in English)
• CFS 250A Preguntas para con profesionales de agencia a ser consideradas con proveedores de cuidados antes de la auto-evaluación (in Spanish)
• Foster Home Availability Data Base (FHAD) Instructions
• Preferred Status for Placement
• Talking Points for Agency Professionals Guiding the Discussion of Caregiver Readiness for Participation in Reunification Support
• Permanency Planning Toward Reunification – a pamphlet (in English)
• Planificación de Permanencia Hacia la Reunificación (in Spanish)
• For Agency Professionals: The Family Reunification Support Special Service Fee for Agency Professionals
• For Caregivers: The Family Reunification Support Special Service Fee
• Mentoring Parents of Children in Your Care
• Evelyn Felker’s Principles for Caregivers

**Visiting Task Force**
DCFS has been an active member of the Cook County Juvenile Court Family Visiting Task Force whose charge is to develop and implement practices throughout the Juvenile Court system that support safe and healthy visits between parent(s) and children. DCFS and the committee recognizes that these visits reduce children’s trauma regarding the separation, provides parents the opportunity to maintain vital and nurturing connections with their children, and allows DCFS, private agency case managers and court personnel the opportunity to observe the progress and/or obstacles to a child’s successful return. Other members of the committee include representatives from the offices of the Guardian-Ad-Litem, Public Defender, States Attorneys, the Chief Judge, DCFS legal and private agencies. Key milestones include:

- The development and adoption of the Ten Key Principles of Successful Visitation.
- The development and presentation of a day long preliminary training session on March 6, 2009 for court and private agency personnel on the importance of parents and child visitation. This was considered a preliminary session so the Task Force can refine the curriculum for presentation to all of the judges and court personnel in fall 2009.
- The on-going review of current practices to identify and correct system obstacles and to create an environment conducive to supporting families during visitation.

**Focus on Family Development vs. Regulation and Monitoring of Un-utilized and Under-utilized Homes**

**Emphasizing the Focus of DCFS Licensing Staff**

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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 under-utilized 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 being performed as Family Development Specialists. 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

As reported previously, in 2005 DCFS reassigned duties for LANS staff. The statewide LAN Liaisons continue to 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 that continue to be 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 SDCs 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 foster homes/families in the downstate DCFS regions. The FPSSs also visit 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 ensures that the child is safe, moving toward a permanency outcome, and has a secure well-being. The FPSSs are contractual staff with limited monthly availability to regional caregivers. However, by expanding their responsibility and with training on public presentation, they will become even better assets for recruiting additional foster homes.

New Program to Recruit and Maintain Foster Homes in Children’s School Districts
When “available” foster homes (these are homes which agencies, including DCFS, identified as available for accepting intake upon the initial removal from the home for reasons of abuse and/or neglect) dropped below 1,700 in August, 2008, Agency Operations Analysis received permission to update the High Need analysis performed in the prior year. (The analysis compares intake to available foster home resources, comparing things like distance from intake to the nearest resource and general density patterns of intake and resources, etc.).

A year’s difference means a lot. This time, 33 High Need areas were identified as opposed to the 17 in the prior year’s analysis. Rockford remained the area in most need of new foster care resources (though the area of need expanded when compared to a year ago), and the need became more severe. As an example, in the analysis a year prior one available home in Rockford was the closest home to 36 intakes. This time around, one home in Rockford was the closest home to 56 intakes. Another example of need, while High Need areas now contained only 10% of the available foster homes in the State, over 30% of the intake into foster care occurred in these areas.

A battery of maps and reports to support resource development were developed through November, 2008 in collaboration with DCFS and private agency staff throughout the state. These maps and reports support neighborhood-focused recruitment efforts. During the months of December and January 5 webinars were conducted, training DCFS and private agency staff throughout the state. These maps and reports were made available to administrators and resources and licensing staff via a designated shared drive, for those who have access to the SACWIS network.

The analyses provided by Agency Operations Analysis also helped identify the type of foster parent needed. For instance, over half of the children coming into care in High Need areas are infants, which is quite different from intake outside High Need areas. Likewise, only one sibling is likely removed from the home in High Need areas, which is also different from non-High Need areas.

Based upon these trainings other materials were developed, including a list of places of worship within High Need areas. Both private and Public Schools were already provided and labeled on the maps. Other staff were trained individually or provided one-on-one refresher training upon request.

The trend since these trainings is generally positive. Last week, we had 1,765 homes available. This is still a far cry from the over 3,000 homes that were available when GIS-assisted placement decisions were instituted in July, 2006. With the ability to focus resource development in discrete areas in most need of resources, even a few new homes can mean a great improvement. This year’s analysis showed that the distribution of resources outside High Need areas is likely to meet need in the near future: more than 90% of the resources are available to address less than 70% of the intake in these areas.

**New DCFS Recruitment Committee**

The committee that was reported on in 2008 led to the following progress.
New DCFS Recruitment Councils

DCFS currently has 9 active recruitment councils throughout the state. These councils consist of staff from various divisions, and in some cases there is private agency participation. The purpose of these councils is to develop a system to increase the availability of licensed DCFS foster homes to meet specific placement needs of children coming into care in specific and/or geographic locations. The process includes:

A. Activities

1. Review localized data and council members’ knowledge of areas needing homes.
2. Review previous recruitment activities for effectiveness and for follow-up actions needed.
3. Determine future activities; assign responsibilities; and set up staff events.

B. Staff Responsibilities

1. Councils will determine location of recruitment activities, provide direction, assist with organizational activities, and oversee the coordination and management of the Localized Plan, based upon several identified factors that affect foster and adoptive homes.
2. Statewide Leadership Team will provide ongoing support and will troubleshoot with local councils. The leadership team consists of the Cook County and the downstate foster home licensing managers and the Cook County and downstate LANs managers.
3. Local leadership: Each local recruitment council will convene and facilitate completion of the local plan. Initially, the Leadership Team will act as meeting facilitator, partnering with local staff; however, once the concept is presented each council will select its own leadership. Each council will determine future activities, assign responsibilities for setting up and staffing events, and seek assistance from the Leadership Team when needed.

C. Standard Meeting Agenda

All councils will use a standardized meeting agenda. All councils will be driven by the development of an ongoing calendar of events/activities scheduled for each site:

1. Review localized data.
2. Assess completed recruitment activities.
3. Determine future activities; assign responsibilities; and setting up/staffing events.

D. Meeting Frequency

To be determined by each Recruitment Council. Councils will meet no less than quarterly after the initial intensive startup period and during event planning.
E. Reporting

1. Reporting will be on a quarterly basis with distribution utilizing the chain of command, i.e. Statewide Recruitment leadership committee, Regional Administrator, etc. Recruitment activities should include statistical data and outcomes. Reporting format will be council-specific and include data from activities.

2. Licensing Supervisors will identify inquiries from the Councils’ activities and produce a report to their respective Licensing Manager.

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 FY08, 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, 13 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.

**Adopt 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. Twenty were placed for adoption or guardianship, and two 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. 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 FY08.

**“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 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 wanted to be 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 Written by Better World Advertising

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 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, 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 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 Administrative Rule 307 to ensure compliance with the requirements of the (federal) Indian Child Welfare Act (ICWA).

The Department has Native American advocates on staff, supports establishing a Native American Advisory Council, and operates the following program.

**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 procedures to ensure ICWA compliance throughout the life of a case.
- Provides clinical consultation and case support to child welfare professionals state-wide for identified ICWA children and families.
- Participates in a monthly teleconference with the National Indian Child Welfare Association (NICWA), which includes child welfare professionals throughout the country, to promote optimal child welfare practice for Native American children and families.

**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.
• Provided training to DCFS licensed foster parents around ICWA, its history and relevance to the child welfare community.
• Participated weekly in community outreach activities within the Native American community.
• Developed a 32 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 59 times to child welfare stake holders in both the public and private sector throughout the State.

Future Plans
• The 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 ICWA program will coordinate with other providers within the state offering supportive services to Native American families, including the Chicago Board of Education’s Title VII services and their Native Parent Advisory counsel.
• The program will finalize draft by-laws for an advisory board and will convene a state-wide board to assist in the recruitment of Native American foster parents across the state.
• The program will continue to participate in the Native American community.
• The program will pursue grant funding to expand services to Native American children and their families within Illinois.

Child-Specific Recruitment

Illinois One Family One Child - Family of Programs

In its efforts to find permanent placement for youth in the Illinois child welfare system, the Department of Children and Family Services (DCFS) utilizes the recruitment efforts, information, resources and other services generated through its partner of 29 years, Illinois One Family One Child, a 501(c)3 faith-based nonprofit organization.

Under an expanded program plan, Illinois One Family One Child (IOFOC) has recently completed a two-year demonstration period in which program outreach and effectiveness and potential for ongoing success of this multi-prong “family of programs” model has been tested and found to be unique, unduplicated by other programs funded by DCFS and measurably effective for achieving its core goals and objectives.

Through the new model, IOFOC has been successful in: (1) creating a new placement model for hard-to-place youth, and thus, (2) creating new placement opportunities for youth in the child welfare system; (3) recruiting new foster care providers; (4) helping to determine the most suitable (long-term) placement for youth in a foster care environment; (5) monitoring and supporting the family/youth in the placement process; (6) helping youth to successfully re-enter normal society; (7) reducing the rate of recidivism among participating youth; (8) enhancing the youth’s interest in acquiring a high school education (or equivalent); and his/her (9) successfully
identifying and maintaining employment. The IOFOC “family of programs” has also been effective in helping youth to refrain from returning to substance sales and abuse.

The IOFOC flagship program, Support, Training, Advocacy and Referral (STAR), targets youth between 11 and 18 years of age who are troubled and who may (STAR II) or may not (STAR I) have had a juvenile justice experience. A particular emphasis is placed on youth who have served their time but who have no place to go after being released from juvenile detention or from the Illinois Department of Corrections.

Through STAR (I & II), IOFOC 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 Types and Results**

**Type 1: Recruitment of Licensed Foster Care Providers**

Through this program, foster care providers are recruited in two categories:

- **Group A**: Families not previously signed up or registered with the Illinois Department of Children and Family Services and newly recruited families who have expressed an interest in acquiring a license to provide foster care. (20)

- **Group B**: Families who were previously registered with DCFS as licensed foster care providers, who, through a higher, more intense level of recruitment and foster care training by IOFOC, have also agreed to provide foster care to a special, targeted group of youth who are wards of the state and who have also had a juvenile justice experience. (30)

**Results**

- 20 Number of families willing to provide foster care to youths who have had a juvenile justice experience and who are in the state’s child welfare system
- 30 Number of families who are willing to provide foster care to a child under the age of 15 but who have not had a juvenile justice experience
- 50 Total number of families recruited for participation in the Illinois One Family One Child program

**Type 2: Recruitment of Youth: Youth Mentor and Life Skills and Development Program**

- **Group A**: Youth currently in a juvenile justice facility (rotating number - approximately 135 annually)
- **Group B**: Aftercare Enrollees (16)
- **Group C**: Mentors (10)

**Type 3: Recruitment of Faith-Based Partners**

- All Groups: 150 (25 church increase since 2007-08)
Type 4: Recruitment of industry, agency and/or corporate partners
   All Groups: (17)

Illinois One Family One Child also provides outreach and training for licensed foster care providers - preparing them for real life expectations when bringing a juvenile into the home, particularly if the youth has had a juvenile justice experience.

The wrap-around program concept by the two other key program operatives, the Faith-Based Community Network (FBCN) and the Youth Mentor and Life Skills Development Program, are key to the success of the foster care recruitment process. As illustrated above, each of these key components has its own recruitment strategy.

Adoption Services

Listing Children With Adoption Information Center of Illinois (AICI)
Per DCFS Procedures 309.40, we must list children including those who are not in adoptive placements, when the goal has been changed from return home to termination of parental rights and they have passed legal screening. Also children whose rights have already been terminated and are in foster homes but not proceeding towards adoption or in residential placements without an identified step down resource need to be listed with AICI.

Developing More Foster Homes & Enhancing Support
In an effort to develop more foster homes, DCFS supervisors and staff refer non-licensed families who call DCFS inquiring about adoption to the respective DCFS licensing representatives to help them become licensed. DCFS adoption staff also provide these inquiring families with the phone numbers and contacts at the Adoption Information Center of Illinois. Should the family already be licensed and is calling as a general inquiry about available children, then adoption specialists statewide are contacted to check in their respective regions for any children in need of adoptive homes.

In June 2008 the names of DCFS Adoption Supervisors, plus their phone numbers and email addresses were added to the Adoption Information Center of Illinois website so that prospective families can contact regional DCFS staff directly. Families are encouraged to register with AICI as a family after they become licensed. Licensing staff are providing the family in process of being licensed with a CFS448 Adoption Listing Service registration, as well as the ALS-2, AICI registration form. Families will mail the ALS-2 to AICI. A match will then be done by AICI of registered family with a child. Matching information will be sent to the family and to the caseworker who listed the child. Child caseworker will review the potential matches provided by AICI, and then the caseworker will contact the licensing staff of the family to get additional information. The child’s caseworker will schedule a visit to the prospective adoptive home if it appears to be a good match. The child’s caseworker will provide disclosure information and information on the child’s needs to the prospective family prior to any pre-placement visits.

DCFS also strives to provide support to the existing foster homes in order to prepare and provide the adoptive family converting from a foster to adoptive home with the information, services,
tools and supports they will need to be able to meet the child’s lifelong needs. These services are inclusive of services to the TRIAD, the child, the birth family and the foster family.

**Services to Children in Adoptive Placements**
Children in adoptive placements are provided with supportive services and any needed evaluations or assessments prior to adoption, so that a clear picture of current pre-existing conditions and needs as well as future needs can be identified and documented in the adoption subsidy. Adoption services provided to the child include termination of parental rights; individualized child preparation to address the child’s unique medical; behavioral developmental and educational needs; and provision of services related to these needs via direct services or linkage to other service providers. Workers assist the child in working on the life book which is the history of child’s life. For those children who are in need of an adoptive resource, there is adoptive home finding, matching, pre-placements, as well as post-placement support services, subsidy assistance and other post adoption services.

**Services to the Birth Parent**
Birth parents, if available, should be contacted to participate in permanency planning for their child, exploring whether they are willing to share family medical and mental health history, plus background information. Birth parents are provided with information regarding appeal rights. They are also provided with: a) notice regarding termination of parental rights, b) policy regarding adoption surrenders or specific consents, c) access to legal representation, d) the Putative Father Registry, e) the Adoption Registry. All these provide protections for the birth parent. In addition, they are offered counseling about loss of their child and voluntary relinquishment, and assistance with other post adoption services.

**Family Advocacy Centers**
Family Advocacy Centers have been opening across the state in the past few months. The Centers are community-based groups that provide parents with the support and encouragement they need to follow through on the goals that will allow them to regain custody of their children and/or prevent children from coming into care for the first time or as a disrupted adoption. Our hope is that with a caring adult to provide non-judgmental support and encouragement by accompanying parents to appointments, listening to struggles and challenges, and maintaining focus on the long-term goal of reunification and family stability, positive changes will be within reach. We have seen this model work in other programs, such as the AODA waiver project that provided parents dealing with substance abuse problems with recovery coaches to help them through the process of treatment.

**Services to Adoptive Parents**
The adoptive parents are provided in writing with the CFS 470-H Affadavit of Information Disclosure for Adoption, as well as the corresponding reports containing non-identifying information about the child’s birth parents. This information may include age, race, religion, physical description, other birth children, relationship between birth parents, and medical and/or mental health history. Information regarding the child is provided to the family including the child’s name, birth date, place of birth, race, sex, physical description, developmental history, education, information regarding the child’s behavior and personality, their placement history and legal status. This disclosure information is also to be shared with the child’s
Guardian-Ad-Litem, as well as the adoption attorney, who reviews the subsidy prior to the family signing it.

**Adoption Subsidies**
A subsidy is part of the adoption contract between Illinois DCFS and the adoptive parent after they adopt. It is prepared to include the non-recurring expenses such as legal fees with a maximum of $1,500, medical card, and ongoing board rate payments and services currently in place and allowable per policy 302.310.

**Adoption Certification Training, “From Foster Care to Adoption”**
This training consists of nine hours and is mandatory for families in the process of adopting. It is offered in all of the DCFS regions. Training consists of assisting the families to make the transition from foster care to adoption. It addresses the clinical, legal and financial preparation and planning for a life-long commitment. Additional training is also provided to adoptive and foster families via the DCFS website and Virtual Training Center, which can be accessed anytime in the future. Information is provided to families on adoptive and foster parent support groups.

**Post Adoption Services and Supports**
In order to support the adoptive family after adoption when a caseworker is no longer involved, adoptive parents are given written information regarding Post Adoption Services and contacts. Informational packets are given to the adoptive parents containing information about Adoption Assistance, Subsidy, Post Adoption unit phone numbers and contacts, Adoption Preservation Services, Community services, How to find a medical, dental and vision provider who accepts Medicaid, Closed File Information and Search and Reunion Services, Confidential Intermediary, Illinois Adoption Registry, “Making the Adoption/Guardianship Decision”, and “Post Adoption & Guardianship Services”. These informational booklets are given to families to explain the process, services and how to contact assistance after adoption. Post Adopt also does an in-person home visit at the critical ages of 13 and 16 to check with the family for any needed additional services. The focus is on providing the adoptive family and the child with a continuum of accessible services in order to maintain the placement and assist the family and child in this life-long commitment.

**Matching for Adoption and Permanency (MAP) Unit**
The DCFS MAP Unit is discontinued and has been replaced with Wendy’s Wonderful Kids Program. Wendy’s Wonderful Kids is a signature program of the Dave Thomas Foundation for Adoption, who have caseworkers and recruitment staff to assist with finding adoptive homes for waiting children. They are also committed to helping find homes for adolescents, special needs, and sib groups that we have difficulty finding homes for, as well as older children stepping down from residential placements. Wendy’s Wonderful Kids is the first nationwide program that partners a major corporation with a national foundation to place foster care children in permanent adoptive homes.

Wendy’s Wonderful Kids recruiters execute a very specific process for each of their children, which focuses exhaustively on their individual histories, experiences and needs in order to find
the appropriate adoptive family for them. Recruiters work closely with each child and their caseworker to develop trust and first-hand knowledge, and they develop and aggressively work a customized recruitment plan for each child. The Foundation is working to assure the effectiveness of this model through long-term rigorous independent research because these children deserve our best efforts.

There are two agencies in Illinois that are associated with this program – Casa Central and ChildServ. This is a statewide program; and their child-focused recruitment strategies include:

1. **Initial child referral:** Contact the child’s caseworker to introduce the role of Wendy’s Wonderful Kids, gather initial referral information, establish date to begin case file review and schedule initial meeting with child.

2. **Relationship with child:** Meet with the child monthly, at a minimum, to develop trust and openness, preferably in person and one-on-one.

3. **Case record review:** Conduct an in-depth review of the existing case file. An exhaustive case record review may take several days.

4. **Assessment:** Determine the child’s strengths, challenges, desires, preparedness for adoption and whether the child has needs that should be addressed before moving forward with the adoption process. If so, work with the child’s caseworker to assure these needs are met. A written assessment should be developed initially and updated quarterly to enhance the child-focused recruitment plan.

5. **Adoption preparation:** Assure that the child is prepared for adoption. During the matching process, assure that the family is adequately prepared to meet the needs of the Wendy’s Wonderful Kids child.

6. **Network-building:** Meet the significant adults and maintain regular and ongoing contact (caseworker, foster parent, attorney, teacher, therapist, relative, mentor, faith-based representative, extra-curricular activity leader, etc.). Regular and ongoing contact with persons close to and knowledgeable about the child will facilitate recruitment activities. Monthly contact with the child’s caseworker is essential.

7. **Recruitment plan:** Based on the file review, interviews with significant adults, and the input of the child, develop a comprehensive recruitment plan or enhance the existing recruitment plan. The Wendy’s Wonderful Kids recruiter’s plan for each child will be customized and defined by the child’s needs. The plan will be reviewed quarterly and updated as needed.

8. **Diligent search:** Conduct a diligent search of potential adoptive families and identified connections to additional resources. Conduct aggressive follow-up with contacts identified, with the knowledge and approval of the child’s caseworker.

**Conclusion: Diligent Recruitment Plans and Strategies for FFY 2009**

Much effective work has been done during this fourth FFY of the State’s Diligent Recruitment Plan, resulting in additional placement options for children and youth, as well as progress toward ensuring the foster home population is reflective of the population of the children in care in Illinois. Work will continue on these initiatives and others as needs dictate. Illinois will develop a new 5-year Diligent Recruitment plan this FFY.
The Subsidized Guardianship waiver is ending October 31, 2009, or just one month into the 5 year reporting period. Thanks to the success of the Subsidized Guardianship waiver in Illinois and in other states, the Federal Government enacted the Fostering Connections to Success and Increasing Adoptions Act of 2008. This Act created a Guardianship Assistance Program (GAP) option for states under Title IV-E of the Social Security Act. Therefore, Subsidized Guardianship waivers are no longer necessary. DCFS plans to implement GAP or KinGAP as it is called in Illinois, November 1, 2009.

The original AODA waiver ended in 2005. After two short term extensions, the Department applied for a 5 year extension which was granted in December 2006, effective January 2007, and will run through December 2011. This extension allowed DCFS to expand the project to two additional counties, Madison and St. Clair. This extension and expansion enabled additional enhancements to be added to the Recovery Coach program’s efficacy and client service delivery capacity in order to address key barriers to reunification such as:
1) housing, 2) mental health, and 3) domestic violence in addition to continual focus on substance abuse and misuse issues.

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 2008 there were 11,236 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 showed that between the spring of 1997 and July 26, 2002, only 24.5% of all subsidized guardianships occurred among children between the ages of 14 and 17; 34% of guardianship transfers were for children between the ages of 10 and 13. 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 the 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.

Eligibility for the Enhanced Subsidized Guardianship Program is dependent on two criteria: 1) a child must first be eligible for the Standard Subsidized Guardianship Program and have a standard guardianship assignment; and 2) must not be older than 18 years of age. A child will receive an assignment to either the demonstration group or the enhanced control group when he/she is 14 years of age and not yet 18. As of April 2009, 3,690 youth have been assigned to the demonstration project.

In January 2008 and September 2008, the Interim Evaluation Reports 1 and 2 were 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. USDHHS granted Illinois a short term extension of the waiver until October, 2009.

**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.

Findings From the Interim Evaluation Report
Though widespread support for permanency for older youth was articulated by caseworkers, supervisors, and caregivers, this did not translate into more youth moving into permanent living arrangements. Data from Westat, Inc., the independent evaluator, reveal that 17% of the youth in the demonstration sites were adopted or went to guardianship (10% subsidized guardianship; 7% adoption). Differences between the treatment and control groups were not statistically significant. The relationship between the caregiver’s status and the achievement of permanency was significant. Youth placed with a relative were two times more likely to be adopted than youth placed with a non-related caregiver. Fifty-five percent of youth who attained subsidized guardianship were living with relatives compared to forty-five percent with non-relatives. Of the youth still in foster care as of December 2008, seventy two percent were in a non-relative placement compared to twenty eight percent living with a relative. Additional findings from Westat noted that discussions about permanence were more often held for younger youth ages 14 and 15.

When comparing other 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, restrictiveness of placements or school achievement or status.

The Future of Subsidized Guardianship in Illinois
The Fostering Connections to Success and Increasing Adoptions Act will allow Illinois to continue to offer subsidized guardianship as a permanency option for children who leave foster care to guardianship with a relative. This requirement differs from the criteria outlined in the waiver demonstration program. Under the waiver, guardianship with a non-relative is permitted and federally supported. The new legislation makes no provision for federally supported guardianships with non-relatives. This change will have a profound impact in the State. When examining the most recent data from 2008, 38.5% of guardianships were finalized with non-related caregivers. The new legislation will potentially remove subsidized guardianship as an option for children with non-related caregivers.

Activities Completed on the Project in FFY09:
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:
• 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:
  o report writing and submission of reports as prescribed by the terms and conditions of the waiver;
  o Participated in monthly federal conference call with regional DHHS staff.
• Assisted Westat in the facilitation of the evaluation process, including Westat’s access to administrative data, consents and facilitation of the Research Advisory Council;
• Conducted training sessions within DCFS regions for casework and administrative staff and DCFS legal.
• 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.
• Participate in KinGAP planning and implementation meetings with the Illinois Department of Children and Family Services
• Facilitate subsidized guardianship subcommittee to examine issues relating to the Fostering Connections to Success and Increasing Adoptions Act;

**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

**POST GUARDIANSHIP SUPPORT PROGRAM**

The Center provided support staffing for the Subsidized Guardianship federal waiver program and collected research data required for federal reporting, input, and development of policy and practice. A staff person from the Center served as a coordinator of post-Subsidized Guardianship support services working closely with the DCFS Post Unit. An additional Center staff person, hired in FY 2006, focused primarily on direct assistance services as part of this unit. Post-Guardianship Support Program staff served as liaisons between clients, court, DCFS, OLS, and community agencies focusing on provision of direct assistance and coordination of services to prevent dissolutions and disruptions in placement and to facilitate court proceedings and outcomes when a change
of guardianship was necessary. At the end of October 2008 this portion of the Post-Guardianship Support Program was discontinued due to budget cuts in DCFS funding for Center programs. One CFRC staff position was eliminated and the program coordinator discontinued data collection and direct service functions. The program coordinator provided two months of support to a DCFS administrator and the DCFS Post Unit to facilitate the transition process. Currently, the Post-Guardianship Support Program coordinator continues to provide waiver assignment checks for foster/relative care cases and clinical and waiver consultation statewide for DCFS, court and agency staff, and training as requested or needed.

**Utilization:**
The information gained from the tracking of data, as well as the direct service work to families, provides the Department with valuable information on the success of the Guardianship Program and the challenges and needs guardianship families are most likely to encounter. Waiver assignment checks, consultation, and training assist the Department in complying with federal waiver requirements until completion of the waiver project. The Department utilizes this information to improve services for families pursuing and currently in, subsidized guardianship arrangements.

**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. In February of 2007 the Children’s Bureau approved a five year extension for the Illinois AODA Waiver Demonstration. The expanded waiver now operates in Cook County and two southern Illinois counties: St. Clair and Madison. Moreover, the expanded waiver approaches 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 2009:
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 our 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. We started to enroll families in the two southern counties 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 90 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 Coaches 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 Department’s Automated Reporting and Tracking System (DARTS). This system is managed by the Division of Alcoholism and Substance Abuse (DASA) and includes service dates and levels of care. Our 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, 2008, 2,501 parents were enrolled in the Illinois AODA waiver. These parents were nested within 87 social service agencies. 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:**


**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, 43% of the demonstration group completed at least one level of care compared to 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 (24% vs. 20%). See Table 1.

Table 1: Children Living Arrangements as of November 2008 (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>192</td>
<td>20%</td>
<td>533</td>
<td>24%</td>
<td>725</td>
</tr>
<tr>
<td>Home of Adoptive Parent (HAP)</td>
<td>238</td>
<td>25%</td>
<td>554</td>
<td>25%</td>
<td>792</td>
</tr>
<tr>
<td>Subsidized Guardianship (SGH)</td>
<td>4</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>4</td>
</tr>
<tr>
<td>Foster Home Adoptive (FHA)</td>
<td>29</td>
<td>3%</td>
<td>52</td>
<td>2%</td>
<td>81</td>
</tr>
<tr>
<td>Foster Home Private (FHP)</td>
<td>118</td>
<td>13%</td>
<td>289</td>
<td>13%</td>
<td>407</td>
</tr>
<tr>
<td>Foster Home Specialized (FHS)</td>
<td>110</td>
<td>12%</td>
<td>178</td>
<td>8%</td>
<td>288</td>
</tr>
<tr>
<td>Home of Relative Foster Care (HMR)</td>
<td>187</td>
<td>20%</td>
<td>465</td>
<td>21%</td>
<td>652</td>
</tr>
<tr>
<td>*Institutional Settings</td>
<td>54</td>
<td>6%</td>
<td>115</td>
<td>5%</td>
<td>169</td>
</tr>
<tr>
<td>**Other (OTH)</td>
<td>8</td>
<td>1%</td>
<td>26</td>
<td>1%</td>
<td>34</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>940</td>
<td></td>
<td>2,212</td>
<td></td>
<td>3,152</td>
</tr>
</tbody>
</table>

- 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 776 days as compared with 965 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 67% of the families are dealing with substance abuse and at least one other problem
simultaneously. Such problems include domestic violence (33%), mental health (45%) and problems associated with housing (55%).

- 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.

![Total IV-E AODA Claim savings/loss: Includes all foster care and adoption claims as of June 2007](chart.png)

**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.
The CAPTA Report for FFY 2009 is being submitted as a separate document at this time. After review and approval of the entire FFY 2009 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.
Introduction

This is the FFY 2009 Annual Progress and Services Report and Final Report for FFY 2005-2009 Child and Family Services Plan (CFSP) based upon the Chafee and ETV components of the FFY 2005-2009 CFSP approved by the U.S. Administration for Children and Families. The 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 and private child welfare agency staff, youth in care, and former youth in care, 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 16,000 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/subject matter experts. The child’s Guardian-ad-Litem (GAL) is always invited to
participate, as well as caregivers\birth parents when appropriate. Youth 12 years of age and older are expected to participate unless it would be deemed clinically inappropriate. The primary function of the CAYIT process is to review and approve placement changes that will result in a more restrictive placement or “higher” level of care. During the CAYIT, Individual Action Plans are designed that build on the youth’s strengths and needs.

**Juvenile Justice Initiative** - The Department is providing enhanced intensive services focused on pre-release from detention. Services focus on assessment and intervention and include clinical DOC reviews, 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 to 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 for transitioning youth to adulthood, through progressive levels of responsibility, educational attainment, and functioning. As of July 1, 2009, the Transitional Living & Independent Living Programs will begin transitioning to 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 children in care. In FFY09, of the approximately 16,000
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. 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 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, it is recognized that extensive work needs to be initiated with the Illinois Community College Board to identify and make more available, additional educational resources, particularly those addressing remedial issues. The Policy Academy Team is no longer meeting, however the information gained through the work of Academy is very valuable and the State is committed to applying the knowledge learned to continue to work towards reversing the identified disparities between Cook County and “downstate” Illinois. Reserve funding is set aside in the SFY 10 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 designs transition tasks on a thorough assessment. Input from a supervisor, the adolescent, caregiver, and other relevant stakeholders, such as counselors/therapists and teachers are discussed and documented 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. The focus groups helped us understand that youth learn best via hands-on, participative activities that includes peer leadership and mentoring. During this time, life skills training will be available through community based organizations and during Youth Summits held in various locations across the state.

- **Ensuring and developing community and cultural support systems**
In 2007, DCFS convened Permanency Enhancement Symposiums to begin to examine the disproportionality of youth of color in care. Stemming from that, during 2008-2009, each DCFS Region sent delegates to “Ending Racism” training provided by a national organization, the People’s Institute. Currently, each DCFS region has several community based action teams that meet each month, and are designed to:

- assess DCFS’ and individual’s current level of cultural competence;
- to develop support for change throughout the organization and community;
- identify the leadership and resources needed to change;
- devise a comprehensive cultural competence plan with specific action steps and deadlines for achievement; and
- commit to an ongoing evaluation of progress and a willingness to respond to change.

Finally, per DCFS policy, 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).

Because the subsidized guardianship program achieved great success in improving permanency outcomes for many children and youth in Illinois, the IV-E waiver extension allowed 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 remain in or 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 grant, medical card and other services for youth in care. 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 the waiver under the terms negotiated with the Children’s Bureau enabled 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, who are part of the “enhanced eligible” group, 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 met 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 met the eligibility criteria could participate in the program.

- **Age Eligibility:** Eligibility is determined when children reach age 14. As they reach that age, children were randomly 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 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 also offers Education and Training Vouchers. This program is currently available to youth who go to guardianship or are adopted at age 16 or above. 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 do not have access to the enhanced service package if they are adopted or go to guardianship.

**Specific Accomplishments/Progress made by the Illinois Department of Children and Family Services to Improve Outcomes for Children and Families**

Chafee funding is being used in Illinois to provide educational assistance and finance tuition and fees not covered by State and Federal financial aid for post-secondary vocational and educational programs. In addition to the Education and Transition Voucher (ETV) program, Illinois also has the following programs to strengthen the attainment of post-secondary educational experiences:

### A. Educational Services

- The **Educational Access Project** for DCFS is provided through a partnership with Northern Illinois University. Education Advisors from this project are located in all DCFS regions statewide. They provide technical assistance to address educational issues that youth in care, as well as post-adopt and intact families face. They also provide training on educational topics relevant to youth currently and formerly in care to DCFS and POS staff; foster, adoptive, subsidized guardianship and intact caregivers; school personnel; court personnel; and the youth themselves. In addition, Education Advisors provide training and technical assistance to POS Educational Liaisons who perform similar functions for the DCFS youth the agencies are contracted to serve.

The Project also offers technical assistance and support to post-secondary education students, who are in and out of care, involved in DCFS post secondary education programs and services. Post Secondary Education Specialists process Education and Training Voucher requests, Youth in College applications, and 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 youth served, and people trained regarding the education of youth involved with DCFS by education advisors through the first 6 months of FFY 2009:

| Number of Youth Served | 244 |
The Youth in College/Vocational Training program supports DCFS students attending state or private universities or community colleges. Participants receive a monthly stipend of $471.00 per month (increased in 2008 from $458.00 per month) and a medical card until age 21 or case closure. As of May 14, 2009, there are 333 youth in the Youth in College program.

The Youth in Scholarship program is a competitive college scholarship program open to all DCFS youth in care and former youth in care who left care through guardianship or adoption. Forty-eight scholarships are awarded annually (up from 40 in 1999). The awardee receives a monthly stipend of $471.00 (increased in 2008 from $458.00 per month), a medical card and a tuition and fee waiver to a four-year state university or to an Illinois community college. Currently, there are 165 youth in the Youth in Scholarship program.

In 2008, Morgan Stanley donated $20,000 to the Department of Children and Family Services to be used to supplement the DCFS Scholarship Program. The money was used to offer twenty $1,000 scholarships to the first 20 applicants who did not receive a Department funded scholarship. The awardees used the funds for college related expenses, including tuition payments, book costs, computer purchases, etc.

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 20 elementary and high schools in Chicago and the South Suburbs. In August 2008, Project STRIVE began services at Thornton Township High School in Harvey, Illinois and Thornridge Township High School in Dolton, Illinois. Both schools were selected due to high number of DCFS involved youth attending each school. 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 DCFS involved youth 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. This program ended September 30, 2008 due to budget reductions.

- 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. This program ended September 30, 2008 due to budget reductions.

- **The High School to College Program (H2C)** was established in October 2005 to work directly with youth attending Chicago Public Elementary and High Schools. The purpose of the program is to support the transition of 8th graders to high school and the successful transition of high school seniors to college. H2C serves young people who are currently in care of the child welfare system, or who have achieved permanency via subsidized guardianship or adoption. H2C serves a population of 22 youth focusing on academic and professional skills by linking them with DCFS resources and existing community resources. Currently the high school to college program is providing services in four high schools: North Grand, Steinmetz, Kelvyn Park and Forman and two elementary schools Edwards and Herbert. The program will provide opportunities and support by maintaining ongoing relationships with the youth. Individual and group trainings are provided to promote self esteem, social skills, and positive peer networks within their schools. High school students will have the opportunity to participate in in-state college tours. Tours will allow the students to attend various college campuses, see where they are comfortable, get introduced to academic and social programs available at each campus, and help them matriculate to post
secondary institutions by learning to make informed choices about their college careers.

- During State Fiscal Year 2008, DCFS entered partnership with Chicago State University and the National Association of Black Accountants 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, encouraging 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 in SFY 08. Forty two youth in care have been serviced this state fiscal year. For SFY 10, the Department is increasing funding for the program to expand services both in Cook County and to downstate youth.

- The **Community College Payment Program** pays for the tuition, fees, and books, as well as supplies and uniforms, not covered by financial aid, for those youth attending a community college. 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 2009, 57 youth have participated in this program. Community Colleges are increasing the number and variety of vocational related programs that train people for entry level and above positions in careers that need workers now. The majority of these programs are related to the health field. Because most of these courses are not funded by FAFSA related grants, the Community College Payment Program is being used to help youth get the needed education for these positions.

- The **Alternative Schools Network** (ASN), in collaboration with the Illinois Department of Children and Family Services, has developed the Youth Scholars, Skills and Service (YS3) 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 teachers and mentors who work closely with the 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 for
FFY 2009 has served 262 youth. Two hundred and thirty-two youth were officially enrolled. Forty-three youth are currently pending enrollment. Twelve youth were not accepted into the Youth Scholars program, because of their behavior, truancy or incarceration. One student decided to pursue their GED at a different school. Seven youth graduated from the Youth Scholars program with a high school diploma and one youth received their GED. For SFY 2009, 15 youth graduated from the Youth Scholars program with a high school diploma and three youth received their GED. The Youth Scholars program continues to provide innovative and exciting educational programs and services to youth in care. The Youth Scholars program’s goals and objectives to increase the number of youth in care attending the 17 alternative high schools have resulted in intensive outreach and promotion for the Youth Scholars program. There has been increased coordination with the DCFS and Purchase of Service (POS) workers. Cultural and recreational field trips continue to provide new opportunities for youth in care. The Life skills workshop also provide the youth new learning experiences and helps them become independent and self-sufficient. The Department this year required that the mentors and the youth’s DCFS and POS workers convene a meeting at the alternative schools where the student’s academic progress is reviewed and problems/issues discussed. An Annual High School Academic Plan is then completed, and can then be brought to the youth’s next Administrative Case Review by the caseworker. Accomplishments made during the FFY 2005-2009 include increasing the number of slots available for youth in care from 225 to 275 in the Youth Scholars program. Another accomplishment was increasing the number of alternative schools with the Youth Scholars program from 15 to 17.

- **The Alternative Schools Network Project New Futures (PNF)** 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 began as a collaborative effort in January 2005 between the Alternative Schools Network, the Illinois Departments of Children and Family Services (DCFS) and Commerce and Economic Opportunity (DCEO), and the US Department of Labor. The US Department of Labor withdrew funding in 2007 and the Casey Family Programs replaced the Department of Labor as a funder for PNF. However, the IDCEO will complete its funding for Project New Futures on June 30th, 2009 and the Casey Family Program’s funding ends on September 30th, 2009.

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 five full time PNF staff and 12 PNF Transition Counselors at 12 alternative schools. These staff provide comprehensive pre and post exit follow up services.
The ASN Project New Futures Program has served over 163 youth for FFY 2009.

Accomplishments made for FFY 2005-2009 include the PNF staff completing an Individual Transition Plan (ITP) for all PNF participants over 21.6 years of age. The ITP is an agreement between the youth and the PNF Counselor to work on their employment and post-secondary goals. The ITP is signed by the PNF participant, the PNF staff and must be approved and signed by the DCFS Contract Monitor for the PNF participant to continue in the program. The ITPs need to be renewed every six months.

The PNF staff has also implemented criteria for successful and unsuccessful discharge from the program. Successful criteria include attainment of educational/vocational goals, achievement of support systems outside of PNF, and demonstration of self-sufficiency and mastery of independent living skills.

- **The Extra Learning On-line (ELO) 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. For FFY 2009, 287 youth have participated in the Extra Learning program.

Accomplishments for FFY 2005-2009, include the ELO program being utilized as a life skills curriculum for agencies that want to customize the ELO program. The ELO program is currently being used by 20 agencies at over 40 agency sites.

- **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 in 2008 to include opportunities in downstate Central Illinois and a procedural change allowed interns to repeat up to two years if they meet the criteria. Interns must have a minimum 2.0 cumulative GPA and are enrolled in college full-time. Fifty applications were received for the summer 2009 program; 42 applicants were interviewed, and 26 youth were approved to participate in the program. Throughout April and May interns are matched with an employer in their field of interest. 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. Evaluation results from previous participants indicated interns wanted to participate in more networking opportunities. An additional experience consisting of five networking opportunities available for the summer, which include a recreational outing, dinner etiquette course, cultural experience, volunteer experience and a closing reception was added for the 2009 program. Employers, as well as others from the professional world, are invited and encouraged to attend some of these events in order for interns to develop their networking skills. These events will also allow the interns to develop relationships for future
employment opportunities. Additionally, the interns are provided workshops on resume writing in July. Anonymous program evaluations will continue to be provided and program changes/improvements will be made based upon the results. Efforts will continue to get prospective employers throughout the fall in order to gain new and continuing support for Find Your Future. All past interns have an opportunity to avail themselves of staff who can assist them in their job searches once they leave college.

- 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 provides 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 is 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 added 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.

Program staff have found that many youth in the WASSuP program require additional and more intensive case management and remedial services to get them at a comfortable point to begin the skill building necessary to more effectively participate in the program.

WASSUP is beneficial to youth in that social skill and work attitudes show significant improvements. Additionally, participant attitudes toward education and career choices/goals are increased through program activities. Youth ability to make attainable short term goals is more in line with reasonable expectations and sound application to their everyday lives. Long term goals have become more realistic with the inclusion of options for strengthening life skills through the use and the practical application of the Seven Habits of Effective Teens. Participants who have committed to the program have significantly improved outcomes versus their individual earlier participation and those participants who have low interest and commitment. Close interaction from staff with participants and fosters parents.
have also helped improve confidence levels.

- 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 10, The Springfield Urban League will absorb all YWCA programs including the GAP program. This maneuver is an effort to continue strategies to increase youth participation in the YWCA programs and specifically sustain the viability of the GAP program. Additional community partnerships have been explored to generate interest and increase the number of young girls that learn about and are able to participate in the program.

- 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 was a 6-12 month intervention, community-based mentoring program for DCFS youth and families that utilized 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, and ended September 30th, 2008, due to budget reductions. Six DCFS youth were served by this program in SFY...
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 program was 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 served DCFS youth on Chicago’s south side and in the south suburban communities. The BOOC program ended on September 30th, 2008, due to budget reductions. The BOOC program served 46 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 success of these and feedback from youth determined that youth driven Regional Youth Summits should be held each year to continue providing youth with interactive and informative workshops to assist them as they begin to transition from care. DCFS and private agency 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. The youth on the planning subcommittees learn valuable life skills as they design the Summits, including creating workshops, scheduling and confirming venues, public speaking, performing, and motivating peers to register and attend the Summits.

In addition, the annual Regional Youth Summits involve youth in care and former youth in care as keynote speakers and workshop co-facilitators. The Summits give youth the opportunity to develop the needed skills to prepare them to be self-sufficient and independent as they prepare to
leave DCFS care. The Summits cover topics such as housing, finances, preparing for employment, post-secondary education, and understanding and utilizing services available from the Department and their communities.

Three additional resource tools either have been or will be created as a result of input received from the 2005 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. 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 it’s inception to include additional Department and community-based resources and is currently going through another review and update for release at the Youth Summits in June 2009.

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 distributed to DCFS and private agency caseworkers across the state by the OETS Transition Managers. The feedback received continues to be overwhelmingly positive.

The third tool is a website for youth, created and maintained by youth. An internal DCFS workgroup was convened to develop a website designed specifically for youth in care and those formerly in care. The website will be designed based on input solicited from youth at each of the Youth Summits in June 2009. The Department hopes to have the site functional within State Fiscal Year 2010.

- 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 was expanded in
FFY 08 and ones previously in circulation have been updated as necessary.

- The Department issued newsletter, “Illinois Families Now and Forever,” began publishing more articles and informational columns during FFY 2007 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 continue to contain 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 Casey Life Skills curriculum, and information on the Education and Training Voucher Program, the Community College Payment Program, and the Employment Incentive Program. A future issue will include information on the recent expansion of the Illinois ETV program to include a computer package component.

- 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 State’s philosophy for all of its youth in care over fourteen years of age is one of empowerment and responsibility, with heavy emphasis on education, training, mentoring, and peer-group support. DCFS continues to fund several programs and activities that provide youth with opportunities to enhance their self-esteem, to be supportive of each other, and to develop a sense of empowerment and control in their lives. One of these opportunities is the Youth Advisory Boards. The DCFS Regional Youth Advisory Boards (RYAB’s) are convened in every DCFS Region across the state.

- The four (4) Regional Youth Advisory Boards (RYAB’s) meet once per month. The members are DCFS youth in care. Each RYAB has elected officers, who convene at the Statewide Youth Advisory Board (SYAB) bimonthly. Guest speakers, including successful former DCFS wards, are often included on the agenda. RYAB and SYAB members represent the interests of the total population of DCFS youth in care. The YAB mission statement focuses on advocacy, empowerment and responsibility for DCFS youth, particularly adolescents.

The Boards continue to provide advice to the Department Director on various issues related to youth in substitute care. In FFY-2002, each of the three downstate regions and the three Cook County regions provided information/recommendations to the DCFS Division of Education and Transition Services (DETS) and DCFS Regional Administrators on various issues related to youth in substitute care. DCFS Regional staff have a presence at the Youth Advisory Board meetings, along with members of the Hispanic Advisory Committee, African American Advisory Council, Administrative Case Review Division, Agency Performance Division and the Clinical Division. The DCFS Director also responds to the questions, issues, and comments from the youth who participate in the Youth Advisory Boards. The youth also meet with Office of Education and Transition Services staff to
convey various issues/ideas on DCFS policy including but not limited to issues youth have relative to group home and residential placement, sibling visitation policy and casework practice.

The Youth Advisory Boards also partner with other state and federal groups. For example, in 2003, the SYAB members collaborated with a group of Teen Scholars from the Office of the Public Guardian to develop recommendations to the DCFS Director about priority needs of children in the child welfare system, policies, programs and service delivery strategies needed to enhance the system, and direct service (front-line) practice required to deliver the highest quality of services for children and families.

Other valuable collaborative partnerships that the members maintain on a federal level are those with the Chafee Advisory Committee and the Jim Casey Youth Opportunities Initiative (JCYOI).

In FFY 2008 DCFS utilized 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.

C. Training

- Staff from the Office of Education and Transition Services continue to conduct and participate in trainings as requested 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. This has occurred consistently throughout the 2005-2009 report period.

- Revision of the DCFS Foundation Training for new caseworkers began in SFY 06. OETS staff participated on a cross-divisional curriculum development workgroup to ensure that educational and vocational issues related to older youth were addressed, and resources for them identified. The workgroup was suspended in SFY 08, however an alternative has been identified to develop a “Youth in Transition” training to be offered to all new caseworkers within their first year of employment. The training will be mandatory for those existing caseworkers who have a youth on their caseload or within six months of receiving a youth on their caseload. The goal is to implement the training statewide in State Fiscal Year 2010. The “Youth in Transition” course will include the following topics:
  - Education (High School/Post-secondary)
  - Employment/Vocational Training
  - Assessment to identify areas of need
  - Life Skills: “How To” Training on Teaching Life Skills
  - Pregnant and Parenting Teen Services
  - Housing Services
  - Substance Abuse/Mental Health: Identifying Signs/Symptoms & Accessing
Services

The Department has also conducted specific training on pregnant and parenting teen issues for Cook County based DCFS and private agency caseworkers. This course curriculum was revised in State Fiscal Year 2009 for training for all downstate caseworkers with pregnant and parenting teens on their caseload. The training will be delivered downstate by Region, starting in State Fiscal Year 2010, and offered twice in each Region each year thereafter, as a part of the regular statewide training calendar.

- In SFY08, 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). During SFY09, TIPP/CSU revised and developed 3 curricula for implementation with child welfare professionals. The Trauma 201 curriculum “Responding to Complex Trauma within Complex Systems” advances the skills and knowledge of child welfare professionals across roles and functions throughout the life of the case and introduces the Illinois Model for trauma-informed child welfare practices to the system. CSU/TIPP serve as facilitators for the Learning Collaborative model serving 3500-4000 staff per quarter. During SFY 09 TIPP staff will continue to facilitate the implementation of trauma-informed practice through the learning collaborative model.

In addition CSU administers the Practice Application Support Services (PASS) program. This program is designed to support the transfer of learning and application of training. This program is a transfer of learning and competency building model designed to reinforce the knowledge and skills introduced in the classroom through direct, hands on learning, coaching and transfer techniques delivered to staff within their work environment. Turning curriculum into action and action into outcomes is the primary purpose of the PASS program.

- 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 fourth quarter of SFY09. 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 fourth quarter of SFY09. 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 requiring 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. The first module of the new course, named Early Childhood Intervention, Children Birth through Age 3 was completed in the summer of 2007, and is available on-line at the Department Virtual Training Center [www.dcfstraining.org](http://www.dcfstraining.org). The remaining modules of the course will cover ages 4-6; 6-12, and 13 and older, and is anticipated to be completed by summer 2009.

D. Expanding Post-Secondary Educational Opportunities

- ETV funding has also been used to assist youth who begin a program, and have accessed ETV funding, 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. To help facilitate case workers and youth knowing which programs or schools are accredited, a resource web link to the U.S. Department of Post Secondary Education accreditation database was added in 2008. This allowed people to research independently all schools and programs that are accredited and eligible for ETV funding.

- 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 or the Community College Payment Program to pay summer school tuition. Currently most Federal Financial Aid and State Financial Aid ceases during the summer months. It is estimated that over 70 youth will take advantage of this opportunity during the summer of 2009.

- During SFY09 the ETV program has funded educational expenses for 252 youth. Of these, 123 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, 2008 until April 22, 2009. Illinois allows youth to access the full amount (up to $5000), if they have eligible expenses. The average amount granted per youth is $2151.
• Typically, youth accessing ETV funding have used the monies for tuition, fees, books, and specialized equipment required by their training or educational program that are not covered by financial aid grants at college, university, and vocational training programs. In addition, funds are used for transportation costs and paying off school loans incurred during the same academic year.

• For SFY 2009 as of April 22, 2009, 57 youth participated in the Community College Payment Program (CCPP). The CCPP is for DCFS youth in care only and pays 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 SFY09 is $719.33

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 2009. 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, provide life skills training, help youth navigate the community they live in, and to teach youth how to be better advocates on their own behalf.

Regional Youth Summits have been held each summer since 2007. The Summits continually draw large participation by youth in care, caregivers, and caseworkers and provide a wealth of information on Department and community resources and a recreational component for the youth’s entertainment.

• Beginning in FFY 07, Transition Managers from the Office of Education and Transition Services spend one day a week in field offices in various areas across the state. In spring of 2008, the Cook County Transition Managers were transferred permanently to field offices. In addition, one OETS staff was assigned as a liaison to the Cook County TLP/ILO programs. 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.

This practice has not continued as consistently in all areas of the state as originally intended, however OETS staff continue to make themselves available to regional DCFS and POS staff upon request.

• 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 230 new youth were approved for and approximately 350 have participated in the Youth in College / Vocational Training program, 48 new youth were selected each year of FFY’s 2005-2009 for the merit-based DCFS Scholarship program. The number of applicants has increased each year from approximately 100 in FFY05 to 255 in FFY09. 165 youth are currently participating in the Scholarship program, 57 youth were approved for the Community College Payment Program, and 252 youth were approved for ETV funding. Every youth and caseworker who applied for funding through one of these programs received notification from 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,” began publishing more articles and informational columns during FFY 2007 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 continue to contain 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 Casey Life Skills curriculum, and information on the Education and Training Voucher Program, the Community College Payment Program, and the Employment Incentive Program. A future issue will include information on the recent expansion of the Illinois ETV program to include a computer package component.

- The Newsletter generated by the Statewide Youth Advisory Board periodically contains information on programs offered by the Office of 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, but has not seen any additional improvements in FFY08 or 09. As we begin the process of developing a data system to respond to the National Youth in Transition Database requirements, the information gained from this survey will be obtained as part of the outcomes survey instrument.

- 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. This has continued throughout the FFY 2005-2009 report period.

- As part of the work of the NGA Policy Academy’s work, focus groups of youth were
convened across the state in FFY 07 to get their input regarding why youth downstate tend to leave care at an earlier age than those in Cook County. The information gained was used to develop policy recommendations from the Academy.

C. Quarterly Orientations

- Focus has changed slightly in this respect for those field offices where we now have Transition Managers permanently located who can participate in management/staff meetings and be available to assist staff on an as needed basis. In the future, the plan is to revisit the idea of conducting quarterly sessions in the Regions 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 2007 and 2008, four Regional based Youth Summits were held. The 2009 Summits are currently being planned by committees comprised of child welfare staff and youth with an agenda 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 FFY 07, the OETS implemented the use of standard monitoring tools to be used in on-site monitoring visits to provider agencies. Beginning in FFY 08 and continuing in FFY 09, OETS staff were trained on the use of the Department’s standard monitoring tool developed by the Contracts Unit and are required to implement the tool in on-site monitoring visits conducted during SFY 09. Additionally, OETS staff participated on a workgroup convened by the Contracts Unit to monitor/update the tool for the SFY 10 to ensure it meets the needs of OETS staff.

- 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), Statewide Automated Child Welfare Information System (SACWIS), the OETS Database, and the NIU database. The Education 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. A presentation is scheduled for OETS staff on May 15, 2009 to “retrain” staff on the uses of the Passport and gain feedback for any updates/improvements.

- The current Office of Education and Transition Services (OETS) database was developed during SFY 02 using Microsoft Access software. The database was developed to track youth served in the Life Skills and the Youth in College/Vocational Training programs. There are systemic problems with the current database which causes it to be slow in response. It is OETS’ goal to enhance and modify the existing database by using different software that will allow for a better response time. We would also like to add the other service components of OETS to the database; this includes but is not limited to the Education and Training Voucher (ETV), Employment Incentive Program (EIP), Education Passport (EP), and the Community College Payment Program (CCPP). In addition to tracking youth that are served by the various programs, we will also track program expenditures for each youth served and have the capacity to provide detailed reports by program and/or youth. Youth tracked in the OETS database are age 14 years and up as identified in Department Procedure 302, Appendix M. An additional goal is that the OETS database will be linked with any database developed to respond to the National Youth in Transition Database (NYTD) requirements thereby allowing OETS information to be directly transferred from OETS to NYTD and vice versa.

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. The Department is hopeful that with the full implementation of NYTD, additional information will be gained through the outcomes survey component of NYTD. In addition, although Illinois is eligible to report only on a sample of required population under the outcomes survey component, the Department is committed to endeavoring to receive outcomes survey from the entire population in the specified age categories.

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 “C” 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. Youth are also required to submit schedules verifying 12 semester hours or a full caseload per fall and spring semester or quarter and 6 semester hours if attending summer school. Upon receipt of the Consent Form signed by the youth, OETS also confirms full time
enrollment via the National Student Clearinghouse. The use of the Clearinghouse is an efficient way for OETS staff to “re-verify” school enrollment and eligibility for the programs. If youth fail to meet the minimum eligibility requirements, below “C” 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.

- 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 to the school along with the payment request and a signed service agreement each semester. The OETS Business Office verifies via a database tracking system that participants are eligible for the program.

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 help ensure there is a seamless transition to adult and community-based services for our youth who will continue to need supportive services through adulthood.

These collaborative relationships have been in existence throughout the time period of the FFY2005-2009 Report Period.

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• 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, and Illinois Department of Human Services. 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 Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS/DASA) with state general revenue funds, federal block grant funds, and Medicaid funding. In addition, policy recommendations to the directors of DHS/DASA and DCFS are formulated through regular meetings attended by lead staff from each agency.

DCFS is also working to improve the collaboration between DCFS residential programs and
DASA funded community based substance abuse treatment agencies. The goal of the collaboration is to establish relationships so the substance abuse needs of DCFS youth in residential programs can be met in the most effective and integrated fashion. DASA treatment agencies will work with DCFS funded residential programs to deliver substance abuse services to youth, either on site at the residential program or at the community treatment agency whichever better meets the needs of the youth. DCFS staff are working with DASA substance abuse providers and DCFS residential programs to develop and implement these collaborative relationships.

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 implemented in SFY 07.

- In FFYs 2005 through the first 3 quarters of FFY 2008, DCFS contracted with 17 public and private agencies across the state to deliver life skills classes, trainings, and experiential activities for youth. Participants could learn and practice the skills necessary to make a successful transition to self-sufficient adulthood. Fourteen of those agencies were located outside of Cook County, often referred to as “downstate”. These contracts were not renewed for SFY 09. The Department is using 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 Youth Summits held in locations across the state. The Department intends to have new life skills contracts in place for SFY 10.

During SFY 2009, caseworkers continue to be required to administer the ACLSA to youth in accordance with Procedures 302, Appendix M. Learning plans developed from these assessments meet the individual needs of the youth as they move towards self-sufficiency regardless of the youth’s type of placement or method of life skills training. The use of Internet websites and community resources are used to enhance youth learning plans. The following are some examples of websites that provide interactive and/or straightforward information relevant to life skills:

- Vstreet (www.vstreet.com)
Vstreet provides life skills training and additional resources. It is private and password protected which allows for individualization by school or agency. In addition to providing youth with valuable life skills training, the site provides an environment where youth can “feel at home.” Youth of varied backgrounds and abilities will find the site fun, filled with animated stories, characters they can relate to, and an abundance of interaction. Youth will be able to connect with other youth and be able to express themselves, and learn how to take the right steps toward being on their own.
• Practical Money Skills (www.practicalmoneyskills.com)
The site utilizes Financial Football Advanced Edition to teach “financial literacy.” The program has three difficulty levels suitable for independent college age students.

• Foster Club (www.fyi3.com)
This is a national network site for youth in foster care that provides resources and encouragement to enable the youth to be involved, informed and independent.

• Teen Central (www.Teencentral.com)
This is a helpline site developed by experts in teen counseling and psychology.

• Out Proud (www.outproud.org)
This is the information and resource site of the National Coalition for Lesbian, Gay, Bisexual, Transgender and Questioning Youth.

• Mapping Your Future (www.mappingyourfuture.org)
Students and their parents will find information on financial strategies, career options, and college planning at this site.

The following sites provide independent living skills curriculum.
Casey Life Skills (www.caseylifeskills.org)
The National Resource Center for Youth Services (www.nrcys.ou.edu)
Youth Communication (www.youthcomm.org)
Daniel Memorial Institute (www.danielkids.org)
Project Adventure (www.pa.org)
Social Learning (www.sociallearning.com)
Independent Living Resources, Inc. (www.independentlivingresources.com)
Northwest Media (www.northwestmedia.com)
Relationship Skills for Teens (www.buildingrelationships_skills.org)
4Girls (www.4girls.gov) Choose “For Educators” on the sites main page.
Project Butterfly (www.projectbutterfly.com)

• 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). Capacity at the different sites has fluctuated, due to the needs and the location preference of the individuals referred. The Carbondale facility currently has sixteen funded beds, of which thirteen are occupied. The Chicago facility has a capacity of seventeen beds, of which twelve are occupied. Four referrals are pending. Referrals that are not accepted into the program continue to receive recommendations for alternative placement. A total of seven youth have been transitioned into the adult mental health system during SFY 09.

• 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 are 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 it.

The Department has concluded statewide training in Psychological First Aid for front line and supervisory staff of the Department and contracted providers. Trauma Systems Therapy principles and approaches have been incorporated into the Department's advanced, case-focused Trauma Training Curriculum, Trauma 201. The Trauma Informed Practice Program (TIPP) has also completed statewide training in Trauma 201, and is currently providing training in the Child and Adolescent Needs and Strengths (CANS) instrument, version 2.0. This version is an expansion of the previous trauma-sensitive CANS and enhances the roles of caregivers, early childhood issues, and reunification. TIPP will next address using the CANS in assessment and treatment planning, during Phase IV of its training roll out. The Department is investigating different approaches to training its workforce in the evidence-based, trauma-informed treatment models it piloted, i.e., Parent Child Psychotherapy, Trauma-focused Cognitive Behavioral Therapy, and Structured Psychotherapy for Adolescents Responding to Chronic Stress, as future components of TIPP in FY10.

- The Department concluded its partnership with the Domestic Violence Mental Health Partnership Initiative (DVMHPI) at the end of SFY 06, 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 core trauma curriculum (Trauma 101) has been incorporated into the Department's foundation training program for all new hires in both the Department and its contract providers. Also, training in a revised version for residential providers was offered. The TIPP program created and trained frontline and supervisory workers in Trauma 201, which is a case-focused advanced trauma curriculum. Trauma 201 builds upon the foundation of Trauma 101 and it is anticipated that it will become an integral part of the Department's training programs.

- 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, will have it’s funding by the Illinois Department of Commerce and Economic Opportunity (DCEO) end on June 30th, 2009. DCEO will have completed it’s participation in the Foster Care Youth Demonstration Project. The Casey Family Programs funding for the Project New Future program will end on September 30th, 2009. This is due to the Casey Family Programs endowment being reduced drastically by the stock market.

- 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 was shared with OETS Transition Managers and Education Specialists to share with caseworkers and staff in the field. The OETS will follow up with the ICCB to update this information if necessary and re-disseminate it to 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 was used by the Policy Academy Team to develop strategies 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 conference held in FFY 08, "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 affect 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 were convened to focus on 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 2009, as of 4/30/09, was 7,442. DCFS will continue to ensure eligible youth are aware of the independent living and transition 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 their case is still open, as of 5/09/08, is 4,039. All of these youth may not meet the high school graduate and enrollment in post secondary education eligibility requirements. Approximately 59 additional youth who have gone to Adoption or sub-guardianship at age 16 or older during FFY 09 are also eligible based on this requirement alone. The number of youth to receive ETV services as of April 22, 2009 is 238 wards and former wards. In addition, 7 youth were able to use the ETV funding because they had been adopted or were in subsidized guardianship at age 16 or older and 7 youth were eligible from the ESGAP group. In addition, currently there are 290 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 09.

Financial and Statistical Information Reporting

- The Office of Education and Transition Services currently relies 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. However, this method is not very efficient and the Office believes the existing OETS database can be improved to capture more comprehensive and youth specific data. The current database was developed during SFY 02 using Microsoft Access software. The database was developed to track youth served in the Life Skills and the Youth in College/Vocational Training programs. There are systemic problems with the current database which causes it to be slow in response. The goal is to enhance and modify the existing database by using different software that will allow for a better response time. We would also like to add the other service components of OETS services to the database; this includes but is not limited to Education Training Voucher (ETV), Employment Incentive Program (EIP), Education Passport (EP), and the Community College Payment Program (CCPP). In addition to tracking youth who are served by the various programs, we will also track program expenditures for each youth served and have the capacity to provide detailed reports by program and/or youth. Youth tracked in the OETS database are age 14 years and up as identified in Department Procedure 302, Appendix M. An additional goal is that the OETS database will be linked with any database developed to respond to the National Youth

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In Transition Database (NYTD) requirements thereby allowing OETS information to be directly transferred from OETS to NYTD and vice versa.

- In response to the establishment, via Federal Register Final Rule in February 2008, of the National Youth in Transition Database, NYTD, Illinois convened a workgroup to develop and implement the collection and data requirements by October 1, 2010. The workgroup has submitted requests to the Department’s Office of Information Technology Systems to develop a web-based “services tracking” database for service providers to report to and a web-based survey to gather outcomes from the required older youth populations. The Department plans to implement all data collection and reporting requirements within the mandated time frames and in full compliance with the Rule. In the interim, the Office of Education and Transition Services will continue to track Chafee services and expenditures using the existing Chaffee data reporting from.

- During SFY 2008, 333 youth were served via the ETV Program. This number includes 148 youth who began receiving services in SFY 2007 and continued receiving services in SFY 2008.

- For SFY 09 as of April 22, 2009 129 new youth have applied for ETV benefits and 252 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 09 and again in FFY 10, 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 08; 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 09; 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 in Cook County, 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 continued in FFY 2008 and FFY 2009. In addition, the delivery of life skills training is being redesigned in SFY 2009 with an RFP process currently in process to solicit and retain life skills providers who incorporate an individualized component, “learning by doing” techniques, and peer-to-peer mentoring as part of their life skills curriculum. During SFY 09, life skills training will be offered at Youth Summits held across the state, caseworkers are directed to web based resources to assist youth with life skills needs, and increased efforts are occurring to encourage caregivers to provide “life skills training” whenever possible in the home environment.

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.

- 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 youth will be able to pay his or her
own rent and that which accompanies that particular responsibility.

The Department believes the vision/plan for ILO/TLP programs is to make youth self-sufficient and to hold private agencies accountable for servicing older youth under care of the Department. The next step after the redesign to fulfill this vision is the implementation of Performance Based Contracting (PBC). Provider’s SFY 09 contracts were amended to state “it is the consensus of the Department and private agencies to establish outcomes measures for this contract period on which all agencies shall seek continuous improvement.” Specific outcomes measures with performance benchmarks for SFY 10 are being developed and the Department will notify providers of their individual performance benchmarks before the end of the current contract year (6/30/09). Providers are required to submit an Outcomes Enhancement Plan (OEP) no later than June 1, 2009 that addresses the agency’s plan to improve performance in each ILO/TLP contract during SFY 10. The OEP must be developed to address the following performance measures: TLP Only: Transitional Living Placement Stability Rate; ILO and TLP: Discharge Potential Rate with Indicators of Self-Sufficiency.

- The Department recently implemented the Placement Alternative Contract program. The PAC program provides selected youth, over 18 years of age, who are unable to accept a traditional placement option the opportunity to choose his/her own placement, provided the youth has:
  
  - selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
  - established written goals that promote the youth’s ability to achieve economic self-sufficiency; and
  - identified an advocate who will assist the youth in achieving his/her goals and cooperate with the youth’s caseworker.

The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background (fingerprint and LEADS) check.

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
presented at quarterly meetings in FFY 08 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.

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.

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.

OETS staff have submitted a proposal to the SACWIS administration staff to design a method where the ACLSA Learning Plan would automatically populate a youth’s service plan, thus requiring more follow up and compliance with the actions indicated as necessary on the Life Skills Learning Plan. This project is slated for possible implementation by the summer of 2010. For the immediate future, a “tickler” system is being explored for implementation that would automatically send a reminder to the caseworker each time a youth reached one of the age benchmarks required for completion of an ACLSA.

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, the redesign of the Independent Living/Transitional Living Programs, and design/implementation of the Placement Alternative Contract (PAC) that are vital elements of the initiation of the Transition Plan. These new initiatives, with the exception of the PAC, which was implemented in SFY 09, 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 has completely transitioned to the Ansell Casey Assessment tool. This required staff training and outreach efforts to inform youth, caregivers, and caseworkers about the use of the new tool. Staff training on the ACLSA tool is available on an on-going basis via the Department’s Virtual Training Center.

F. Use of Ansell-Casey Life Skills Instrument
The Department has completed all tasks by the scheduled due date.

G. Interactive Life Skills Program
- The Department delivered interactive life skills programming via contracted vendors across the state in FFY 2005 through the third quarter of FFY 2008. With the transition to the ACLSA on July 1, 2005, the Department stressed 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 previous life skills contracts were not renewed for SFY 09. The Department is using SFY 09 as a planning year to re-design the delivery of life skills training for youth in care. An RFP was issued in February 2009 soliciting new providers for SFY 10. During this time, life skills training will be offered at Youth Summits held in locations across the state.

Examples of previous life skills providers and services provided include:

- A Knock at Midnight (AKAM) was a life skills provider on the south side of Chicago. AKAM was previously contracted to provide applied life skills instruction to youth in care. Additionally, AKAM provided life skills instruction each month to members of the Regional Youth Advisory Board during their meetings.
- Universal Family Connections provided life skills training for youth who primarily reside on the far south side of Chicago. Life skills classes were 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 west side of Chicago as it was identified as an underserved area.

- 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 was assigned to cover the downstate counties of Champaign and Vermillion Counties. Group classes routinely occurred once a week at the Champaign location. On occasion group services are delivered within the respective communities, such as grocery shopping.

- Latino Youth Services served primarily Latino adolescents on the West side of Chicago. They are a community based agency that also has TLP, ILO and clinical resources to pull from.

- Bridgeway was assigned to cover seven downstate counties. Given the seven county coverage area, Bridgeway tailored its services to both group classes, as well as individualized instruction.

- Lincoln Land Community College was assigned to cover ten downstate counties. Group classes primarily occur on the main campus; however the agency utilized 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 also conducted individualized services.

- Henry Johnson was assigned to cover downstate Peoria County. Group classes and individual classes were held at the public library in downtown Peoria.

- Children’s Home and Aid Society of Illinois was assigned to cover five downstate counties. Group life skill classes were conducted at the agency facility located in Bloomington. The agency also utilized there satellite offices located in Tazewell and Logan Counties.

- Kids Hope United was assigned to cover sixteen downstate counties. There were only a small number of eligible youth residing in each of the counties. Life skill services were delivered individually as opposed to in a group setting.

- Chestnut was assigned to cover three downstate counties. Group life skill classes occurred in 2 of the agencies 3 sites, and included interactive activities, such as grocery shopping.

- Chambers and Associates was assigned to cover six downstate counties. The agency conducted both individual and group learning with a heavy emphasis on community based services.

- Youth Services Network, located in Rockford, served Boone, Carroll, Dekalb, Jo Davies, Ogle, Stephenson, and Winnebago counties in the Northern region of DCFS. They provided group and individual life skills instruction with hands-on activities and community “field trips.”

The Chicago Area Project has continued to provide a culturally based “Rites of Passage” program 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 hands on training that includes visiting cultural and civic locations. The male program is called Menes and the female program is called Silhouette. Approximately thirty youth have completed the program this state fiscal year.

H. Education Passport
The Education Passport is fully operational and is used 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. In addition, OETS staff will be given full search access and will receive a “retraining” on the Passport in May 2009 to increase its usage and solicit input/feedback for improvement.

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 in SFY 2007 to the Youth in College / Vocational Training Program. The new YIC/VT Program 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.

The Department is increasing Introspect’s contract in SFY 10 to increase the quantity of services they are funded to provide as well as expanding their service area to include the Downstate regions of the State.

• 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 began funding this program on January 1, 2008.

- 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 A, Substance Affected Families was released September 8, 2006 providing a step-by-step guide through the casework activities that address the principles and standards around which 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.

Following the publishing of the Substance Affected Family Procedures, training was provided to all DCFS and POS casework and supervisory staff on implementing the procedures within the department’s overall reunification efforts. The training included specific guidance on using the youth indicators form to identify substance abuse issues in youth and refer youth for a substance abuse assessment and treatment. The new procedures and trainings also appeared to raise awareness of substance abuse issues for casework staff. Since the procedures were implemented, DCFS Service Intervention staff have been requested to consult on over 275 Child and Youth Investment Team (CAYIT) staffings where substance abuse was identified as an issue.

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 continued 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.

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.

- 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, McHenry 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 05/09 they have a total of 604 clients. There are 515 females, and 89 males, ranging from the ages of 13 to 21 years of age. As of 05/09 they have 21 pregnant only wards, 353 with 1 child only, 68 with 1 child and pregnant, 100 with 2 children and pregnant, 22 with 3 children and pregnant, 37 with 4 children and pregnant. Client contractual status as of this date is 238 case of full case management, 365 cases of case monitoring and 28 unassigned cases.

There are 7 clients in UAH, 28 clients that are UAP, 4 clients that are WCC, 4 clients WUK that is a total of 24 clients absent from authorized placements. In addition we have 2 clients that are FHA, 1 client that is FHB, 9 clients that are (private agency traditional), 67 FHS specialized which is a total of 55 traditional foster care cases. We have 70 HMR cases, 94 ILO only, 51 SSA, and 33 SSU. There is an “other” category where the youths involvement is specified such as 0 youth doing armed service duty, 12 youth in detention/jail facility, 4 hospitalized/ health facility, 3 HMP, 5 IDC, which is a total of 24 cases.

There are 10 youth in group homes, 25 youth in private institutions and 8 youth in the shelter, resulting in a total of 43 in residential care. There are 142 youth in TLP and 3 youth involved in the Youth in College program. We have a total of 145 youth working toward transitioning to adulthood.

- The position of the Downstate Pregnant/Parenting Teen Coordinator was vacant for several years so downstate Pregnant/Parenting contracts were provided oversight by staff in other positions of the Division of Service Intervention (DSI). During 2005 – 2007, DSI Health Services staff identified service needs for this population and started compiling data on the Pregnant/Parenting youth in the 96 counties not served by the TPSN. Less than a third of the 96 counties were served by DCFS contracted Pregnant/Parenting providers, program plans for the contracts that were in effect were not standardized and had not been updated for a long while.

DSI recognized that downstate Pregnant/Parenting youth and casework staff needed more support and education. Despite limited resources, DSI decided to commit more resources to the Downstate Pregnant/Parenting program. In April 2007, the Downstate Pregnant and Parenting Youth Coordinator position was filled. The Coordinator monitors contracts, identifies resources, provides technical assistance to DCFS/POS staff, provides written reports, processes UIRs and ACR feedbacks about Pregnant/Parenting youth. The Coordinator addresses client specific issues when warranted, participates in CAYITS, and reviews and comments on draft policy.

Five agencies provide individualized services for the downstate pregnant and/or parenting youth (male and female) who are wards of DCFS. The Coordinator worked with additional DCFS staff and the five agencies to rewrite the program plan and improve the reporting and billing process and then the program plan went through internal and legal review. 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. Rate parity was implemented at this time and several of the contract agencies agreed to expand their
geographic service area which enabled additional counties to be covered. 36 of the 96 downstate counties now have a DCFS provider for Pregnant/Parenting services.

Services to Pregnant/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/Parenting youth was completed in SFY08 in both English and Spanish. The brochure is given to all Pregnant/Parenting youth. The DCFS training division is developing new training on Pregnant/Parenting youth for DCFS and POS staff. Planning for SFY09 included 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. Financial constraints and organizational changes impacted adding new providers in FY09. Plans still remain to develop a process to fund purchases for basic infant equipment and supplies prior to the birth of the infant.

O. Providing Additional Resources to Caregivers

- The Department held 4 Caregiver Institutes in March and April 2009 in Chicago, Marion, Oglesby, and Jacksonville. The Institutes focused on meeting the mental health needs of children. The Institutes included a panel of youth in care and young alumni of the child welfare system who spoke on their experiences in care and the importance of supportive caregivers and permanency in their lives. They offered suggestions on parenting older adolescents.

A three-day caregiver conference was held 10/24-26, 2008 in Oak Brook, serving more than 360 caregivers, and offering a diverse array of workshops, exhibits, keynote speakers, a health fair and CPR certification.

- In its efforts to find permanent placement for youth in the Illinois child welfare system, the Department of Children and Family Services (DCFS) utilizes the recruitment efforts, information, resources and other services generated through its partner of 29 years, Illinois One Family One Child, a 501(c)3 faith-based nonprofit organization.

Under an expanded program plan, Illinois One Family One Child (IOFOC) has recently completed a two-year demonstration period in which program outreach and effectiveness and potential for ongoing success of this multi-prong “family of programs” model has been tested and found to be unique, unduplicated by other programs funded by DCFS and measurably effective for achieving its core goals and objectives.

Through the new model, IOFOC has been successful in: (1) creating a new placement model for hard-to-place youth, and thus, (2) creating new placement opportunities for youth in the
child welfare system; (3) recruiting new foster care providers; (4) helping to determine the 
most suitable (long-term) placement for youth in a foster care environment; (5) monitoring 
and supporting the family/youth in the placement process; (6) helping youth to successfully 
re-enter normal society; (7) reducing the rate of recidivism among participating youth; (8) 
enhancing the youth’s interest in acquiring a high school education (or equivalent); and 
his/her (9) successfully identifying and maintaining employment. The IOFOC “family of 
programs” has also been effective in helping youth to refrain from returning to substance 
sales and abuse.

The IOFOC flagship program, Support, Training, Advocacy and Referral (STAR), targets 
youth between 11 and 18 years of age who are troubled and who may (STAR II) or may not 
(STAR I) have had a juvenile justice experience. A particular emphasis is placed on youth 
who have served their time but who have no place to go after being released from juvenile 
detention or from the Illinois Department of Corrections.

Through STAR (I & II) , IOFOC provides a unique program plan for reaching licensed 
foster care providers who are willing to provide permanent homes to these hard-to-place 
youth.

Illinois One Family One Child also provides outreach and training for licensed foster care 
providers - preparing them for real life expectations when bringing a juvenile into the 
home, particularly if the youth has had a juvenile justice experience.

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/VT 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 2009, DCFS staff participated in programs with the community access network. It is 
a cable talk show question and answer forum on various topics. This has continually occurred 
during each year of the FFY 2005-2009 report period.

Q. Coordinate Work Between the LANs and the Educational Access Project

- The Education Advisors also participate in LAN services. The Education Advisors provide 
technical assistance, consultation, and training to Family Centered Services Providers and 
Local Area Network (LANs). Education Advisors collaborate with the DCFS LAN Liaisons 
in their regions and participate in some of the LANs meetings to assist with educational 
interventions that address truancy, suspensions and expulsions. In FY 08 they collaborated
with the FCS Statewide Steering Committee to provide, as a follow up to last year’s statewide training on the impact of trauma on education, a train-the-trainers event for 80 people, followed by several 5-hour workshops for a total of 249 FCS and LANs providers on strategies for reducing suspension, expulsion and truancy.

**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, 2008 to April 22, 2009, approximately 58 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. The Added Chance staff has had to work harder and provide youth more referrals for jobs because of the economic downturn and high unemployment rate. The Added Chance staff continue to find innovative employment strategies in meeting their goals and objectives for Federal Fiscal Year 2009. For Federal Fiscal Year 2009, 134 DCFS youth have been served through March 31st, 2009. Seventy-seven DCFS youth have attended the Added Chance Pre-Employment Workshops. Forty DCFS youth have received job placement.

- Accomplishments during FFYs 2005-2009, include expanding the Added Chance Pre-Employment Workshops in order to better prepare youth in care for employment. This includes a one-hour one-on-one counseling for all attendees to the Pre-Employment Workshops. Accomplishments as mentioned earlier include more referrals for youth in care for job interviews. The Added Chance program also 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 was contracted to do a one-year pilot project beginning May 1, 2007 and continuing through SFY 08. The CAPs DCFS Transitional Jobs Program is no longer a pilot project. The CAPs Transitional Jobs Program serves 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 services 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 provides 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.

For Federal Fiscal Year 2009, 129 youth have been served through March 31st, 2009. The number of youth that attended Orientation is 93; the number that completed Orientation is 89. The number of youth that attended Job Readiness is 123, and the number of youth that completed Job Readiness is 116. The number of youth that participated in Subsidized Employment is 57. The number of youth placed in Unsubsidized Jobs was 16.

CAPs made progress on their goals and objectives in FFY 09 by adjusting their program to better serve youth in care. Monthly Chafee Reports, case notes and case files now better indicate the involvement of youth in care during CAPs Orientation, Job Readiness, Subsidized Employment and Unsubsidized Employment.

Accomplishment made for FFY 2005-2009 include expanding the number of CAPs offices that youth in care can participate in the DCFS Transitional Jobs Program and relocating one of the offices to a location that is more accessible to youth in care. Outreach and promotion of the CAPs program was also increased significantly by CAPs and DCFS.

- Youth located outside Cook County utilize the Illinois workNet Centers. The workNet Centers provide pre-employment workshops, career counseling, job placement, and many other employment services. Unfortunately, the workNet Centers 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.

- DCFS youth are also informed that they can participate in many employment and training programs such as Mayor Daley’s Youth Ready Chicago Summer opportunities, the City of Chicago Department of Family and Support Services Youth Employment Programs, the Illinois Department of Employment Security “Hire the Future” program, Job Corps, Jobs For Youth, Lincoln’s Challenge Academy, the North Lawndale Employment Network, the Safer Foundation, St. Sabina Youth Career Development Center, the Youth Job Center of Evanston, Inc., the Workforce Investment Act (WIA) programs 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 $150.00 a month 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 seven hundred fourteen (717) youth have applied for the Program. Youth have submitted 697 applications that have been approved for participation. A total of four hundred thirty-three (433) have since completed the program either by aging out or completing the program’s 12 month eligibility. Seventeen have been denied because they did not meet the stated qualifications. As of April 30, 2009, (114) have been approved for participation during FFY09. There are 264 youth currently being served.

**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 over 163 youth in FFY 09.

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.

- 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 was 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. The BOOC program interacted with local schools in Districts 205, 147, and 148 in an attempt to decrease truancy, suspension, expulsion, and criminal involvement. However, due to budget cutbacks, the BOOC contract ended on September 30th, 2008.

- 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 healthy self image for DCFS youth in the South Suburbs of Chicago. However, due to budget cutbacks, the IPAE contract ended on September 30th, 2008.

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 that carried over into 2009, 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 SFY09.

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.

• In SFY 07, 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 was shared with OETS Transition Managers and Education Specialists to share with caseworkers and staff in the field. This information needs to be shared on a continual basis so that youth and caseworkers are aware of the existence of the programs. This information is provided on the Get Goal’d brochure and will be available on the DCFS youth website currently under development.

• 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 seven 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 nine youth in care.

- 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.

- 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. Eight youth in care attend Uhlich Children’s Home this fiscal year.

- ETV funds have been utilized by youth enrolled in post-secondary programs who need tutoring services to improve their academic performance.

E. Study Skills

- 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.

- 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. DCFS and POS caseworkers also have access to the Education Passport and can download a report for children/youth on their caseload. 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 benefit of 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) to make it more accessible and encourage its use.

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, such as completing financial aid and seeking information about 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. To date for FFY09, Sankofa has received requests from 311 families, caring for over 350 children, for services in a number of areas. The most frequently requested services were for housing assistance, counseling, legal assistance, rental assistance, and employment. In FFY2008, Sankofa partnered with DCFS and Universal Family in order to provide life skills training to the youth located in their immediate area.

H. Quarterly Orientations

- The Office of Education and Transition Services started co-locating Transition Managers in the field offices on January 1, 2005. In Cook County, the Transition Managers are physically located in the DCFS field office, which allows them to be readily available for staff consultation on older adolescent services and programs. In the Downstate regions, Transition
Managers are available for training and consultation as requested by DCFS and POS offices. In all regions, the OETS Transition Managers participate in management meetings, staffings, committee work, and regional provider meetings.

I. Identify a Point Person for Supportive Services

- The Office of Education and Transition Services has an internal contact on a majority of the vocational training programs in the state and has attempted to identify a point person at each program who can provide information and support to DCFS 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.

- Upon request, staff from the Education Access Project and the OETS work 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 in these programs who earn less than a 2.0 GPA are required to complete a GPA Education Plan, on which they describe their plan for improving their grades during the upcoming semesters. Students are also asked on the form if they would like to be contacted by an Education Advisor to assist with locating and securing tutoring services or any other assistance they may need.

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 were 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 attending 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 in SFY07, the Department hired a foster care alumnus to coordinate this program who completed her MSW program with a 4.0 GPA.
For the 2008-2009 school year, participation in the program has decreased slightly due to a lower level of participation by adult volunteers. The Department is committed to continuing this program and returning it to a higher level of participation by both adult volunteers and youth.

Other programs already introduced in this report, such as Find Your Futures, and 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 2009. 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 Assistance Program Activities Implemented in FFY 2009
  Between October 1, 2008 and April 30, 2009 we were billed by the private contract agencies that provided housing advocacy services to 166 youth who were aging out of, or had already aged out of, the foster care system. The total amount of bills entered on the system for this service was $82,218.80 during this time. We had provided $111,360.77 in cash assistance (not including administrative fees) during that period to 86 youth.

- Housing Advocacy Activities Planned to be Implemented in FFY09
  We anticipate referring another 100 youth for housing advocacy for the remainder of FFY09. We also anticipate spending another $100,000 in cash assistance in the remainder of FFY09.

- Housing Advocacy Activities Planned to be Implemented in FFY 2010
  We anticipate referring 300 youth for housing advocacy in FFY10. We also anticipate spending $300,000 in cash assistance in FFY10.

**C. Employment**

- The Department partners with the Illinois Department of Employment Security and the
workNet Centers statewide. DCFS youth can utilize the workNet Centers 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 workNet Centers 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 sixteen-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.

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, and transportation. 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 and use ETV funding 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, 2008 to April 22, 2009, the ETV program served 252 youth. Fifty-eight 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. 157 of the youth served were wards, 81 were non-wards, seven were either subsidized guardianship or adoption at age 16 or older, and seven were ESGAP eligible.
Service Collaboration with Other Agencies and Federal/State Programs

In addition to aforementioned collaborations with other agencies, both federal and state, the following partnerships developed during the FFY 2005-2009 report period should be distinguished:

- In collaboration with the Illinois Community College Board, DCFS/OETS 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) 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 a 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 30 youth in care are participating on Planning Subcommittees for Regional Youth Summits to be held during the summer of 2009. 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 utilized 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, previous Life Skills providers are required to incorporate peer-to-peer mentoring, in their curriculum. This component will be stressed under new life skills programming to be implemented in SFY 10.

- 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 participated as 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 was 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 in SFY 08 to get their input regarding why youth from downstate Illinois tend to leave care earlier than youth from Cook County.

- Illinois is continuing to explore 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, to assist with the coordination of the ETV program, and coordinate the Youth in Scholarship Program for Cook County.

- Current and former youth in care participated on a youth panel discussion held at each of the four Caregiver Institutes in the spring of 2009.
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 at an accredited school or institution. These vouchers are available to young people who are in foster care or who aged out of 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 and attending an accredited post-secondary program prior to age 21, have utilized ETV funding and are making satisfactory progress in the program, the 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 and use
ETV funding in a program at 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 $471.00 along with their Pell and other financial aid grants 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 2008, 333 youth were served via the ETV Program. This number includes 148 youth who began receiving services in SFY 2007 and continued receiving services in SFY 2008.

- From July 1, 2008 to April 22, 2009, 129 new youth have applied for ETV benefits and 252 total youth have benefited from ETV awards. Fifty-eight 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 09 and again in FFY 10, 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 in SFY09, 157 of the youth served were wards, 81 were non-wards, seven were either subsidized guardianship or adoption at age 16 or older, and seven were in the ESGAP group.

- All youth having a current email address on file with the business office receive a reminder notice in the spring of 2009 to review their college expenses for the year to see if there was a need for ETV funding and to make sure they 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 09.
• 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 09.

• 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.

• Information regarding the ETV program will be presented to youth at all four Youth Summits during June 2009.

**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 supervisor 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.

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.
Office of Education and Transition Services

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: ________
OFFICE OF EDUCATION AND TRANSITION SERVICES
CLIENT SATISFACTION SURVEY
OFFICE OF EDUCATION AND TRANSITION SERVICES
CLIENT SATISFACTION SURVEY

I received the following services: [Check all that apply]
☐ 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 ________________________

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<th>State</th>
<th>Zip Code</th>
<th>Phone#</th>
<th>Age</th>
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We requested the ACF Region V for guidance on the following Program Instructions relating to compliance with the Intercountry Adoptions Act:

- A description of activities that the State has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services. (Page 6)

**Intercountry adoptions:** States must report the number of children who were adopted from other countries and who entered into State custody in FY 2008 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution. (See section 422(b)(12) of the Act.) (Page 19)

The Program Instructions on page 6 do not say children adopted from other countries who entered State custody in 2008 as a result of the disruption of a placement for adoption or the dissolution of an adoption. In the past the reporting used to be along these lines.

In response, the ACF Region V provided us the following clarification and guidance:

**The following is the response found in the CB’s Children Welfare Policy Manual**

**Question:** Can you clarify which children must be included in the State's report to ACF on overseas adoption disruptions and dissolutions under section 422(b)(12) of the Social Security Act?

**Answer:** The Intercountry Adoption Act (IAA) of 2000, which amends title IV-B at section 422(b)(12), is intended to protect the rights of children and families involved in intercountry adoption and to standardize and regulate the practices of adoption agencies to protect the best interests of children. One of the ways in which the IAA accomplishes this purpose is to require that an adoption agency’s current and past placement practices and records be fully disclosed to prospective adoptive parents. The law, therefore, requires both adoption agencies and States to report certain information on unsuccessful overseas adoptions. In particular, section 422(b)(12) of the Act, among other things, requires that States collect and report
certain information to ACF on children who enter foster care because the adoption placement disrupted or the adoption dissolved. The State must report the specific agency that handled the adoptive placement, the reasons for the disruption or dissolution, and the plans for the child in its Annual Progress and Services Report.

States must report as a "disruption" a child who came to the United States for the purpose of adoption but entered foster care prior to the finalization of the adoption regardless of the reason for the foster care placement. Such disruptions typically occur after a child enters the United States under the guardianship of the prospective adoptive parents or an adoption agency with an "IR-4 visa" for the purposes of completing the adoption process domestically. States must report such disruptions even if the child's plan is reunification with the prospective adoptive parents and the stay in foster care is brief.

States must report as a "dissolution" a child who was previously adopted from overseas (whether the full and final adoption occurred in the foreign country or domestically) but entered foster care as a result of a court terminating the parents' rights or the parents' relinquishing their rights to the child. Since the child's legal relationship with his or her parents may not be severed until some time after the child enters foster care, States must also report to ACF children adopted from overseas who are already in foster care at the time that the adoption is dissolved.

A State need not report a child who enters foster care after a finalized adoption if the parents' legal rights to the child remain intact. In sum, the State need only report those children who enter foster care as defined in 45 CFR 1355.20 as a result of a disruption or dissolution.

- **Source/Date:** 06/09/04
- **Legal and Related References:** Social Security Act - Section 422(b)(12); Intercountry Adoption Act of 2000 (Public Law 106-279) - Section 205; 45 CFR 1355.20.

The above information guidance provided by the ACF Region V from the Child Welfare Policy Manual does say “...requires that States collect and report certain information to ACF on children who enter foster care because the adoption placement disrupted or the adoption dissolved.”

Based upon this guidance, the Program Instructions on page #6 are not applicable to the Department because in FFY 2008 there were no children reported to the DCFS office of Inter-Country adoptions, who were
adopted from other countries who entered into State custody as a result of disrupted adoption placement or dissolved adoption.
Illinois Department of Children and Family Services  
Summary Progress Report for the FFY 2005-2009 Child and Family Services Plan

Summary report on the services that were supported in FFY 2005-2009 by Title IV-B funds:

During Federal Fiscal Years 2005 thru 2009, the Department has seen that advances in safety assessment and investments in preventative services have resulted in fewer children being taken into state custody and an overall reduction of children in substitute care. Challenges continue, however, in that the children remaining in care are on average older and many have intensive treatment needs. The services funded through Title IV-B over the past five years has assisted in strengthening and preserving families, improved foster care outcomes and expanded post-adoption services.

Under Title IV-B, Part 1 services, the Department provides child welfare case management services to open child and family cases where the child is the subject of a founded abuse or neglect allegation. Title IV-B, Part 1 reimbursements are only used for case management services not funded under Title IV-E. Consequently, during the past five years, Title IV-B, Part 1 has continued to support case management services for both intact and placement cases. Although it should be noted that more services are eligible to be claimed under Title IV-B, Part 1 than there is federal spending authority to pay.

All of the Title IV-B, Part 2 services are provided through grant and purchase of service agreements with not for profit providers. The following highlights summarize the major initiatives over the past five years:

- **Family Preservation Services** - The Department has fully implemented a standardized family preservation model identified as Intact Family Services. This standardized statewide model provides intensive case management services with a focus on performance outcomes.
- **Family Support Services** – Critical to the Department’s success in decreasing foster care caseloads has been the front-end deflection of cases from entering substitute care. Extended Family Services (EFS) remains a valuable service in providing prevention services early to increase family stability. Similarly, the Local Area Network (LAN) services provide services to at risk families prior to the need for formal Child Welfare services.
- **Time-Limited Family Reunification Services** – The major initiative over the past five years has been the increased focus on post-reunification services. Insuring that families receive services of sufficient duration has been shown to improve permanency outcomes.
- **Adoption Promotion and Support Services** - Due to the large number of adoptions in 1998 thru 2002, the post-adoption caseload continues to see a gradual decline in numbers as this large cohort ages out. However, as this group gets older as a group, the importance of preservation and supportive services only increases. This trend is expected to continue during the next Five-Year planning period as well.

Securing Safety
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 an estimated level of 16.0% in FY 2009. The statewide percentage of all children in care with no indicated/substantiated maltreatment from a foster parent or facility staff member while in substitute care has remained relatively unchanged at 99.5% in FY 2007 and through FY 2008.

From FY 2000 to FY 2009, the percentage of children entering care who came from open Intact Family cases has decreased from 31.8% to an estimated 25.9% this fiscal year.

Key Child Protection Indicators

The first half of FY 2009 saw an increase in call volume to the SCR Hotline over the same period in FY08. The following five indicators identify important trends in promoting the safety of children:

- In FY 2008, Child Abuse Hotline staff responded to 266,011 calls involving possible abuse or neglect, a 2.9% increase from the 258,563 calls in FY 2007.
- Hotline calls in FY 2008 resulted in 67,959 family reports, a .2% increase from the previous year total of 67,775.
- Family reports resulted in 111,898 child reports investigated during FY 2008, an increase of .14% or 156 children at risk from the 111,742 reports in FY 2007.
- There were 17,599 indicated family reports during FY 2008, an increase of 4.4% from the 16,859 indicated family reports during FY 2007.
- There were 29,952 indicated child victims during FY 2008 compared to the 28,394 indicated child victims in FY 2007, an increase of 1,558 or 5.5%.

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 intact family programs that are designed to permit children to remain safely in the home.

Children’s Advocacy Centers

In FY 2008 9.1% of all indicated child abuse/neglect reports involved sexual abuse, up slightly from 8.7% in FY 2007, but not significantly. Children’s Advocacy Centers were created 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 State’s Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases. In the past 5 years, all of the Children’s Advocacy Centers have also been authorized to
assist with the investigation of serious child physical abuse cases. The Children’s Advocacy Centers received 9,879 referrals for sexual abuse investigation during FY 2008. There were also 1,243 cases of serious physical abuse referred to the centers for coordinated investigation and services.

**Treatment of Alcoholism and Other Drug Abuse (AODA)**

**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.

**Promising Approaches: Title IV-E Waiver for Substance Abuse Services (Recovery Coach Program)**

The Department’s Title IV-E AODA waiver project was granted by ACF for a five-year demonstration period beginning in April of 2000. The Department applied for a 5 year extension which was granted in December 2006 and will run through December 2011. This extension allowed DCFS to expand the project to two additional counties, Madison and St. Clair. This extension and expansion enabled additional enhancements to be added to the Recovery Coach program’s efficacy and client service delivery capacity in order to address key barriers to reunification such as housing, mental health, and domestic violence. In addition to the continual focus on substance abuse and misuse issues.

The project served approximately 1,500 parents in Cook County during the first 5-year period and will seek to serve about the same amount of parents within the second 5 years. A smaller sample of approximately 400 parents will be served in Madison and St. Clair counties. Parents are randomly assigned to either a control or demonstration group. Families in the control group receive the JCAP assessment, a level of care determination, and an intake appointment at a treatment provider within 24 hours of the assessment. Existing child welfare and AODA services are also available. In addition to the above services offered to the control group, families in the demonstration group receive the enhanced services of a Recovery Coach to coordinate their AODA services and to provide intensive home-based outreach and engagement opportunities throughout the life of their DCFS case.

**Service Components**

The project provides a standardized substance abuse assessment and referral to treatment either at the Juvenile Court Assessment Project (JCAP) in Cook County or by the TASC Court Assessment project (TCAP) in the Metro East counties. Eligible clients are parents of either siblings of children already in foster care or are children new to DCFS services. Clients are initially identified through the Child Protection Division of Cook County Juvenile Court and the Madison and St. Clair County courts. Cases are referred to the AODA assessment unit at either JCAP or TCAP for a determination of their need for AODA treatment.
The Department has contracted with Treatment Alternatives for Safe Communities (TASC) to employ Recovery Coaches to provide intensive AODA outreach and case management services to families assigned to the demonstration group. The Recovery Coaches are employed by an independent agency to help ensure continuity of services when the client changes treatment providers, while also remaining an objective advocate for the client and entire family throughout the treatment process.

The primary goals for the Recovery Coach enhancement are to actively assist parents to address their AODA issues and to help parents move towards reunification as safely and quickly as possible. These AODA experts work in close partnership with the Child Welfare worker assigned to the case and remain engaged with the family even after the parent’s AODA treatment has been completed. Recovery Coaches work to ensure AODA treatment engagement and consistent attendance, coordinate staffings and family meetings, conduct home visits to provide on-going support and education to the family, ensure random urinalysis testing, and submit monthly progress reports to the child welfare worker and courts as needed.

Additional program efforts designed to meet the needs of substance abusing biological parents include:

**DASA/DCFS Initiative**
The DCFS-DASA Child Welfare Integrated Services Initiative is a collaborative program between the two departments that began in 1995. The initiative provides identification of alcohol & substance abuse issues and referral by DCFS and private child welfare staff, timely access to assessment and treatment for DCFS involved families, enhanced outreach and case management for families receiving treatment, written monthly progress reports to the caseworker, and removal of barriers to treatment for families (e.g. childcare). Referrals from DCFS and private child welfare agencies are given priority for admission at DASA funded treatment programs.

**Intact Family Recovery Program**
The Intact Family Recovery (IFR) model provides an array of services to cases opened to the Department following the birth of a substance exposed infant (SEI). The comprehensive casework services include substance abuse outreach, engagement, and case management coupled with child welfare services to families participating in the program. The IFR program is intended to assure the safety of children for whom no placement decision has yet been made by assisting the families to meet minimum parenting standards. This program reflects a 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 family’s life will support child safety, as well as recovery from alcohol and other drug abuse.

**Programs that Assist Family Stability**

**Norman Emergency Cash Assistance and Housing Locator Service**

Norman Services provide assistance to families who have children who are in danger of coming into, or cannot be returned home from, DCFS care due to a subsistence issue such as lack of food, lack of housing or lack of clothes. The program provides the following three services:
• Cash Assistance to purchase items needed to care for the children that the client cannot afford to purchase themselves
• Assistance looking for housing
• Provides a waiver to families with children in DCFS custody who will be returned home within 90 days allowing them to apply for Temporary Assistance for Needy Families (TANF) before their children are returned home

Youth Housing Assistance Program

The Youth Housing Assistance Program provides services to help youth who are aging out of, or have aged out of, DCFS care to obtain stable housing. The program provides the following services:
• Assistance looking for housing
• Cash assistance to stabilize housing
• A partial housing subsidy for clients with a closed DCFS case

Housing advocacy services can be provided as much as six months prior to the date that the case is closed. Cash Assistance, including the housing subsidy, can be provided after the client has turned 18. All services must be provided prior to the client’s 21st birthday.

Family Centered Service Initiative

The Family Centered Services are offered to a family when risk to the permanency and well being of the family unit first becomes apparent. Their purpose is to provide support and intervention to the family before placement of the children becomes imminent. 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. Child abuse prevention, intervention and treatment services are being developed and supported with federal funding of close to $14.9 million in FY2009 and a state appropriation (using portions of two grants) of nearly $17 million in FY09 and $16.5 million in FY2010. Funding is included for family preservation, family support, adoption promotion and support, and time-limited reunification. It is important to note that families referred by the Department and families not yet known to the Department, but believed to be at risk of eventual abuse or neglect, are served in the same community programs. 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. The focus of state funding is on serving children who have been abused or neglected and their families, and serving families with child welfare needs.

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. The standardization of case management for family preservation services statewide was achieved in FY08. Uniform family preservation services will continue to be provided in FY10 under the Intact Family Services program plan.

**Extended Family Support Services**

The Extended Family Support Program (EFSP) provides services to stabilize the home of a relative caregiver who has been caring for their relative’s children for more than 14 days. Neither the relative caregiver nor the child can be involved in the child welfare system. Services provided by EFSP include:

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

**Reunification, Concurrent Planning and Permanency**

The linchpin of the Illinois Child Welfare system is to create options that will provide for children in care (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, the aim is to increase the number of children that can safely be returned to their families. Foster home recruitment where the foster home not only assists in working with the biological family but is also recruited to be an adoptive home provides the Department with an invaluable option for securing a permanent setting for the child.

The Department’s priority is to reunite children with their families whenever possible. Research suggests that children do better in school and in life when they stay with their own parents, even under difficult circumstances. While removing kids from their parents may be necessary to increase short-term safety, it can jeopardize longer-term well-being by setting children on trajectories toward other, negative outcomes. With this in mind, the Department tries to do everything possible to give parents a chance to make the positive changes necessary to provide a safe and secure environment in which their children can grow, learn, and thrive.

To this end, the Department is establishing Family Advocacy Centers. The Centers are community-based groups that provide parents with the support and encouragement they need to follow through on the goals that will allow them to regain custody of their children. The hope is that with a caring adult to provide non-judgmental support and encouragement by accompanying
parents to appointments, listening to struggles and challenges, and maintaining focus on the long-term goal of reunification, positive changes will be within reach. This model has been proven to work in other programs, such as the AODA waiver project that provides parents dealing with substance abuse problems with recovery coaches to help them through the process of treatment.

**Differential Response**

Envision a Department of Children & Family Services that can be approached to provide help and support to parents who are struggling to meet the needs of their children, rather than a Department that “takes away kids” when parents mess up or fall short. To accomplish this vision, it is necessary to take steps to meet the needs of parents as well as children. By incorporating strengths-based approaches and integrating an understanding of protective factors such as those embodied in the Strengthening Families model, the Illinois Child Welfare system can work to build upon the many strengths of our families helping to prevent them from ever coming into care, and to help them reunite as quickly as possible when they do. Family Advocacy Centers represent one step in this direction. It is an innovative approach into the continuum of support that the Department provides to children and families.

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 decrease slightly from an estimated 1,988 in FY 08 to 1,873 children in FY 2009.

- Consistent with the slight decrease in the substitute care population during FY09, the number of Reunifications is expected to decrease from 1,978 in FY08 to 1,958 children in FY2009.
Adoption and Guardianship Preservation Services

The provision of post adoption services to approximately 37,411 children and youth receiving adoption or subsidized guardianship assistance continues to be a critical challenge for the Department. Many of these children and youth continue to struggle with the issues that brought them into the care of the Department. Intensive services are often required to stabilize and support these families. 14 years of age is now the median age of youth in homes receiving adoption or guardianship assistance and so it is clear that the special needs of adolescents will only amplify the behavioral and mental health issues of their past.

Statewide adoption preservation programs have been the cornerstone of the post adoption services offered to these families and this successful model has proven to be an invaluable resource of intervention and stabilization.

To build upon the base of adoption preservation in FY09, two additional models of outreach and support were developed. The Adoption Preservation, Assessment and Linkage (APAL) Programs were initially developed in Cook County and the Aurora area to provide an outreach to adoptive and guardianship homes that have youth age 13 thru 16 years old in their home. This outreach effort provides for a thorough assessment of service needs as well as a referral and linkage component to post adoption services and programs that can meet those needs. In the last quarter of FY09, this type of outreach program will be expanded to cover the DCFS Southern Region and the lower half of the DCFS Central Region. This latter program also reaches out to homes with adolescents between 13 and 18 years of age, so it is an expansion to reach all homes with adolescents.

These outreach programs have proven to be an invaluable means of checking on the well-being of these youth and their families and is a means to provide an intervention before a crisis occurs.

The Department’s second new model, the Maintaining Adoption Connections programs began operation in Cook County and Aurora in FY09 and are continuing in FY10 to meet the ever expanding support needs of the post adoption families. These programs have been able to meet many service needs that are not covered through the normal subsidy related services and have provided much needed stabilization and support services.

In FY2010, initiatives and improvements will continue which were begun in FY2009 as follows:

- Statewide Adoption Preservation Programs will continue to provide the most intensive form of in-home services to prevent disruptions
- Services will continue to be monitored in all post adoption programs to assure they are meeting the critical needs of the growing population of adolescents
- Administrative systems will be improved to assure immediate responsiveness to adoptive family needs
- Improve the coordination of services to older caregivers including service needs for the youth in their care as well as back-up and support plans as necessary

Ensuring Child Well-Being
The Department’s Record – 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 1997 to 16,027 children by the end of FY 2009. As the numbers of children in protective care declines, the needs of the population of children in care have changed as well. Approximately 36.4% of the children in care today are age 13 years and over. Not only are few of them likely to achieve permanency, but many also have a need for intensive physical and/or mental health services.

While the overall capacity of the residential care system is adequate, the Department continues to work to bring on-line placement resources for the hardest to place youth and youth who are currently underserved in the existing configuration and availability of beds. This additional residential resource development is represented by the following characteristics:

- Behavioral health challenges and concomitant medical complications,
- Chronic mental illness that likely will require transition to the adult DHS system,
- Pregnant and parenting teens with behavioral health challenges,
- Dual diagnoses with mental illness and developmental disabilities.
- Severe conduct.

The chart below illustrates a continuing trend towards high-end care in residential services. In FY2004, 29% of the youth placed in residential treatment care required high-end services. In FY2009, an estimated 39% of the youth placed in residential treatment care will require high-end services.

Child Well-Being - Program Highlights:

For too long, child welfare systems treated children as if their stays would be short, when in fact the average length of care in Illinois is 4-1/2 years. In response to this reality, during FY 2005 the Department introduced a “Lifetime Approach” that alters and strengthens the direction of child welfare in Illinois. The infusion of this approach is being accomplished via a series of reforms, which include:

**Integrated Assessment:** Each child coming into care is provided with a comprehensive clinical assessment. Until the implementation of the Integrated Assessment Program, children placed in out-of-home care, their families and caregivers did not participate in a standardized program of clinical assessment delivered consistently by all Illinois child welfare agencies throughout the state. Research indicates that the quality of an initial assessment followed by the application of relevant and timely clinical intervention and social services has a direct impact on 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. A total of 1,697 assessments have been completed during FY09 (as of January 2009). Regional breakdown includes: Northern Region, 371; Central Region, 543; Southern Region, 284; and Cook Regions, 499.

The statewide implementation of this process is expanding to serve not only new entrants but other Department populations.
Trauma Treatment

The Illinois child welfare community, including both the Department of Children and Family Services (DCFS) and private sector child welfare agencies, faces a critical challenge: 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. To be effective, this system must be responsive to clients’ and families’ needs across their varied and changing developmental and functional presentations, as well as at the various stages of their involvement with the child welfare system. The system-wide response must be universal, focusing on all its clients and families, and its scope must be comprehensive, providing an array of services and interventions that are specifically tailored to the needs all family members in order to integrate and facilitate safety, well-being and permanency.

The Trauma Informed Practice Program is currently comprised of five (5) learning phases:

2. Psychological First Aid
3. Trauma 201: Developing Casework Practices for Complex Trauma within Complex Systems
4. Assessment/ CANS Certification
5. Strengths-Based Service Planning using the CANS and Statewide Provider Database

Launching the Trauma-Informed Practice Program (TIPP)

During 2008, the Department launched the Trauma-Informed Practice Program (TIPP). Twenty-one staff were hired through a contract with Chicago State University and trained. TIPP staff members possess an exemplary range of experience in child welfare, trauma, and training. A TIPP staff member has a mean of 14 years post-masters at the time of hire. Supervisors and trainers from the Trauma Informed Practice Program (TIPP) along with staff from the Practice Application Support Services (PASS - another “Chicago State” program) programs have served as content experts and facilitators of learning collaboratives during Phases 1 & 2 of the trauma initiative.

Within this year, curriculum revisions were completed on the Trauma 101 curriculum. A residential version of this curriculum was also developed and implemented, and all TIPP Trainers were certified and now provide training in Psychological First Aid. Trauma 201 was also developed in partnership with the DCFS Office of Training and Professional Development, Division of Operations, Office of Policy, POS agencies, and with our initiative partners.

Promising Practices: Establishing Learning Collaboratives within the Regions

The Department has adopted an evidence-informed approach to child welfare practice and service delivery with children who have experienced traumatic and adverse experiences that is inclusive of selected practice models that have demonstrated effectiveness in empirical trials and in field implementation. These evidence-informed practices build upon other “promising practices” established by the Department. This approach requires continuous evaluation, review and consideration of existing and emerging practices that have demonstrated effectiveness and address the complex needs of constituents throughout the child welfare system.
The Department of Children and Family Services along with national entities such as the National Child Traumatic Stress Network (NCTSN) and other practitioners across the country are committed to providing the highest quality of services for children and families that have experienced trauma. During FY2009, the Department developed 32 Learning Collaboratives that serve the 4300 DCFS and private agencies child welfare staff. While classroom training on these trauma-informed practices plays an important part in the adoption of new practices, it is not enough to ensure true understanding, increased skills and full implementation of these practices. The Learning Collaborative provides a systematic way for sites to simultaneously learn and implement new practices, test ideas, exchange experiences, and share ongoing feedback that will enable the learners to become each other’s teachers.

Psychiatric Services

DCFS established the Office of Psychiatric Services (OPS) to provide quality, timely psychiatric healthcare to the children and families in our care. The need for psychiatric services, particularly among youth in care, is high and the availability of expert providers is low. At 5.25 providers per 100,000 children, Illinois well below the national average of 8.67. The wait time for an outpatient appointment in the greater Chicago area is between 2 and 12 months. Mental illness is associated with school failure, high-risk behavior, suicide and running away. In addition to the emotional costs, there are serious financial costs to consider. The cost for a psychiatric hospitalization is on average $23,000 (with a 12.5 day stay).

The goals of the DCFS Office of Psychiatric Services are to:

- Improve access to psychiatric care
- Ensure delivery of quality care
- Minimize in-patient hospitalizations
- Keep costs down while maximizing outpatient services.

To meet these challenges, the Department will respond with a three-pronged approach

1. PACT (Psychiatry for Adolescents and Children in Transition) Clinics in Cook County
2. Preferred Provider Network of Illinois
3. Working with DHS on an inter-agency agreement to provide Telepsychiatry services for Rural Areas of Illinois

PACT Clinics 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 428 appointments during FY09 (as of January 2009). PACT Clinic-Cook North and PACT Clinic-Cook Central will come online in FY09.

Counseling Services for Special Populations

Through various contracts, the Division of Clinical Services also has the responsibility of providing counseling services for victims of sexual abuse and domestic violence. In addition, the Division supports caregivers of medically complex or developmentally challenged infants and children between 0 and 13 years of age. Services are also provided to the pregnant and parenting population including moms with medical issues. Various services include outreach nursing services and medical advocacy, in-home respite, and in-home medical/patient education.
Other contracted services under the clinical umbrella include an alliance against sexual assault (counseling and therapy for victims) and services for abused and neglected wards with mental health and deafness issues.

**Child and Youth Investment Teams (CAYIT):** The CAYIT teams are designed to streamline the decision-making process so as to better anticipate and respond to the clinical needs of children. Information about the child and available services in the child welfare system – such as mental health and trauma, education and residential care – will be available to make informed decisions about a child’s history, current situation and options for the future. The CAYIT process hinges on early identification of challenging issues to reduce negative outcomes by delivering services in a more timely fashion, attempting to maintain a child’s existing relationships and monitoring planned and unplanned moves. By the end of FY 2007, approximately 6,700 youth received a total of 7,400 CAYIT assessments.

**Family Supported Adolescent Care:** This work involves the identification and engagement of a new cadre of foster parents singularly committed to serving older adolescents during their transition to adulthood. By the time they reach age 16, 80% of youth in care have a permanency goal of independence. These youth need the stability and mentorship of a foster home well versed in the challenges of the process of coming of age. During FY 2007, fourteen programs were developed and are currently operational. Included in these programs is one program designed specifically for youth that have exited 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 been faced with the educational challenge of keeping foster children progressing in school even as they move from one foster home to the next and from one school district to the next. To help stabilize educational outcomes and to help stabilize a child’s life, the Department has changed its policy regarding foster home locations so that everything possible is done to keep the child in the same school catchments area. The results have been dramatic. Many more children are able to stay in the same school enabling continuous education even though they are moving from one home to another. Progress in implementing this new policy is continuing in FY2010.

**Redesign of Transitional Living and Independent Living Programs:** An extensive collaborative effort involving the Department and the provider community surveyed existing program structures and available services. The result of this collaborative effort has been the development of a seamless continuum of services transitioning youth to adulthood. Several redesigned programs became operational in FY 2007. The remaining programs were implemented in FY2008.

**Cook County Shelter System**

**Overview**

At this time the Cook County shelter system has an extremely low profile compared to the late 70’s and 80’s, when the shelter system was a source of criticism as well as media exposés. It should be noted that to maintain this stability requires constant vigilance, effective management, coordination and monitoring.
In 2003, the Department decided to move towards a system, which accommodated fewer youths in individual facilities. It was determined that *smaller was better* and that it afforded the opportunity to enhance programs for youth during shelter episodes. To that end, the Department contracted with seven private agencies to work collaboratively as part of a shelter network. Shelters that comprise the DCFS Cook County shelter system are located in varying communities across the city and serve a diversity of children/youth ages zero (0) through twenty years (20) of age.

All the shelters have programming for all the various age groups, which includes:

- Psychiatric services
- Medical services
- Life skills classes
- Case management services
- Educational services—(children/youth in shelter attend their home school when possible)
- Recreational services
- Parenting classes
- Drug Abuse Prevention services
- Employment/vocational services
- Domestic violence classes
- Individual/group therapy

**Shelter Initiatives**

Over the past year, the Department has decided to enhance the entire shelter system from intake to discharge.

**Temporary Placement Admissions to the Cook County Emergency Shelter System (301. Appendix G)**

While the Department concentrated on enhancing the programming and monitoring of the shelters over the past few years, it became apparent that guidelines for Cook County Shelter admissions have never been formalized. A draft policy has been submitted to the office of Child and Family Policy to regulate shelter admissions.

The purpose of this policy is to provide consistent and clear direction to all Child Welfare/Child Protection staff that need to access the Cook County Shelter System, from the point of entry to discharge.

**Electronic Referral/Intake**

In order to streamline the intake process, admission form templates will be available electronically during FY10.

This will afford workers an opportunity to sit at their desk and complete a brief Intake form which captures information, necessary for the shelter admission. Upon completion the worker will send the form electronically to the Department Emergency Reception Center staff, gatekeepers of the shelter system. It is hoped that workers and youth will not spend unnecessary time going through a lengthy, outdated process.
SACWIS (Emergency Reception Center (ERC) Staff)

Currently, information related to “children and youth”, in shelter are entered into a NOMAD database by DCFS/ERC staff. This is a system which has been utilized by ERC staff for about 20 years and is a stand-alone mainframe database.

In order to integrate ERC service requests into a child’s SACWIS file, the ERC staff will have the ability to enter all service requests into the appropriate SACWIS file. ERC staff are currently being trained to enter notes in the SACWIS system.

The benefit of SACWIS access is:

- All information on any child/youth will be integrated into one file and not in separate systems.
- The assigned investigator /child welfare worker will have current information placed directly into SACWIS and immediately know it has been entered.

During the Intake process ERC staff will now have the ability to print pertinent documents from the child’s SACWIS file (such as Integrative Assessments and Client Service plans) and provide that information electronically to the shelter that is going to receive the client admission.

This will serve two purposes:

- Assist the worker with the required documents for shelter admission, during a critical time
- Provide much needed information for the shelter staff who will be providing care

Email Access for Shelters

All the shelters have now been given email access. It is the intent that ERC staff will email all Intake referrals and any related SACWIS information (child specific), to the shelter receiving the child. This also provides the ability for all shelter case managers to directly correspond with assigned case managers regarding placement efforts and other information sharing.

Shelter CAYITs

Over the past 18 months CAYITs has been convened onsite for youth who are currently in the shelter system. There are two CAYIT teams for the shelter population which convene three times daily Monday through Thursday.

Benefits of having CAYIT teams specifically for youth in shelter are:

- Increased participation from youth
- Participation from staff currently providing care/supervision of the youth
- Quick clarification regarding medical concerns due to access to medical records at the shelter clinic
• CAYIT reviewers have an ability to gain day-to-day information on a youth through observation and access to milieu staff to help determine placement type
• Enhanced coordination and communication

Counseling and Other Supportive Service

The Department’s Counseling and Auxiliary Services appropriations provide general counseling services to youth in care, as well as their families. This counseling is designed to support children during their stay in substitute care; to support families indicated for, or at risk of, abuse or neglect; provide specific, targeted counseling for children in care experiencing trauma associated with abuse; or to counsel as necessary to stabilize children with mental health diagnoses. This includes, but is not limited to, sexual abuse counseling, sexual abuse victim treatment and therapy for sexually aggressive children and youth.

Pre-Admission/Post-Discharge Screening and Assessments

The Department and its two partner agencies, Healthcare and Family Services and the Department of Human Services have developed a common system of Pre-Admission/Post-Discharge Screening and Assessment Services for its clients (referred to as SASS). Prior to admission to a psychiatric hospital, every Department client is assessed to determine if the admission is necessary or if other services can meet the child's needs. Services are available 365 days per year, 24 hours per day. This system serves all eligible children, and has been strengthened to provide more intensive hospitalization monitoring and follow-up services. The 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 considers the education of its children to be of utmost importance. Like a good parent, it is the Department’s responsibility to ensure that youth in care have every chance to be successful in school. Studies indicate 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. From early childhood through the college years, 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 include:

**Academic Performance** - Of children in placement, 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% are older than their classroom peers. Only 40% of all students 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; 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** - Students are extremely mobile during the year they enter the Department’s care. On average, approximately 46% 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 both those still in care and those recently emancipated, 39.6% had neither a high school diploma nor a G.E.D. Only 38.6% 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 G.E.D.; 56.4% of the national sample of youth were enrolled in a postsecondary college or vocational training program; 58.2% of the youth were currently employed.

The following outline represents specific details that demonstrate the Department’s commitment to focusing its efforts to help children do well in school, stay in school and find the best schools available for their emerging skills.

**Early Childhood:**

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 representing 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 DCFS team worked to develop a school-readiness plan with the goal of enrolling all children 3-5 years old in the child welfare system 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 half of wards 3-5 years old were in an early learning program for at least part of the day. The Department’s goal was to bring this result to 100% for all foster children by September 2007.

In FY08 a concrete data collection process was established which tracks children with a legal relationship with IDCFS which are enrolled in head-start, pre-kindergarten, accredited child care facilities, licensed day care, return home and adoptions. The above categories represent 93% of the IDCFS data collected on children ages (3-5). Specific barriers to enrollment have also been identified.

Efforts are continuing to promote and strengthen the collaboration among early childhood and child welfare professionals. Every DCFS region has an assigned School Readiness Specialist that work with a variety of programs, including Headstart Quality Early Learning Programs and Strengthening Families Learning networks, to ensure the process of enrolling children meets the Department’s educational mandates.

**Illinois Joint Cooperative Agreement** All children in the child welfare system qualify for Head Start. One of the major resources for enrolling children in 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 that the impact of center-based early childhood education on preventing and reducing the impact of child abuse and neglect on young children is positive. 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 Center for the Study of Social Policy (CSSP) pilot project aimed at enhancing the capacity of childcare 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 2007 the Department received an award for demonstrating the impact of Strengthening Families. In FY 2008 the Department is advancing this program to new geographic areas and to limited pilot projects with Intact Service Families shown to be at risk.

**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 are required to visit the schools of their children and actively participate in educational planning, particularly when
there is an Individual Education Plan and when transition planning begins as the ward 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 out-of-home care for future planning by education and policy experts.

In the Fall of 2007, the Department implemented Annual High School Academic Planning Meetings where the youth, caseworkers, caregiver, 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/SAT, completing financial aid forms, etc.

**Scholarship Program:**

The Department annually provides 48 college scholarships to youth who are currently under guardianship of the Department 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. In FY08, a generous donation was received from Morgan Stanley to award an additional ten scholarships to youth in the amount of $1,000 each.

**Youth in College/Vocational Training Program:**

Under this program, DCFS youth are provided assistance that will enable them to attain economic independence while completing their college education. Benefits include a monthly stipend, start up payment to assist with educational expenses, 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 will be to assist 30 students during the summer of 2009.

**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.

“Project STRIVE” - 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 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 student to an appropriate activity sponsor, help the student find a job or get a scholarship, pick up a youth 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 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 provides 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 that have completed the Ansell Casey Life Skills Assessment.

The Girls Awakening Power Program (GAP) 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.

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 programs within their communities. In addition, the program provides opportunities and support by maintaining an ongoing relationship with the youth.
**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.

**New Futures Program** is a collaborative program between the Alternative Schools Network (ASN) and the Illinois Department of Children and Family Services. 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 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 areas 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 FY 08.

**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 (CPS) and the Illinois State Board of Education (ISBE). 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 shelter care 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 DCFS 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. CPS will also expedite the enrollment and Individual Education Plan (IEP) process for special education services for youth transitioning into residential treatment centers in Chicago and will ensure that qualified DCFS 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 children as possible stay in their current school. This assures more educational continuity. The history of foster care has been to hinder the educational development of the child; this new policy will reverse that tradition.

**Supporting the Transition of Youth from Substitute Care**

Children in Department care that are at 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 6,200 children ages 13 and older in paid substitute care (approximately 36.4%).

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 under 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 and Independent Living 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 their 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 child 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 abuse counseling and treatment immediately to youth who need these services.

The Department receives a Federal grant through the Chafee Foster Care Independence program. The Federal government has restricted the amount of this grant even though national child welfare policy suggests that there is a significant demand for the 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
- 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 FY10 shift of $1.9 million from GRF to CSF in Counseling reflects the increasing number of Medicaid certified programs. The divisions within the Department that have primary responsibility for promoting the well-being of children are as follows:
Field Operations is responsible for administering the delivery of child welfare and the division provides child welfare and permanency services to children who are placed in substitute care and their families.

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 clinically-based assessment, treatment and support 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
- Case management for children with AIDS and Medically-Complex cases
- Specialty services for cases having domestic violence, AODA, Deaf & Hard of Hearing, developmental disabilities, HIV, medically complex, & LGBT issues
- Child Protection consultations on investigations involving psychiatric issues
- Nursing consultations

The Division is the lead unit for the Integrated Assessment Initiative and in addition oversees Child & Family Policy, Employee Licensure, Foster Parent Support, and the HELP Unit.

The Division of Training and Development Services (DTDS) provides training and staff development services throughout the Department as follows:

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

The Division of Service Intervention is made up of six 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:
  - Employment Incentive Program
  - Services to pregnant and parenting teens
  - Youth in Employment
  - Youth in College/Vocational Training Program
  - Youth in Scholarship
  - Education and Training Voucher Program
  - Find Your Future Internship Program
  - Community College Payment Program
  - Education Advocacy
• Life Skills Assessments and Training
• SOAR

• Health Services, which is primarily responsible for the oversight of the provision 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 wards have access to quality health care and that they receive health services whenever necessary.

• This is accomplished through the collaboration between DCFS and the Departments of Healthcare and Family Services (DHFS) and Human Services (DHS) for the development and operation of the Department’s HealthWorks of Illinois. The HealthWorks Program is administered by twenty (20) lead agencies covering all 102 counties of Illinois, which ensures that children in foster care have access to a comprehensive array of health care services and the work of child welfare staff is supported to meet the well-being needs of children in their care.

• Mental Health Services, which will be responsible for making sure the mental health needs of children in 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 effect of trauma on our wards.

• Norman Services which provide assistance to families who have children who are in danger of coming into, or cannot be returned home from, DCFS care due to a subsistence issue such as lack of food, lack of housing or lack of clothes. The program provides the following three services:
  • Assistance looking for housing
  • Provides a waiver to families with children in DCFS custody who will be returned home within 90 days allowing them to apply for Temporary Assistance for Needy Families (TANF) before their children are returned home
  • Cash Assistance to purchase items needed to care for the children that the client cannot afford to purchase themselves

• 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 DCFS and the DHS Division of Alcoholism and Substance Abuse.

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

**Enforcing Accountability**

The Illinois Department of Children and Family Services is committed to ensuring that Illinois children are safe, have loving, permanent homes and their emotional, physical, and medical needs are met through quality services. Meeting the needs of children and families in a rapidly changing child welfare environment has required a number of organizational changes that ensure
that Department services are both responsive and effective. The commitment to quality services takes multiple forms.

The Department has been awarded a federally funded grant through the National Quality Improvement Center on the Privatization of Child Welfare Services. Illinois has been selected as one of only three national projects on performance contracting. The project, entitled: **Striving for Excellence: Extending Performance Based Contracting to Residential, Independent Living and Transitional Living Programs** is a partnership with the Child Care Association of Illinois and the Children and Family Research Center at the University of Illinois, Urbana-Champaign. The project is now into its second year. The grant funds support activities for extension of the state’s existing performance based contracting and quality assurance system to residential, independent living and transitional living programs. The goal is to improve outcomes for youth living in out-of-home care. A critical component of the performance-based contracting initiative is the Department’s collaboration with service providers and other stakeholders. The project capitalizes on the existing public/private Child Welfare Advisory Committee structure.

**Accreditation**

In October 2004, the Department reached a historical benchmark in social work by becoming the first state agency to earn reaccreditation from the world’s leading accreditor of child welfare services. The agency began the process to continue this level of excellence in FY07 and anticipates being fully reaccredited under the Council on Accreditation’s new 8th Edition Standards by the end of FY10.

**Residential Performance Unit**

Funding for residential and group home programs represents a significant portion of the Department’s budget. Over the last four years, there has been a dramatic shift in the need for residential and hospital beds directed toward youth that are severely mentally ill. With this shift there has been a diminution of need for facilities that serve the less severely ill child. Continued growth in inpatient services for the higher need youth will strain the current delivery system and require the Department to work with providers to expand levels of care.

The Residential Performance Monitoring Unit (RPMU) monitors both the quality of care and the appropriateness of levels of care through data collection and interpretation, in-person visits to residential milieus, and oversight of treatment processes. The RPMU monitors the ability of providers to successfully serve the youth in their care, as well as identifies strengths and weaknesses in the overall system of care. The RPMU provides the Department with the ability to track the progress of youth during stays in residential facilities to ensure progress and timely discharge back to community based living. The Residential Performance Monitoring Unit provides the first opportunity for DCFS to systemically monitor the performance of its residential providers in a manner that accounts for individual treatment plans and outcomes.

**Challenges at the Federal Level**

Child Welfare in Illinois depends on four primary sources of Federal funding: Title IV-E of the Social Security Act which provides payments for Foster Care, Adoption Assistance, and the
Foster Care Independence Program (Chaffee/ETV); Title IV-B Subparts 1 & 2 that provide funding for case management services and the Promoting Safe and Stable Family programs; and Title IV-A which provides block grant funds to the states for Temporary Assistance for Needy Families (TANF).

Federal programs the Department participates in provide a total of $596 million in eligible claiming support for the State. The Department itself anticipates recouping $372.8 million of this into the Children’s Services Fund (CSF) by the end of FY10 for existing services. New revenue opportunities into CSF for FY10 include $16.6 million in Federal Stimulus reimbursement, with the potential for an additional $17 million being deposited into CSF as a result of the Department’s work in the area of Medicaid expansion for purchased services. With the addition of these two revenue sources, total CSF revenues for FY10 are estimated at $406.4 million which accounts for approximately 30% of the Department’s budget.

There are two challenges facing the Department and private sector partners in the coming year. First is the continuing challenge to license home of relative (HMR) foster parents. The full impact of the Federal Deficit Reduction Act (DRA) signed in 2006 continues to be a primary area of revenue loss. Namely, the inability to claim administrative costs associated with children in unlicensed HMR. The Department and private sector providers are approaching this challenge with focused attention in the coming year to address barriers to licensure in order to increase the percentage of homes licensed.

The second challenge this year involves the Medicaid expansion initiative of the Department to increase the availability of mental health services for clients while simultaneously maximizing the federal reimbursement received by the Department under the federal Medicaid program. Department contracts targeted for Medicaid expansion include: counseling, performance-based foster care, specialized foster care, adoption, and case management administrative costs. The anticipated revenue increase from this work being implemented through a joint public and private sector effort is projected at $17 million.

**Adoption Reform Act**

In FY 2005, legislation was passed that creates sweeping protections for families involved in the adoption process in Illinois and gives the Department broader oversight of adoption agencies. The Adoption Reform Act incorporates many provisions that provide basic protections for families including: the creation of a Bill of Rights for Biological Parents Adoptive Parents; assurances that agencies disclose policies, fees, and any circumstances material to a child’s placement to prospective adoptive parents in advance of adoption; and requirements that the fees agencies charge are reasonable. Further, the bill requires all child welfare organizations involved in providing adoption services to be 501(c)(3) organizations within 24 months after the law becomes effective, moving Illinois to the forefront of protecting parents and children against profiteering in the adoption process.

- Rulemaking was completed in February 2006. Procedures were issued in October 2007.
- The Department has been working with for-profit and Illinois non-profit adoption agencies in Illinois to provide them with training and support to ensure compliance with the law.
- The Department has not yet implemented the reform-monitoring unit but plans to hire staff for it during the last quarter of FY09. However, Licensing Representatives have engaged in
agency monitoring and investigated and followed-up on licensing complaints related to the new requirements of the law.

- Implementation of the toll-free telephone service for adoption information and agency complaints.
- Website information and resource development will continue in FY10.
- Incidents of unethical/illegal activity on the part of adoption agencies have been reported to the IL Attorney General's Office, as required by law.

The Division of Quality Assurance (DQA) is charged with monitoring agency practice towards ensuring the delivery of quality child welfare services and continues to be recognized nationally as a leader in the field of Continuous Quality Improvement (CQI), Accreditation and innovative Quality Assurance practices. Quality Assurance staff evaluate casework practice and ensure that services are being delivered in a manner that is consistent with rule and procedure. This work is ongoing in local field offices and within each of the Department’s six regions.

A critical focus of Quality Assurance in FY10 will be in the successful implementation of the Federally mandated Illinois Child and Family Services Review and subsequent Program Improvement Planning process.

Over the last several years, the Department has moved increasingly from operating as a provider of services to operating principally as a purchaser of services. Over 80% of child welfare services are provided through purchase of service contracts. As the implementation of the Behavioral Health trauma based treatment advances from the pilot sites, contracts for these services will be changed to purchase of care contracts.

Central Administration consists of the Offices of the Director, Legal Services, Legislative Liaison, Communications, Planning and Performance Management, Employee Services and Affirmative Action.

The Budget and Finance Division comprises the majority of the financial management and fiscal functions of the Department. They include: financial planning, fiscal management and monitoring, budget development and monitoring, rate setting, contract development and processing, eligibility determination, centralized voucher verification and processing (payments), payroll services, information services maintenance operations and development, and administrative support (building and equipment leasing, printing, mail, property control and records management).

The primary goal of Budget & Finance is to ensure internal and external accountability to laws, rules, procedures and good practice.

Administrative Case Review is the independent review process required by federal and state law to ensure safety, permanency and well-being of children in state care. The purpose of review is to assure that foster care plans are family focused; and to assure that children and families who
receive services from the Department or its provider agencies have participation and periodic review to determine sound planning.

An Administrative Case Review is a periodic six-month review to consider:
- The continuing need for and appropriateness of the placement;
- Extent of compliance with the case plan;
- Extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care; and
- A projected date by which the child may be returned home or placed for adoption or legal guardianship or achieve independence.

These responsibilities are addressed:
- To assure permanency and continuity for every child in out of home care;
- To assure that a case plan moves forward, reducing and/or alleviating delays and barriers in the system;
- To promote needed changes in systems in order to provide more effective treatment and care for children and families; and
- To shape public policy that actively promotes conditions which ensure every child lives in a safe, secure, healthy and permanent home, preserving families whenever possible.

The DCFS Guardian is appointed by the Director of the Department to serve as legal guardian and/or custodian of all children accepted by the Department pursuant to the Juvenile Court Act of 1987. The duties and responsibilities of the guardian of a minor are specified in that same legislation. A guardian is accountable to the court of jurisdiction and may be cited in court and required to make a full report on his or her actions on behalf of his or her ward at any time. Unless terminated earlier by court order, or by the ward’s legal adoption, marriage or death, the guardian’s responsibilities and relationship to the ward continue until the ward reaches age 19, or authorized by court order until age 21 if he/she has special needs. In FY 2008, the Guardian continued refining the new statewide centralized psychotropic medication consents prior authorization system for all prescriptions including psychotropic drugs that was implemented in FY 2007. This system promotes consistent policies on drug efficacy and is reducing inappropriate prescription practices.

Additionally in FY 2008, Immigration policies and procedures were revised and training pamphlets were developed. The Immigration Services Unit of the Division of Guardian and Advocacy is responsible, on a statewide basis, for assisting staff with acquiring adjustment of legal status (to Special Immigrant Juvenile, Legal Permanent Resident or Citizenship) for foreign-born children who are under the guardianship of the Department of Children and Family Services. The child/youth must meet certain Federal requirements. The DCFS Immigration Services Unit also provides assistance with other immigration services for children and youth who are wards of the State (Refugee, Asylum, Conditional Status, Removal proceedings).

The Advocacy Office is charged with responding to complaints, concerns, inquiries and suggestions from a variety of sources, within the context of the child welfare system, staff advocates for parents, foster parents and foster children. In doing this work the office becomes
 aware of concerns through a variety of avenues such as letters to the Director, the toll free help line and walk-in visitors. It also works closely with the Office of the Governor, legislators and other public officials. The role of the office is to act as a troubleshooter, resolve problems, mediate where possible and clarify problems. One key function is to help older youth with issues in their life as it relates to the rules and policy of the Department. It is the function of the office to help ensure that recurring complaints, systemic issues or agency structural concerns are brought to the attention of appropriate Department leadership.

The role of the Office of the Inspector General is to assure accountability for services to children and families. In accordance with state law, the Office of the Inspector General fulfills a number of mandated responsibilities, including investigation and LEADS inquiries for the purpose of investigating allegations of misconduct, misfeasance, malfeasance and violations of rules, procedures or laws by any employee, foster parent or contractor 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. At the Director's request, or when the office has noticed a high level of complaints in a specific area, the Inspector General's staff will conduct a systematic review of the issue or practice involved. Investigations result in recommendations regarding the particular subject of an investigation and recommendations for systemic changes. The office then monitors compliance with all recommendations. It also investigates the deaths of Illinois children that appear to have been the result of abuse or neglect and in which there was an open DCFS case or prior Department involvement within the previous twelve months.

In FY 08, 15 cases were referred to the Inspector General’s Office for Child Welfare Employee License investigations. In addition, the Inspector General’s Office provided technical assistance to the Office of Employee Licensure in 8 cases, and monitored pending criminal or abuse/neglect charges in 6 cases. The Inspector General’s Office provided technical assistance to the Department and private agencies in performing and assessing criminal history checks. In FY 08, the Inspector General’s Office opened 2,126 cases requesting criminal background information for the Law Enforcement Agencies Data System (LEADS).

The Inspector General is the Ethics Officer for the Department of Children and Family Services. The Inspector General reviews Ethics Statements for possible conflicts of interest of those employees of the Department of Children and Family Services who are required to file Ethics Statements. The OIG Ethics staff also coordinated DCFS compliance with the statewide ethics training mandated under the Illinois State Officials and Employees Ethics Act of 2003. In 2008, 3,036 DCFS employees were trained.

Public Act 095-0527 requires the Office of the Inspector General to remedy patterns of errors or problematic practices that compromise or threaten the safety of children as identified in the Inspector General’s death and serious injury investigations and by Child Death Review Teams. To accomplish this task, the Inspector General developed training curriculum and initiated the first round of comprehensive trainings of child protection staff in August 2008. Error reduction and risk management literature have taught us that one cannot reduce errors unless one is willing to admit that errors occur. To date the OIG staff have trained over 60% of child protection investigators, supervisors, and managers, including all child protection staff in Cook County and the Southern Region. The Juvenile Protection Association has assumed responsibility for this training and has scheduled trainings for the State’s Northern and Central Regions. This phase of the training will be completed within the next three months.
Chafee and ETV

Five-Years Goals, Objectives and Outcomes

The following are the five-years goals and objectives previously identified for the FFY 2005-2009 Report Period. An update/status report is added under each section.

Strengthen Programs and Services

The Illinois Department of Children Family Services will continue to develop innovative services and administrative intervention strategies to enhance services to youth transitioning into adulthood.

The Illinois DCFS has successfully accomplished this goal. The following are examples of new services or enhancements to existing programs that have been implemented during the FFY 2005-2009 time period. Additional information is also provided in the FFY2009 Annual Report under the Chafee/ETV Chapter.

- In late FFY05, 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.
- In January 2004, Illinois was approved to participate in an “Enhanced Subsidized Waiver Program” that allowed 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). 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 remain in or age out of the child welfare system, to youth who are adopted or enter subsidized guardianship at or after the age of 14.
- The Department was successful in getting the monthly grant amount raised for youth in the Youth in College/Vocational Training and Scholarship Programs to $471 per month (up from $458).
- Beginning in SFY2008, the Department increased the number of slots available for youth in care from 225 to 275 in the Alternative Schools Network’s Youth Scholars program. Another accomplishment was increasing the number of alternative schools with the Youth Scholars program from 15 to 17.
- The Department launched a highly successful summer internship program for youth in college titled “Find Your Future”. The internship program matches youth with employers in their field of study for the summer months. The 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. Based on evaluation results from
previous participants indicating they wanted to participate in more networking opportunities, an additional experience consisting of five networking opportunities was added, including a recreational outing, dinner etiquette course, cultural experience, volunteer experience and a closing reception, for the 2009 program. Employers, as well as others from the professional world, are invited and encouraged to attend some of these events in order for interns to develop their networking skills. These events will also allow the interns to develop relationships for future employment opportunities.

- In the Summer of 2007, Regional Youth Summits were held that were designed by and geared specifically for youth in care. The success of these and feedback from youth determined that youth driven Regional Youth Summits should be held each year to continue providing youth with interactive and informative workshops to assist them as they begin to transition from care. Staff from Northern, Cook, Central, and Southern regions nominate 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.

- 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 was expanded in FFY 08 and ones previously in circulation have been updated on a continual basis.

- In SFY 2007, the Department changes to two programs to increase their utilization rates. The Youth in Employment (YIE) program was changed to the Employment Incentive Program (EIP). The YIE program was an actual foster care placement so did not allow the youth to be an another paid placement while receiving assistance from the YIE program. The EIP program is designed to more of an “incentive” program with youth being allowed to remain in their current living arrangement and participate in the program ($150 monthly grant) if they are working 20 hours a week and meet the other eligibility requirements for the program. The Youth in College program was renamed to the Youth in College/Vocational Program to reiterate that vocational programs were allowable under this program and to encourage youth who were not interested in attending college to consider attending a vocational program.

- Beginning in State Fiscal Year 2007, the state implemented a redesign of its Transitional Living and Independent Living Programs. The redesign was established to guide the development of an ILO/TLP continuum of progressive independence, kinship connection, and sustainability. The Department believes the vision/plan for ILO/TLP programs is to make youth self-sufficient and to hold private agencies accountable for servicing older youth under care of the Department. The next step after the redesign to fulfill this vision is the implementation of Performance Based Contracting (PBC).

- Regional Youth Summits have been held each summer since 2007. The Summits continually draw large participation by youth in care, caregivers, and caseworkers and provide a wealth of information on Department and community resources and a recreational component for the youth’s entertainment.
The State’s policy requires using a combination of state and federal funds to provide independent living services to youth 14 – 21 years, and continues to use state funds to offer specific services to youth up to their 23rd birthday.

The eligibility criteria used for the Chafee services are as follows:
- Provide services to youth aged 14-21 to help them make the transition from foster care to adulthood: education, vocational and employment training, post secondary education, daily living skills, substance abuse prevention, PPT prevention and preventive health activities.
- Provide training for foster parents, adoptive parents and workers to address issues confronting adolescents.
- Provide services for older youth aged 18-21 who have left foster care but have not reached age 21.
- Provide room and board for youth aged 18 – 21 who have left foster care.
- Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.
- Serve children of various ages at various stages of achieving independence.
- Use a variety of providers to deliver independent living services.
- Serve youth who otherwise meet the eligibility criteria, but who are temporarily residing out of State, and not terminate ongoing assistance solely due to the fact that a youth is temporarily residing out of State.

The eligibility requirements for the ETV services are as follows:
- Provide vouchers of up to $5,000 (five thousand) to youth otherwise eligible for services under the State CFCIP program. The youth must be enrolled and attending an accredited post secondary education or training program and making satisfactory progress toward completion of the program.
- Provide services to youth adopted or placed in subsidized guardianship from foster care after attaining age 16.
- Provide services to youth aging out of the system who are participating in the voucher program before their 21st birthday, up to age 23 years old as long as they are making satisfactory academic progress towards completion of his/her program.
- The vouchers will cover tuition, fees, books, supplies, equipment, and other education related costs listed as cost of attendance at the school attending.

Interagency Coordination
The Illinois Department of Children & Family Services continues to collaborate and develop interagency coordination with other federal and State public and private programs for youth and to update services based upon the ever-changing needs of all DCFS wards to ensure a smooth transition to self-sufficiency.

Examples of this collaboration include:
DCFS has a collaborative process in place with the Department of Human Services’ Division of Developmental Disabilities to ensure the transition of DD youth to adult services when appropriate. This process includes the involvement of a community based Pre-Admission Screening (PAS) agency that works to ensure all proper assessments are completed on the youth and the required documents are in order. Once the appropriate level of care is determined for the youth to transition to, the PAS agency coordinates the referral process. Recommended levels of care traditionally include CILAs (Community Integrated Living Arrangements, both 24 hour and intermittent) and Home Based Services. For individuals with very special needs, Intermediate Care Facilities (ICF/DDs) or State Operated Developmental Centers (SODC) may be considered. The DCFS assigned caseworker also remains involved throughout this process and ensures that transitional visits occur prior to the new placement being effective.

The Department of Children and Family Services, including staff from the Division of Service Intervention, also collaborates with the Department of Healthcare and Family Services on a variety of issues impacting Medicaid-funded services for DCFS wards. Such collaborative activities include participating in interagency committees that oversee particular policy areas and working with DHFS staff to resolve operational, programmatic and case-specific issues. Data sharing includes obtaining paid claims data upon request as needed for examining trends in health care services for wards.

IDCFS received a four year Foster Care Youth Demonstration Grant issued by the US Department of Labor (DOL) in October 2004 to explore ways to better serve wards of the state with Workforce Investment Act (WIA) Youth funds. Project New Futures (PNF) is the program established under the grant by Alternative Schools Network (ASN). DOL withdrew funding effective July, 1 2007 at which time Casey Family Programs stepped in and is providing substantial funding through December 2009. IDCFS continues to also fund the program through Chafee funding and is currently working with Casey Family Programs on long-term sustainability of the project.

Tracking Monitoring, Research and Evaluation

In response to the establishment, via Federal Register Final Rule in February 2008, of the National Youth in Transition Database, NYTD, Illinois convened a workgroup to develop and implement the collection and data requirements by October 1, 2010. The workgroup has submitted requests to the Department’s Office of Information Technology Systems to develop a web-based “services tracking” database for service providers to report to and a web-based survey to gather outcomes from the required older youth populations. The Department plans to implement all data collection and reporting requirements within the mandated time frames and in full compliance with the Rule. In the interim, the Office of Education and Transition Services has and will continue to track Chafee services and expenditures using the existing Chaffee data reporting from.

Enhancing Information and Data System Capacity

The current Office of Education and Transition Services (OETS) database was developed during SFY 02 using Microsoft Access software. The database was developed to track youth served in the Life Skills and the Youth in College/Vocational Training programs. There are systemic problems with the current database which causes it to be slow in response. It is OETS’ goal to enhance and modify the existing database by using different software that will allow for a better response time. We would also like to add the other service components of OETS to the database,
this includes but is not limited to the Education and Training Voucher (ETV), Employment Incentive Program (EIP), Education Passport (EP), and the Community College Payment Program (CCPP). In addition to tracking youth that are served by the various programs, we will also track program expenditures for each youth served and have the capacity to provide detailed reports by program and/or youth. Youth tracked in the OETS database are age 14 years and up as identified in Department Procedure 302, Appendix M. An additional goal is that the OETS database will be linked with any database developed to respond to the National Youth in Transition Database (NYTD) requirements thereby allowing OETS information to be directly transferred from OETS to NYTD and vice versa.

DCFS and POS 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), Statewide Automated Child Welfare Information System (SACWIS), the OETS Database, and the NIU database. The Education 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.

Staff Development and Training of DCFS and POS Professionals

The State of Illinois is currently using training funds provided under the program of Federal payments to provide basic and advanced training to adequately prepare prospective and current foster parents, adoptive parents, workers in group homes, and case managers. However, the current mandatory training includes minimal information on identifying the needs of the older youth population, how to access needed services, and their role in fostering independence skills for this population.

Office of Education and Transition Services (OETS) staff provide on-site and teleconference training to private agency staff on request and participate in Regional management and staff meetings when possible to educate caseworkers and other staff on the available programs and services for older youth. The OETS is committed to strengthening these training efforts in order to reach more staff and provide more technical assistance to ensure all eligible youth are accessing the programs and services designed to prepare them for adulthood.

The Department is working to ensure information about available programs and resources for older youth is more accessible to caseworkers, foster parents, and youth by adding direct links to this information on the Department’s intra and internet web sites home pages. And, the OETS plans to update and increase its distribution of the Get Goal’d brochure and manual. The brochure is targeted to youth and contains brief information and contact information on available programs and resources. The manual coordinates with the brochure, but is intended for caseworkers as it includes additional information on how to access the various programs and services.
The Department concluded its partnership with the Domestic Violence Mental Health Partnership Initiative (DVMHPI) at the end of SFY 06, 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 core trauma curriculum (Trauma 101) has been incorporated into the Department's foundation training program for all new hires in both the Department and it contract providers. Also, training in a revised version for residential providers was offered. The TIPP program created and trained frontline and supervisory workers in Trauma 201, which is a case-focused advanced trauma curriculum. Trauma 201 builds upon the foundation of Trauma 101 and it is anticipated that it will become an integral part of the Department's training programs.

The Department sponsors Caregiver Training Institutes each Spring across the state. Institutes were held in Chicago, Marion, Oglesby, and Jacksonville in March and April 2009. The Institutes focused on meeting the mental health needs of children. The Institutes included a panel of youth in care and young alumni of the child welfare system who spoke on their experiences in care and the importance of supportive caregivers and permanency in their lives. They offered suggestions on parenting older adolescents.

A three-day caregiver conference was held 10/24-26, 2008 in Oak Brook, serving more than 360 caregivers, and offering a diverse array of workshops, exhibits, keynote speakers, a health fair and CPR certification.

**Compliance with the Indian Child Welfare Act: Summary of Past Five years**

During the past five years, all of the benefits and services available to other children in Illinois have also been available to Native American children consistent with the Department’s non-discriminatory policy in providing services and benefits to all youth and families served. While there are no federally-recognized tribes within the State of Illinois, there are numerous tribal members from other States who reside within Illinois. Available statistics from the US Census Bureau American community survey data for 2005-2007 indicated that there were approximately 22,600 Native American in Illinois or approximately 0.2% of the 12,783,049 total State population.

In working towards appropriate identification and service provisions to Native American children consistent with the Indian Child Welfare Act, the Department established the Indian Child Welfare Advocacy (ICWA) Program. The Department’s ICWA Advocacy Program was developed to serve Indian children and their immediate family members and provides collaborative work with DCFS, POS, community stakeholders and tribal entities to ensure effective, culturally relevant services to Native American children and families. Per Departmental protocol, any case in which there is reason to believe a child may be of Native American heritage is to be referred to the Department’s Indian Child Welfare Program. In 2007, the Department adopted a new Rule 307 that addresses ICWA requirements for casework practice specific to instructions for Departmental and POS staff to follow when there is reason to believe an Indian child is on their caseload.
To facilitate appropriate identification and service provision to Native American children, the Department instituted state-wide training led by Native American staff to educate child welfare professionals regarding the history, goals and mandates of the Indian Child Welfare Act and Departmental policy in response to it. These trainings include the historical foundation of the Act, relevance to the child welfare community, as well as an overview of Departmental procedures if there is a question as to whether a child may be Native American. Training material covered includes the importance of inquiry of Native American heritage throughout the life of the case, implications for case and service planning, placement preferences and permanency planning factors to be considered for Native American children under the Indian Child Welfare Act. As of May 2009, there have been 59 trainings by the Indian Child Welfare Advocacy program throughout the State of Illinois related to history of and compliance with the Indian Child Welfare Act. The Department has also included material on the Indian Child Welfare Act on all other relevant trainings.

There has been increased awareness and compliance with the Indian Child Welfare Act by child welfare professionals over the past five years, particularly in regards to identification of situations in which the Act may apply to a child and subsequent referral to the Department’s Indian Child Welfare program. Since January 2008 through May 15, 2009, there have been approximately 150 referrals to the Department’s Indian Child Welfare Program for inquiry as to a child’s possible Native American heritage. As of May 12, 2009, internal data for DCFS indicates that 22 children in substitute care within the Department were coded as Native American. An additional 16 children who were referred to the Department’s Indian Child Welfare Advocacy program have also been identified as members/eligible for membership of federally recognized tribes. This brings the total population of identified Native American children in substitute care through the Department to 40, which represents approximately (?) 0.1% of the total population of children in care throughout the State. There are an additional 10 children identified as Native American who are receiving Intact Family services through the Department to prevent out of home placement making the total number of Native American children in the State receiving some level of service through the Department to approximately 50.

Continued work remains with child welfare professionals and some court personnel, particularly downstate, as to the implications of the Indian Child Welfare Act on placement and permanency planning for a child. To help address these concerns, ICWA advocates have participated in a variety of case specific meetings including Administrative Case Reviews and court hearings involving Indian children to provide information as to compliance with the Indian Child Welfare Act including placement preferences and permanency planning factors to be considered. In situations in which an Indian child is placed in a non-Indian foster or adoptive home, the advocate has provided 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.

Since the inception of the Department’s Indian Child Welfare Advocacy Program, the advocates have been active in a variety of outreach activities within the Native American community. Identification and development of resources outside of the Chicago metropolitan area has also been initiated due to resources currently identified for community engagement with the Native American community being centered in the Chicago area. Faith based programs such as Native
Christi an churches downstate are one option being explored for potential resources/partnership with the Department in serving Native American children and families.

A state-wide DCFS Native American Advisory Board is projected to be in operation within the next three months. The board will provide guidance to the State around the provision of culturally relevant, effective child welfare services to Native American children and families within Illinois.

**Information Systems**

Enhancements to the statewide information system capacity during the last five years fall into four major categories:
- Statewide Automated Child Welfare Information System (SACWIS), now known as Illinois Child Welfare System (ICWS)
- Performance Improvement Plan (PIP)
- Other Major Applications
- Infrastructure Improvements

**SACWIS (ICWS)**

The purpose of the SACWIS is to provide an automated case management tool to assist workers, supervisors and managers in providing more effective and efficient services to children and families served by the Department. It is also intended to assure that the Department fulfills all federal reporting requirements, such as those mandated by the Adoption and Foster Care Analysis and Reporting System (AFCARS).

The Department’s practice model is the foundation of the SACWIS application. The practice model is the result of a multi-year, intensive effort that emphasizes child safety, permanency and well-being from intake to case closure. The practice model incorporates the requirements of the federal Adoption and Safe Families Act, the Illinois Permanency Initiative, other laws and regulations, consent decrees, the Office of Inspector General recommendations, professional standards, accreditation requirements and principles of sound child welfare practice. The practice model has provided a means to analyze and reform Department protocols and systems to ensure that services to families are of the highest quality and provided consistently throughout the state.

SACWIS development and implementation has occurred in two phases. Phase I (implemented May 2002) addressed child protection functionality. Phase II (implemented beginning July 2003) addressed case assessments and service planning. Implementation of Phase II for DCFS staff was completed in December 2003; implementation for purchase of service (POS) staff was completed in May 2006.

As identified in the June 2004 Advance Planning Document (APD), in Phase III the state had intended to develop and to implement the remaining functionality to become a federally compliant SACWIS. However, two issues converged to prevent the completion of Phase III in the planned June 2004 time frame:
- First, the Department’s Performance Improvement Plan (PIP), which resulted from the Child and Family Services Review by ACF, defined the top priorities for the Department
as a whole and for software development in particular. The state’s limited resources had to be
devoted to the completion of the PIP.

- Secondly, funding for a Phase III vendor for SACWIS development was not available in
  state fiscal year 2006 (beginning July 2005) nor was funding anticipated in state fiscal
  year 2007.

In the Illinois Annual APD of September 2005, the state requested that ACF consider operational
support of the state’s production, partial-SACWIS application, known as the Illinois Child
Welfare System (ICWS) since July 2005. In a letter of November 23, 2005, ACF agreed to
support ICWS operations.

ACF closed the SACWIS APD is correspondence dated October 21, 2008. This was in response
to the states APD of September 2008. ACF continues to support the state’s partial SACWIS,
now known as ICWS, through operations federal financial participation.

ICWS has more users in the Illinois child welfare community than any other application. The
system 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.
Active DCFS users number over 3,800 at over 100 sites and more than 2,300 active private
agency staff members use ICWS 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)
- Person record management (Phases I and II)
- Case entry/case contact documentation (Phases I and II)

Ongoing system enhancements support field staff in improving 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 Department has made numerous enhancements to the ICWS system during the last five (5)
year period that are detailed in annual reports

**PIP**

The Illinois Program Improvement Plan (PIP) of November 2004 was developed in response to
findings from the Child and Family Services Review (CFSR) administered by the Children’s
Bureau (CB) and the Administration for Children and Families (ACF) in September 2003. The
CFSR is a comprehensive federal review process that evaluates the effectiveness of each state’s child welfare system.

Illinois approached the development of its PIP in much the same way as it had in preparing the state for the CFSR. Stakeholders from the child welfare arena were engaged early in the process. Approximately 160 individuals, including Department and private child welfare agency staff, community service providers, and judges and attorneys from Cook County Juvenile Court and the Administrative Office of the Illinois Courts (AOIC) provided input into the development of the PIP through a series of work groups that were formed to address identified areas in need of enhancement. The resulting PIP represented a cross-section of ideas and initiatives that would best prepare the state to meet the increasingly complex needs of the children and families the system served.

The following projects represent the major PIP initiatives completed.

**Migration to SQL Server/SCR Fail-Over Solution**

As recommended by the Illinois Department of Central Management Services (CMS), the SQL migration solution is to assure consistent availability of the Department’s mission-critical ICWS application by moving the database to Microsoft SQL. As part of this migration solution, the Department also implemented a State Central Registry (SCR) fail-over solution, which provides SCR users continued access to the database in event of connectivity failure in the network.

**Administrative Case Review (ACR) Special Needs**

This project redesigns the way in which special needs and other functionality within the ACR system are handled. Special Needs is a portion of all Administrative Case Reviews.

A vital part of the ACR review process is answering questions about special needs of both the children and the family as a whole. As federal rules, legislation and child welfare programs change, different questions and/or responses are required to determine if the needs of the children and families are being met. As a result of the PIP and Outcome Enhancement Review (OER) of ACR, large-scale changes to this functionality are required to collect the data needed.

The application pulls from ICWS files daily to provide ICWS data elements and to insure data integrity.

**Child and Youth Investment Team (CAYIT) Tracking**

This project helps monitor the Child and Youth Investment Team staffing process, which strives to gather all relevant parties to a single staffing to determine the needs and best direction for a child with multiple moves/special needs. The application allows the Department to track CAYIT service recommendations and implementation and to capture relevant resource information.
The application also facilitates reporting to the courts required by consent decrees.

**Family Centered Services (FCS)**

The purpose of the FCS Data Collection System is to automate and streamline a manual data reporting and collection process used to obtain required DCFS and federal data. Previously, 106 community providers reported both program and fiscal data manually to DCFS on a quarterly basis. The new quarterly reporting format is also consistent with the Director’s FCS Local Area Network refocus initiative. FCS serves as a data collection system to track the success rate of providing at risk children with assistance to the end of preventing them from becoming state wards.

Other benefits include a significant reduction in staff time allocated to current data collection and reporting systems; and enhanced capacity to provide accurate and comprehensive data for DCFS and for required annual federal reports.

**Other Major Applications**

**Residential Treatment Outcomes System (RTOS)**

RTOS is used to report, monitor and evaluate the treatment of wards placed in residential treatment facilities. Residential agencies 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 Rules and Procedure.

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.

In FFY2009, the Department completed a major enhancement to RTOS that offers report functionality for two performance measures. The Treatment Opportunity Days Rate Report was introduced in December 2008 and the Sustained Favorable Discharge Rate Report debuted in April 2009. These reports will offer the following benefits:

- Provide agencies easy, online access to performance data, allowing them to track their progress toward meeting DCFS performance benchmarks and manage their performance throughout the year.
- Give agencies the ability to break down data in a variety of ways to help them plan more effectively. For example, agencies will be able to monitor placement stability at the levels of individual youth, units within agencies, and agencies as a whole, through defined rates of stability.
- Give agencies ongoing performance data that can be compared with internally generated data for reconciliation purposes and with other agencies serving similar populations of youth. Agencies can then use this information to make changes that address areas of identified weakness.
- Enhance the Department’s ability to track agency performance, determine the need for corrective actions by the agency or increased monitoring by the Department, and to make optimal contracting decisions in the future.
Unusual Incident Reports (UIRs)

Since April 2008, the Illinois Outcomes Web site has also been used by residential providers to report unusual incidents, including runaways and incidents involving restraint, aggressive behavior, or allegations of abuse. The Web-based system reduced the backlog of UIRs by replacing an antiquated database and streamlined a somewhat cumbersome process whereby UIRs were completed and then handed off to clerical staff for data entry.

Statewide Provider Database (SPD)

The Statewide Provider Database, implemented at the beginning of 2008, contains statewide information on agencies, programs, and services 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:

1. All service provider locations are geocoded, which allows data searches based on distance from a point of interest (e.g., a child’s address) and allows the information to be displayed in a geomapping website as layers on maps that also contain ward data.
2. The SPD also allows recommendations to be made for appropriate service referrals based on clinical assessment data. In this way, the SPD provides caseworkers with an additional tool to guide the selection of services within the family’s community to best meet the unique needs of each child. Visual display of provider data superimposed with clinical assessment data provides a powerful tool for illustrating the regional gaps in the capacity of our state’s outpatient behavioral health services system.

Case Work Staff Child & Adolescent Needs & Strengths (CWS CANS):

The Child and Adolescent Needs and Strengths (CANS) system is a comprehensive evaluation of factors such as risk behaviors, emotional and behavioral needs, and impact of traumatic experiences on children.

In FFY2009, the Department issued a mandate requiring caseworkers to conduct a CANS assessment for every child once every six months, in conjunction with Administrative Case Reviews (ACRs) of children in substitute care. By completing the CANS assessment prior to the ACR, and reviewing any previously completed assessments, the caseworker can better identify a child’s needs and address those needs in the service plan. This expanded use of CANS impacts 1,500 case managers.

CWS CANS gives caseworkers access to a larger pool of assessment data, which supports better decision-making and planning. On a larger scale, CANS data can be compiled to help DCFS determine the broader characteristics and service needs of a given population.

Infrastructure Improvements

End User Equipment Refresh. Through the End User Equipment Refresh Project, completed in 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 this project, the Department is moving from a workstation deployment model in which all staff have a desktop workstation and relatively few laptops are available for temporary assignment to a deployment model in which mobile field staff are assigned laptops with associated replicators and monitors at their headquarters and non-field staff are assigned desktops.

**Production Virtual Private Network (VPN) Solution.** The VPN solution 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, reducing the cost of individual point-to-point data-circuit connections.

**Internet Application Hosting.** This project has been initiated to create a technical infrastructure capable of supporting future Internet website applications. This project will not only provide the capacity to host web-based applications within an identified and supportable standard (Microsoft), but it will also produce performance objectives so the infrastructure teams can maintain performance levels and processing capacity over time as environmental factors change and workload increases.

**Server Upgrade Project.** To enhance technology and service, OITS undertook a server upgrade project to replace outdated servers and enhance storage capacity in the Data Center and in DCFS field offices throughout the state. The servers required replacement because they are out of warranty and do not have the capacity to optimally fulfill future requirements. Three key goals guided this project: improving server infrastructure; improving end-user support and experience; and improving ICWS governance efficiency.

**POS ICWS Data Bridge.** POS agencies with their own case management/billing systems will be able to use this download to keep legacy systems current, assure consistency of ID's and spelling of names, populate Medicaid Billing System documents, and in general, avoid duplicate data entry by staff. POS agencies will continue to produce necessary information analysis, service monitoring reports, and outcome data and reports. POS casework staff will continue to use ICWS as the primary casework recording tool.

**Digital Camera.** The Department has upgraded the cameras it uses to document child abuse/neglect investigations. OITS has also developed the ability to migrate pictures into ICWS. This allows for the viewing of electronic images during the review of investigations. The Department also plans to automate the process of updating annual ward photos and storing them in the ICWS case record, as well as sharing digital ward photos with the Child Location and Support Unit, which maintains a database specifically for the use of providing current photos to law enforcement in the event a child has gone on run, or is abducted.

**Infrastructure RFP/Rose Contract.** The purpose of this activity was to transition from the Getronics-managed services contract to a staff augmentation contract for infrastructure services through a request for proposal (RFP) process. At the conclusion of the RFP process, a contract with Rose International, the winning bidder, was executed effective December 1, 2006. The contract for services runs through June 30, 2013.
Staff needed to provide day-to-day infrastructure services are now hired through the staff augmentation, infrastructure contract with Rose International. The change in the infrastructure services delivery model gives the Department more direct control over service delivery.

**Data Center Move.** Prior to the move to Illinois Department of Central Management Services facility, the Department’s data center was housed in the Getronics facility. The move addresses the state’s interest to have the data center in a state-controlled facility to provide the Department direct control over data center operations.

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**Five Year Summary Report on State Diligent Recruitment Plan**

The Illinois Department of Children and Family Services (Department) submitted a five-year diligent recruitment plan to the Administration on Children and Families (ACF) in June, 2005, as a chapter of its 2005-2009 IVE Child and Family Services Plan. The Department then submitted annual progress reports, including the most recent annual report submitted in June, 2009.

This report summarizes implementation associated with the five-year plan.

**Issue Areas**

The original plan responded to five issue areas identified by ACF. They are:

1. The state lacks a well-coordinated statewide recruitment effort.
2. Effective recruitment requires a timely and coordinated response to applicants.
3. The current case assignment practice is a barrier to keeping children in their communities.
4. The state lacks a uniform, standardized home study assessment process for foster and adoptive parents.
5. There are delays involved in accessing information and completing home studies through the Interstate Compact for the Placement of Children (ICPC) in border states.

**Issue 1**

Since 2005 the Department has worked diligently within itself and with its private contract agency partners (POS agencies) to coordinate recruitment efforts. Manifestations of this have been described in the annual reports and include ongoing conversations between the Department and its POS partners, enhancement and sharing of databases containing information about recruitment needs and available resources, and the recent establishment and roll-out of a statewide community-based recruitment initiative within the Department. This latest initiative is fully described in the fourth annual report submitted in June, 2009.

**Issue 2**

Throughout the course of the current plan the Department has studied its work methods, policy and processes to determine where improvements are needed and what changes can be made to respond to foster care license applicants more efficiently and effectively. Staffing shortages due to ongoing budget pressures have proven to be a challenge, but nonetheless the Department has been able to enhance its management structure such that there is now a statewide administrator for DCFS foster home licensing plus a manager for Cook County (Chicago) and one for the rest...
of the state. The Department also added an automated tracking system for the inquiry, training and licensing process.

This enhanced management structure allows administrators to be more closely involved in directing staff and supervisors to respond more quickly and effectively to foster home license applicants and potential applicants, and it provides for better coordination between the licensing office and other areas of the Department having a role in getting people licensed.

**Issue 3**
The Department developed, implemented and continues to utilize a new case assignment system called SchoolMinder, which is designed to identify placements for children in the school district where they are living when they come into care. Launched in 2006 in Chicago and surrounding areas, this system is described in detail in the Third Annual Report. The Department believes that utilizing this system along with enhancements to the databases that support it has allowed the State to fully resolve Issue 3.

**Issue 4**
Within this current plan the Department’s Divisions of Placement and Permanency and Operations collaborated on several new licensing file forms. One of these forms was the Licensing Assessment form number CFS 506G. This document was created to assist the adoption worker with much more information about the family that was not captured in previously used documents. In order to ensure proper coordination, it was developed in consultation with the Department units that are involved in adoptions. With the implementation of the CFS 506G, both licensing and adoption staff now have access to the same pertinent information about the family. The standardized outlines ensure that everyone records and receives the information in the same format. The Department has been able to make adjustments based on feedback from both licensing and adoptions staff, and during the upcoming five year recruitment plan we will be making additional revisions as needed.

**Issue 5**
In the second and third annual reports the Department’s ICPC Office reported on enhancements it made to reduce or eliminate delays in accessing information from border states, completing home studies requested by border states, and sending completed home studies and other important information to border states. Improvements include expanded use of overnight mail, hiring temporary staff to assist with expediting requests from other states as well as sending requests to other states, and stricter adherence to P. L. 109-239, which requires the ICPC to complete home studies requested by other states within 60 days.

The Department is also pursuing a special border agreement with Indiana that we then hope to duplicate with other border states. Both Indiana and the DCFS Director are supporting this.

**Additional Accomplishments**
Illinois has accomplished much other work during these five years in pursuit of recruiting and maintaining a pool of placement resources that is reflective of the ethnicity and culture of children in care and that meets the placement needs of children in care and those expected to come into care. Annual reports one through four detail the Department’s efforts to recruit, establish, develop and support the various resources and programs that contribute to this effort, as well as the state’s accomplishments in these areas.
Final Summary of Accomplishment in the State Under the 14 System Improvement Categories under 106 (a) of CAPTA Basic State Grant
FY 2005-2009

Introduction:

In accordance with the Administration for Children Youth and Families Program Instructions (ACYF CB-PI-09-06), the Illinois Department of Children and Family Services (IDCFS) submits the CAPTA Final Summary Report. This Final Summary reports on progress achieved during state fiscal year 2005 through 2009 toward meeting each goal and objective relative to: Safety Outcome 1, which states that children are first and foremost protected from abuse and neglect, and Safety Outcome 2, which states that children are safely maintained in their homes whenever possible and appropriate. In this report, we have also summarized progress made on the 14 System Improvement categories (for the same period) as set forth in section 106 (a) of the CAPTA Basic State Grant. Although 14 system improvement areas were identified the CAPTA Basic State Grant is not the only source of support for these activities. An integrated approach with other divisions and collaborative partners ensure that federal guidelines have been met.

The Department of Children and Family Services (DCFS) continue to be Illinois’ designated agency responsible to receive the Basic State Grant under the Child Abuse Prevention and Treatment Act (CAPTA). The Department is the state agency given the responsibility by the Abused and Neglected Child Reporting Act (ANCRA) to conduct investigations of child maltreatment and to arrange for needed services for families where credible evidence of abuse and neglect exist (Indicated cases). The mission of DCS 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 DCFS care. Provide appropriate, permanent families for those children who cannot safely return home. Support early intervention and child abuse prevention activities and work in partnership with communities to fulfill this mission. DCFS is committed to acting in the best interest of every child it serves and to help families by increasing their ability to provide a safe environment for their children and by strengthening those families who are at risk of abuse or neglect.

Within DCFS, the Division of Child Protection administers many of the programs and grants supported under CAPTA including the CAPTA Title II section 201, Community-Based Child Abuse Prevention (CBCAP) Grant, the Children’s Justice Grant, the Illinois Citizen Review Panels and the Family Center Services (FCS) initiative. These grant funds are provided to public agencies and nonprofit organizations for the prevention of child abuse prevention programming at the neighborhood level. The Division of Child Protection provides oversight of funded activities and services through the development of contracts that address the specific requirements of the programs. Those community-based organizations receiving funds
are monitored by child protection division staff regarding their funded services and to ensure that financial obligation and compliance are being met.

In our efforts to better serve children and families and improve outcomes in the State of Illinois the Program Improvement Plan (PIP) was developed in response to findings from the first Child and Family Services Review (CFSR) that was administered by the Children’s Bureau (CB) and the Administration for Children and Family (ACF) in September 2003. Action steps in the PIP were evaluated and began to be implemented in state fiscal year 2005 and were completed during SFY 2009. Successful implementation of the PIP required a cross section of ideas and initiatives that improved the state’s ability to meet the increasingly complex needs of children and families.

**Improving the Intake Assessment, Screening and Investigation of reports of abuse and neglect (section 106 (a) 1). CA/N Reporting Procedures Related to Child Safety Objective #1 states that children are first protected from abuse and neglect.**

Although Safety outcome 1 was substantially achieved in 90.9% of the cases reviewed, the state was not in substantial conformity with this outcome because the national standard was not met for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period. Item 1 was rated as a strength in 12 (92%) of the 13 applicable cases because responses to reports of maltreatment were initiated and face-to-face contact established within 24 hours of receipt of the report. Although Item 2 was rated as a strength in 41 (93%) of the 44 applicable cases, the State’s rate of maltreatment recurrence for 2001 (10.1%), as reported in the State Data Profile, did not meet the national standard of 6.1 percent or less.

**The action steps for the child safety goals were implemented as planned in the PIP along with other initiative and procedural changes to improve the State efforts in protecting children from abuse and neglect. These efforts were as follows:**

- **In FY 2005:** The Integrated Assessment was fully implemented. When a child is taken into protective custody, federal and state mandates require all families to receive a front-end comprehensive psychosocial assessment to meet their physical and mental health needs and assure that appropriate mental health services are provided. The goals of the Integrated assessment are: 1) prevention and early identification; 2) coordinating medical and behavioral health services; 3) timely service delivery; 4) decreasing the secondary impact of coming into the child welfare systems; 5) delivery of Best Practices services by qualified professionals; 6) emphasizing reunification and permanency; and 7) integrating services with overall case planning. Case planning is focused on the child’s needs with consideration of all support factors involving both the biological family and the foster care provider. Since implementation well over 2,500 Integrated Assessments by clinical staff for children were conducted within 20 days of them entering the child welfare system.
In FY2005: DCFS began the process of restructuring existing foster care contracts with Purchase of Service (POS) providers to ensure caseloads of foster care caseworkers within the private sector were not higher than 15 cases per worker. In this way, POS frontline staff will have time and flexibility to better serve clients.

In FY2005-2006: DCFS began the process of implementing a mechanism to capture and analyze accurate data and information on repeat maltreatment cases in order to better improve child protection practices.

In FY2005-2006: The Division of Child Protection revised DCFS procedures 300. The allegation definitions were modified to reflect current trends in policy changes and state statute. For example, Substantial Risk of Physical Injury (#10/60) was redefined, to include domestic violence and increase awareness of dangers posed by methamphetamines.

In FY2005-FY2006: As a component of the Department’s Program Improvement Plan (PIP) DCFS Policy Guide 99.13 (Substance Affected Families) was under review. The Division of Quality Assurance finalized the case review protocol. The assigned committee made recommendations for practice and training based upon outcomes of those recommendations.

In FY2005-2006: The Department entered into a Memorandum of Agreement with the Illinois State Police for the purposes of responding to cases in which methamphetamine use or manufacture has been identified as an issue.

In FY2005-2006: DCFS hired a law enforcement liaison and created a new position, to help DCFS with issues involving police investigations.

In FY 2005-2006: There were several bills on mandated reporting introduced by member of the Illinois House and Senate during the Legislative Session in 2005. In general, the bills sought to increase the penalties for school personnel or school board member who failed to report suspected abuse or neglect of children enrolled in their school or district. One bill addressed the responsibility of mandated reporters to pursue training and education with regard to their mandated reporter responsibilities.

In FY 2005-2006: In order to fulfill the requirement of ANCRA, Section 8.6 (P.A.92-92-295,1-1-02) which states that DCFS must work closely with the Illinois State Board of Education to inform school personnel of DCFS procedures. A survey for school Principals were developed to get their opinions and views regarding child abuse reporting and maintenance. The findings from the survey results were sent to the schools and have lead to a closer working relationship between DCFS and the school systems across the State of Illinois.

In FY 2005-2006: A medical forensic task force was developed that includes a network of pediatric experts in the field of child abuse and neglect to provide assistance and second opinions on medically-complex cases.

In FY 2005-2006: One of the major efforts of the Department involved work between the Department and AFCSME to determine how best to reallocate staff positions so that layoffs in Cook County could be avoided and to address those downstate areas needing additional staff so that children and families can be better served. The Division of Child Protection (DCP) struggled with caseload variance and staff vacancies that strained services to children and families in some areas of the State. However, DCFS worked with the representatives of AFSCME and the Governor’s Office to successfully realign staff assignments and hire new workers for more consistent caseloads throughout the state. A 120 staff downstate was added to handle investigation and better balance caseloads.
In FY 2005-2006: The State Central Register (SCR) and DCFS Quality Assurance begin to review calls not accepted by the hotline get a clear understanding of the recurrence of maltreatment.

In FY2006-2007: The State Central Register (SCR) and DCFS Quality Assurance Division developed a process to review calls not accepted by the hotline as well as a resolution process to ensure that such calls receive follow-up. The Department implemented new procedures and practices to strengthen the hotline so that responses to call are timely and consistent. The Department also published an out-of-state telephone number for those individuals wanting to make child abuse and or neglect reports. DCFS instituted measures to improve responses to the types of reports including issuing a “Practice and Procedural” memorandum addressing practice implications with corresponding expectations for redress. Based upon the reviews of the data from this process, procedural changes were implemented in order to ensure that front-end casework practice fully supports the accurate assessment of in-home risk thereby reducing the recurrence of maltreatment.

In FY 2006-2007: Illinois achieved its goal in developing a statewide review process that was targeted at the use of specific types of (risk-of-harm) allegations to find out the reason why repeats maltreatment rates were high. In the past there was a tendency to mark too many allegations in completing the Child Abuse and Neglect Tracking System (CANTS) reports, thus thwarting the goal of focusing the investigation on specific issues and concerns.

In FY2006-2007: The Statewide Automated Child Welfare Information System became operational which produces access to current information for child protection workers, supervisors and managers.

In FY2006-2007: DCFS instituted a policy that requires all child protection supervisory staff to have a Master of Social Work degree.

In FY 2006-2007: The Department continued to convene statewide committee meetings with child protection management staff across the state of Illinois to extensively review and revise the State’s Child Abuse and Neglect Allegation System. The allegation system was redefined and revised to allow only limited interpretation and usage. The revised allegations include a delineation of the required investigation activities for each allegation as well as evidence required to support a finding. In the past the allegations were prioritized and the required investigative activities were based on the priority. The revised allegation system ensures that specific evidentiary requirements are clearly spelled out. Also, the guidance provided ensures consistent application of the allegations across the state. The allegation-based system provides specific allegations to assist in focusing the investigator’s attention on the incident/circumstances at hand. This eliminates the need for the investigators to review every aspect of a family’s life and environment. The allegation also provides a framework for decision-making by the State Central Registry (SCR) investigative staff and provides an important investigation-tracking and work-keeping function.

In FY 2006-2007: The Department published the out-of-state telephone number for those individuals wanting to make child abuse or neglect reports. The number (217) 524-2606 is accessible on the IDCFS website, via a link on the Illinois government website and is displayed prominently in conjunction with the online Mandated Reporter Training.
- In FY 2006-2007: The Department Manual for Mandated Reporters (a publication dealing with reporting and investigating issues) were revised and over 80,000 copies were distributed statewide.
- In FY 2006-2007: the Comprehensive Investigative training was scheduled to roll-out in FY2007 however, was put on hold due to revisions in definition and allegation #20 (Sexual Exploitation) and Allegation #22 (Substantial Risk of Sexual Injury Option B). Other allegations with definitional changes were as follows: #2/52 Head Injuries; #5/55 Burns; #14 Trying Close Confinement, # 15/65 Substance Misuse and #16 Tortures.
- In FY 2006-2007: The Department implemented new policies and procedures as a result of the various reviews, to ensure that investigators inquire about any other reports in which the Law Enforcement may have been involved relative to a case. The Department also has tightened up on waivers and supervisory expectations for documentations and the requirement that there must supervisory consultation before any findings and or notifications are made.
- In FY 2006-2007: The Department tightened up on the Law Enforcement Agencies Data Systems (LEADS) requirements in the state and how workers document those checks. Also, newly written procedures about requirements and guidelines for reviewing “unfounded” reports have been developed and explicit instructions are given on scene investigators. This is something that was missing, and the information gathered at a scene of investigation is crucial to getting at an informed decision about the injury, harm or risk-of-harm to a child or to any other children.
- In FY 2006-2007: Investigative staff and families continued to hold meetings to discuss what lead up to a hotline call, those safety and risk factors discovered during the investigation as well as the impetus for considering protective custody. In FY07, the Team Decision Making (TDM) process was expanded and implemented in two regions and extended to two additional sites. Also, the Department has been holding Administrative Teleconferences with childcare workers and any other subjects who livelihood will be impacted as a result of an indicated child abuse report. These teleconferences are an additional method that Department put in place to ensure all information and or evidence are considered prior to making a final finding relative to child safety.

CA/N reporting procedures related to Child Safety Outcome #2 states that children are safely maintained in their homes whenever possible and appropriate.

Illinois did not achieve substantial conformity with Safety Outcome 2. This outcome was rated as substantially achieved in 81.2% of the cases reviewed. This outcome was not considered in substantial conformity because there was no evidence of consistent efforts to provide appropriate services to protect children in the home and prevent their removal nor was their evidence of concerted efforts to reduce the risk of harm to children. Overall, Item 3 was rated as strength in 23% (77%) of the 30 applicable cases. Item 4 was rated as a strength in 39 (81%) of the 48 applicable cases. CFSR findings indicated that there was a lack of comprehensive risk and safety assessments, which resulted in the delivery of inappropriate service that did not ensure safety of children or reduce risk of harm and there was a lack of diligent monitoring of children’s safety in residential and group home facilities.
In FY2005: The Integrated Assessment Program (IAP) was developed and has had a significant impact on virtually all of the seven outcomes measured as part of the Child and Family Services Review (CFSR) in the three domains of safety, permanency and well-being. Prior to the Integrated Assessment, level of risk and safety was determined primarily based on caregivers functioning, with limited consideration of how the child’s functioning may impact question of risk. The newly developed IAP provides a more objective and integrated picture of a child’s and his or her family’s strength and service needs. The use of formal screening protocols target specific areas of functioning, risk, clinical interviews, and coordinated case work activities which allows DCFS to make better determinations of service and resource needs. The IAP is designed to increase knowledge of the family system at the front end, and to provide more detail information related to client functioning and needs.

In FY 2005-2006: The Department updated its policy and procedures for working with intact families to ensure that casework and supervisory staff responsible for serving intact families were provided with clearer casework guidelines based on work that have already been accomplished through the Department’s Best Practice workgroups. During this reporting period, DCFS made major updates and adopted and approved procedural guidelines 302.388 services for Intact Families. DCFS and private agency staff received training on the newly revised procedural requirements. Appendix O of Procedures 302.388 includes specific guidelines for services to identified families in which family dynamic such as domestic violence and substance misuse are underlying conditions.

In FY 2005-2006: The utilization of the Child Endangerment Risk Assessment Protocol (a structured decision-making process) contributed to 48 percent of reduction in children being re-abused after contact with the Department.

In FY2005-2006: IDCFS implemented a paramour policy that requires additional investigative activities when a paramour is involved in a family case.

In FY 2005-2006: The Child Advocacy Centers were expanded in the state to coordinate investigations of child sexual abuse and serious physical injury.

In FY 2005-2006: Illinois began participation in the National Strengthening Families Initiative to strengthen protective factors for young children by working together with Head Start and early childhood centers. The early childhood centers also collaborate with community based agencies to offer concrete resources and support. Illinois was one of 7 states to pilot the Strengthening Families’ Initiative.

In FY 2005-2006: The Cook County, Intact Family Services for DCFS and POS agencies were upgraded, which enabled more children to safely remain at home.

In FY 2006-2007: DCFS introduced the Child and Youth Investment Teams which are multi-disciplinary teams that support DCFS youth requiring advanced care or who have experienced placement disruptions.

In FY 2006-2007: The Department continued to ensure that appropriate services were in place to prevent removal of children from their home and to reduce the risk of harm. These activities to reduce risk of harm were as follows:

- Adjusting contract levels
- Instituting a pre-placement preventative service to help children at risk of foster care placement remain safely in their homes
- Ensuring that the provisions of referrals for in-home services are available so that children remain safely in their homes when possible and appropriate
- Improving and expanding the Team Decision Making (TDM) process for placement prevention.

2) **Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation, including procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106 (a) (2)).**

The Illinois Department of Children and Family Services continue to utilize the Illinois Citizen Review Panels (CRP) that was established based upon federal requirements pursuant to section 106 (a) 2 of the Federal Child Abuse Prevention and Treatment Act. Each panel includes a variety of members who have experience in working with children and families. In particular, the Citizen Review Panels must evaluate:

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

1) The Children and Family Services (CFS) Advisory Council
2) The Statewide Citizen’s Committee on Child Abuse and Neglect (SCAN)
3) The Children’s Justice Task Force (CJTF)
4) The Child Death Review Team (CDRT) Executive Council

Each panel includes a variety of members who have experience in working with children and families. The CFS Council and SCAN have members who represent professional organization’s child welfare agencies, volunteer associations, and concerned citizens. The Children’s Justice Task Force and CDRT Executive Council have members from numerous disciplines including medicine, mental health, law, criminal justice, public health, education, social work, parent advocacy and child advocacy. During FY2005-2009 the panels gathered information reviewed DCFS policies heard presentations from expert researchers and practitioners, conducted case reviews, and discussed child protection issues from a variety of perspectives. Also, the Illinois Citizen Review Panels explored many topics of concerns regarding protecting children from abuse and neglect and made over 64 recommendations to DCFS since FY2005. Some of these topic areas and recommendations were as follows:

- Training for Mandated Reporters;
• DCFS collaboration with the State Board of Education and public schools regarding information sharing on indicated abuse reports (HB 3055, P.A.92-295, eff. 1-1-02);
• Training of DCFS staff and investigation partners on methamphetamine and its potential harm to children who are living where it is manufactured and used;
• Expansion of Children’s Advocacy Centers, especially in coordinating investigations of serious physical abuse;
• Updating of interstate child protection agreements and related training for DCFS staff;
• Training on appropriate DCFS staff protocols and screening tools for Domestic Violence and its risks for children;
• Support of LANs-based services for child abuse prevention and intact family services;
• Increased DCFS attention to situations of medical neglect, especially as this relates to young or first-time parents
• Community services available to DCFS wards who are experiencing problems in placement (i.e. runaways from residential placement) or who are involved in delinquency situations.
• Educational programs and job training services available to youth who are aging out of the DCFS system.
• Outreach to mandated reporters and the capacity of the DCFS Hotline to respond to incoming calls
• Methamphetamine awareness and substance abuse resources to counter the risk that methamphetamine poses to children and youth.
• The role of DCFS in promoting training for mandated reporters of child abuse and neglect especially as this relates to educators and school administrators and other professional who are licensed or certified by the State of Illinois.
• The availability of appropriate training for mandated reporters.
• The ability of domestic violence programs to effectively address the impact of violence on children.
• Fatherhood initiatives and their ability to work with younger males on issues of child abuse.
• Scene Investigative Training
• Drowning Awareness Campaign
• The impact of methamphetamine on the health and safety of children who reside within a methamphetamine environment.
• DCFS coordination with law enforcement in responding to situations of domestic violence and/or substance abuse, particularly methamphetamine, that can put children at risk for abuse and neglect.
• The impact of federal and state legislation on victim services, juvenile sex offenders, and children’s testimony in court.
• DCFS Integrated Assessment initiatives to provide and improve assessment and treatment/support services to children and families at the front end of the child protection system and to deflect children from entering placement.
• Methods to preserve confidentiality of children’s records as well as methods to share information needed for multidisciplinary investigation and intervention in cases of child abuse and neglect.
- Coordination of law enforcement, State’s attorneys, DCFS, medical providers, mental health providers, and Children’s Advocacy Centers in the investigation of child abuse reports.
- DCFS-related cases where a child has died, including any cases opened for investigation within the previous 12 months; cases where the child is under guardianship of DCFS; and cases open for DCFS services.
- Other suspicious child deaths with risk factors for abuse or neglect.
- DCFS handling of investigations involving medical neglect allegations
- Prevention of injury from dangerous toys or equipment in the child’s environment.

The Illinois Department of Children and Family Services values the dedicated services of the Citizen Review Panel members who have been providing recommendations to DCFS on policies and practices related to the protection of children since July 1, 1999. Through their contributions, the Illinois child welfare system has become more responsive to the needs of abused and neglected children. New procedures and projects have been implemented that support children in attaining safety, permanency, and well-being. The Citizen Review Panels provide a vital link between DCFS and local communities as they work together for the benefit of the children throughout the state. In response to the Citizen Review Panels recommendations the Department has initiated a number of actions to address the concerns of the Citizen Review Panels. Included in the Citizen Review Annual Reports are DCFS responses to actions taken to improve the safety of children and address specific suggestions made by the Citizen Review Panels. Some of the responses also reflect the way in which DCFS is meeting certain Illinois statutory mandates as well as the requirements of the Federal Children and Family Services Review.

In addition to the Citizen Review Panels, the Department partnered with child abuse prevention providers that receive state funds from the Basic State Grant and DCFS State Child Abuse funds to improve multidisciplinary teams and interagency protocol in efforts to enhance investigation and improve legal preparation. These community efforts were as follows:

Under the respite care service provisions multidisciplinary networks serve to create a coordinated, family focused continuum of care for HIV-affected families. For 22 years, Families and Children’s AIDS Network (FCAN) has assisted HIV affected families and the organization and individuals that serve them. As such, the multidisciplinary networks provide a forum for the development of policies and programs that respond to unique needs of HIV-affected families and, where statutes are concerned, the goals and mission of the Department. The network consists of health care, child welfare, HIV/AIDS, social service, legal service, and other public and private community-based organizations. In addition, many of the HIV/AIDS-affected families are served by multidisciplinary staff including nurse social workers, case managers, teachers and specialized therapists. The multidisciplinary teams address needs among providers and consumers that are pertinent to women, children and families living with HIV/AIDS. Team members discuss emerging issues to identify service gaps or advocate for policy changes.

FCAN’s Chicago Roundtables and downstate Caucus have been instrumental in developing policies and programs that support and strengthen HIV-affected families. Owing in large part
to FCAN’s educational efforts, the multidisciplinary teams addressed needs among providers and consumers that were pertinent to women, children and families living with HIV/AIDS. In FY2005-2009 team members discussed emerging issues to identify service gaps or advocate for policy changes regarding the following:

- A back-up plan for families that adopt or take guardianship of children in state custody when new caregivers is ill, or the caregiver has died, or the caregiver is elderly. Education for policy makers on this issue led to the introduction of HB 4526. The Interim Progress Report was submitted to the legislature in January, and a final report was submitted on April 15, 2007.
- A plan to help families reunite following the death of a caregiver. In some cases parents who have previously been substance-affected were ready to re-parent, and systemic and court protocol was needed to evaluate those cases for safety and appropriateness of care. A subcommittee was formed of professionals to work with those families that included the AIDS Legal Council, Legal Assistance Foundation of Chicago, Chicago Volunteer Legal Services, and CLAIM (Chicago Legal Advocacy for Incarcerated Mothers).
- The Short term guardianship House Bill (HB) 913

- House Bill (HB) 551 was designed for Older and Ill caregivers who adopt or take guardianship of children in DCFS care who “step up to the plate” to care for abused and neglect children and needed assistance in making secure future custody for children in their care. DCFS reported that in 2004 nearly 500 older caregivers age 60 and over were caring for 10,400 children including over 8,000 children who were in adoptive homes or subsidized guardianship arrangements statewide. Some of those children in care l experienced the death of their adoptive parents or guardian before reaching the age of majority.
- SB 68: Ensures Adoption Assistance and Benefits for Children who adoptive Parent dies. The SB was signed into law on September 11, 2007 which authorizes the Illinois Department of Children and Family Services to continue adoption assistance payments for adopted children whose adopted parents die and who are subsequently re-adopted.

3) **Improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (section 106 (a) (3)).**

During FY 2005-2009 major impacts were as follows: Child Protection Staff were re-aligned (under section 106 (7)) to ensure case equalization and that staffing levels meet client need. The Department and its partners have been working hard to improve the quality of child welfare casework:

- Caseload staffing ratio for investigators was lowered in April 2006 from 12:1 to 9:1 and has remained at the lower level since that time.
- Critical vacancies in investigation positions were filled
- Caseloads were equalized for investigators across the state.
- The Department improved the case management functions by constantly upgrading the training made available to private agency and DCFS investigators and caseworkers which will be discussed more in Section 106 (a) 7 improving the skills, qualifications and availability of individuals providing services to children and
families, and the supervisor of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

The Department implemented “A Practice guide for the Development and Implementation of Clinical Treatment Paths.” A review of behavioral health services were undertaken to evaluate casework practice and make recommendation in order to establish an integrated and coordinated practice model. The review identified a number of problems affecting the department’s ability to provide consistent and quality service to clients. The Department has produced a number of work products to effectively identify behavioral health/child welfare practices. Also, DCFS instituted several new policy guides relative to improving case management during FY07-FY08. Also, the Department continued to make revisions and enhancement to (SACWIS) to help the system be more efficient for the staff and to protect the integrity of the data. The SACWIS technical staff has installed a sequel server at the State Child Abuse Registry (SCR). The purpose of this server is to keep the SACWIS database up and going at all times at the SCR. What this means is if there is an outrage locally, or with Central Management Services (CMS), the state database for SCR and or/ the Child Abuse Hotline will still be operable. The use of SACWIS for case notes, assessments and service plans is mandatory, effective July 15, 2007. Prior to the transfer of a case, all case notes, assessments and service plans must be updated and completed in SACWIS.

4) **Enhancing the General Child Protective System by developing, improving and implementing risk and safety tools and protocols (section 106 (a) (4)).**

The overall findings of the first CFSR were consistent with what DCFS reported from the state-wide assessment that was conducted July 15 2003. The additional findings came from the first CFSR and the findings from the Governor’s Task Force Report. The results from the CFSR brought out additional areas in which DCFS believe were significant to warrant changes in practice and procedures to further DCFS efforts to improve outcomes for children and families in the state. Those areas identified and subsequently been improved in the state during FY2005-FY2009 were as follows:

- Building and improving upon existing systems that reduce the recurrence rate of maltreatment and supports keeping children safely with their families;
- Creating statewide systemic supports that promote the placement of children into substitute care settings that fully meet their needs and ensures placement stability for the duration of their time in care;
- Reinvesting in the basic premise that children are best served whenever possible, in their family units by developing initiatives and supporting casework practices that promote family reunification. This includes a re-emphasis on the engagement of birth parents at the onset of intervention and in particular in the early and on-going engagement of birth fathers in the lives of their children;
- Enhancing Juvenile Court and casework practices that facilitate timely permanencies for all children;
- Developing an infrastructure that supports all-around service provision for older youth, particularly in the areas of education and mental health;
- Building stronger supports within the Department’s private sector where the majority of children placed into substitute care in Illinois are served;
Ensuring that all caseworkers and supervisors entrusted with the responsibility of serving children and families at risk of abuse and neglect have the ability to fully develop their skills as child welfare professionals through on-going comprehensive training.

The IAP was developed to provide comprehensive screening and assessment services to all clients entering DCFS custody. All screening and assessments activities are done jointly by casework staff and licensed clinicians within the Department. The results of these various assessments are integrated into a comprehensive assessment report, leading to a service plan that is developed in conjunction with the caregiver, birth parent, and client at the initial Child and Family Meeting. Additionally, other existing mechanisms for securing vital assessment data on families such as the Child Endangerment Risk Assessment Protocol (CERAP), Risk Assessment Protocol (RAP), and social history addendum continue to be required every six months as part of current Department Rule and Procedure, and together provide the avenue for ensuring on-going comprehensive assessment for children and family throughout their involvement with IDCFS. Similarly, quarterly child and family meetings are held to review progress toward attaining identified goals and permanency.

In FY07 a number of system improvements were implemented to better the child protection system. This includes revising statutes, moving children more quickly to permanent homes and, assuring the best possible practice for making well-coordinated decisions regarding children and families.

In FY07, the Department developed a Safety Intervention Workgroup. This group was established to develop solutions and clarify critical issues that were identified by an outside review committee. The committee consisted of staff from Child Protection and the National Child Protection Center. The group conducted a review of the Department’s policies and trainings and then established focus groups throughout the State with front-line workers, supervisors, and managers. The focus groups reviewed 100+ records from: Investigations, Intact Family Service, and Placement to obtain information on how the current Child Endangerment Risk Assessment Protocol (CERAP) process was working. The focus groups and record review identified the following:

- Conceptual confusion regarding the definitions of risk and safety and safety intervention versus safety management;
- Inconsistent implementation of the CERAP process;
- Unclear decision-making around a child (based upon the information collected) and;
- Gaps in identifying and underlying safety risks that lead to potential safety threats to children and lack of training on the process.

5) Developing and updating system of technology that support the program and track reports of Child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106 (a) (5)).

A major undertaking to the Department during FY2005-2009 was the implementation of SACWIS. SACWIS continues to be a great benefit to the Department as end users are able to access information and record reports twenty-
four hours a day, seven days a week. To ensure this availability, the migration of a new database platform was implemented that improves system performance, enhances availability of the system, reduces outages and disruptions as well as reduces initial development-time costs and eliminate expensive dedicated communications links.

SACWIS system continues to enhance applications and provides updates to several functional areas in the system. SACWIS support all aspects of the Division of Child Protection (DCP) as well as over 2,300 Purchase of Services (POS) providers’ casework from intake to post-adoption and family connectedness services. This allows for increased maintenance and monitoring of DCP cases.

The benefits of SACWIS since implementation are as follows:

- Instant access to any case for which a person has authority. This is particularly helpful for supervisors or managers who may have to cover more than one physical location.
- Ability to add or change data during the investigation process as this provides more timely entry and more up-to-the-minute case data.
- Smoother transition when handing-off cases from investigation to service.
- Contractually linked community providers (POS) and DCFS are able to share client data.
- Full compliance with National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis Reporting System (AFCARS) to meet federal requirements.
- Improve tracking child abuse and neglect reports from intake through final disposition and allowing interstate and intrastate exchange of information.
- Move to a paperless system through updating technological systems.

On-going efforts include: contracting for web-based reporting and analysis of CANS data, contracting for a statewide database for trauma service providers; and contracting for a geo-mapping project which will provide statewide information on location of wards and the availability and accessibility of services assessed as needed for care.

6) **Developing, strengthening, and facilitating training including (A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for caseworkers (section 106(a)(6)).**

The Department’s Division of Clinical Practice and Professional Development set priorities for annual trainings and staff development based upon Best Practice models. DCFS have worked to implement mechanisms that have enhanced the training process. This was achieved by comprehensive training that supports both DCFS and private agency caseworkers in their application of learned skills and child welfare systems concepts.
In FY2005-FY2006: The Department trained all direct service staff, including affiliated private agency caseworkers, on the new Domestic Violence Policy. The training occurred in October 2005 and continued to be offered through September 2006. The Substance Affected Family/Substance Exposed Infant policy was revised based upon the Department’s Program Improvement Plan (PIP). Information was incorporated into the Reunification Trainings that was delivered to all frontline staff in the summer of 2006. The Department adopted and approved Procedures 302.388, Intact Family Services, in August 2005. Procedures 30.388 require specific approaches for identified family dynamic such as substance abuse and domestic violence. Training for all DCFS Intact staff is complete. POS supervisory and administrative staff received a Training of Trainers curriculum and used it to train their own staff. This intact training was completed in the latter part of 2006.

In FY2006-2009: CAPTA funds along with the CBCAP funds supported the Prevention Resource Development Project (PRD), a coordinated statewide effort to enhance communication and services among a network of agencies, organizations and community-based service providers. Professional Development and child abuse educational trainings provided at a minimum, the following topics:
- The Prevention of Child Abuse and Neglect
- The Signs and Symptoms of Child Abuse and Neglect
- The 6 Protective Factors
- The 40 Developmental Assets
- Shaken Baby Syndrome—Never Shake a Baby
- The Effects of Domestic Violence on Children
- Teen Dating Violence
- Domestic Violence 101
- The Effects of Methamphetamine Use and Manufacture on Children
- Stress Management for Family Care Workers
- Does Your Lover Pass the Test—Who’s Caring for Your Child
- Water Wise – Supervise!
- Peer Review—How to Conduct Internal Evaluation with Community-Based Child Abuse Prevention agencies

In FY2005-2006: State policies and procedures were developed to ensure child welfare staff receives training that promotes competency in the principles stated in Illinois’ Child and Family Services Plan (child safety, permanency and well-being built through a community-based, collaborative approach).

In FY2005-2006: DCFS implemented comprehensive training that supports both DCFS and private agency caseworkers in their application of learned skills and child welfare system concepts. Plans were executed to ensure that training provided support to Enhance Foundation Training that foster basic clinical skills on child abuse, substance abuse, domestic violence and mental illness and family conditions.

In FY2006-2007: In 2006 the Department’s Training Division developed and continues to implement a trauma curriculum for DCFS/POS staff and foster parents that teaches how to recognize and work with children and youth who have been traumatized.

In FY2006-FY2007: Foundation Training was required for all newly hired staff working in a direct service capacity. The Office of Training improved the Foundation Training to prepare incoming and inexperienced staff to comprehensively identify and assess needs; engage stakeholders in case and service planning; plan for reunification; advocate with the various systems (particularly court and education); and link families to
appropriate services. The Department has also implemented policies and developed training that addresses: caseworker safety during home visits. Further training needs focused on engaging birth parents in services, developing empathy, talking with families about permanency planning, dealing with the educational system and planning for future educational needs, the team approach, medication management and behavioral techniques, and talking with families about difficult issues such as domestic violence and sexual abuse.

- **In FY2007-FY2008:** The Department held training around the state to ensure that POS agency caseworkers and DCFS staff receive the same training before assignments of cases. The Department policies and procedures relative to child and family visitation were updated and training for all child welfare staff continues to be rollout. In FY07, individualized Intact Family Training was given to all intact family workers, supervisors and managers. In an effort to strengthen the overall engagement of birth parents, particularly fathers, in the lives of their children, the Department invested in the Fatherhood Engagement Training initiative. Staff throughout the Department and private sector has been trained and are now expected to utilize the skills learned in their day-to-day practice with birth fathers in the field.

7) **Improving the skills, qualification, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).**

- **In FY2005:** The Department trained all direct staff, including affiliated private agency caseworkers, on the new Domestic Violence policy. The training commenced in October 2005 and was offered regularly through September 2006. Domestic Violence specialist in cook Central and Cook South regions were available to provide ongoing support and consultation.
- **In FY2005:** The Department adopted and approved Procedures 302.388, Intact Family Services, in August 2005. Procedures 302.388 require specific approaches for identified family dynamics such as substance abuse and domestic violence. Training for all DCFS Intact staff was completed. POS supervisory and administrative staff received a Training of Trainers curriculum and used it to train their own staff. This intact training was completed in the latter part of 2006.
- **In FY2006:** The Division of Child Protection conducted a mandatory one-day training workshop in critical thinking principles for all of its direct-service supervisors. The intended outcomes were for supervisors to immediately begin applying principles of critical thinking in their supervision of investigation and intact field personnel and in reporting during various reviews and conferences.
- **In FY2006:** The Substance Affected Family/Substance Exposed Infant policy was revised based upon the Department’s Program Improvement Plan (PIP). Information was incorporated into the Reunifications training which was delivered to all front line staff.
- **In FY2006-2007:** The child protection staff attended the 5-day Finding Words Training. Finding Words training has continued to grow in popularity with multidisciplinary teams around the state. Implementation of the Finding curriculum was under the direction of Kathy Beasley Pomahac, Children Advocacy Centers of Illinois (CACI) Executive Director, and Marcia Rudin, CACI Membership and Training Coordinator, as well as the CACI Board of Directors.
In FY2005-2007: In order to render comprehensive service delivery across all direct service specialties, DCFS assessed the structure of investigations, intact family, and placement services. It was determined that in order to best serve client needs staff would be re-aligned within three specialties which would function as separate service entities. The counties outside of Cook no longer have teams comprised of investigative and permanency workers reporting to a single supervisor. Rather, all counties including Cook investigative and intact family service teams report to individual supervisors and management specifically skilled in that specialty. Likewise, teams comprised of placement workers report to a supervisor and management structure for that specialty. The reorganization established teams’ downstate for Investigation, Intact Family Services, and Placement as all stand-alone areas. The ratio of cases per worker are 9 to 1 for investigators; 12 to 1 for intact workers downstate, 15 to 1 in Cook; and 15 to 1 for placement workers. Another major impact of the reorganization was the termination of all DCFS contractual positions that were comparable to AFSCME positions. State positions then had to be established for those contractual or temporary positions that were eliminated. Due to the termination of DCFS contractual employees, three Project Assistants that were paid out of the State Child Abuse Grant were eliminated in October of the FY07 fiscal year. The structure of the re-alignment ensures the following: 1) consistent management structure; 2) caseload size equalization; 3) staff placed in the specialty and geographic area of most need; and 4) comprehensive and competent service delivery based upon client need and staff skill.

In FY2006-FY2007: The Department convened a workgroup to review the Child Endangerment Risk Assessment Protocol (CEREP) and make appropriate revisions to the instrument and corresponding training. The work of this inter-divisional committee included evaluating current definition of safety and risk factors and safety plan development, etc.

In FY2006-FY2007: Individualized intact family training was given to all intact family workers supervisors and managers. The Department developed a training team of investigators classified Spanish Speaking. These interns were recruited from various colleges around the state.

In FY2007: The Department held its first Dynamic Leadership strategies for Child welfare professionals Conference (supported out of CAPTA funds) on May 8, 2007. The conference was for upper level DCFS administrators within the divisions of Child Protection and Field Operations.

In FY2007: A downstate monitoring unit was implemented similar to the one operating for Cook County. This unit is responsible for completing quarterly case file reviews for POS intact services.

In FY2008: The Department held its second Dynamic Leadership strategies Conference targeted at Regional Administrators, Assistant Regional Administrators, Child Protection Managers, and Field Operation Managers. The Division of Child Protection extended the invitation to include all of the Department of Children and Family Services Executive staff Divisions, including the Division of Program Operations, Office of the Guardian, Office of Legal Services, Division of Permanency Planning, and Division of Service Intervention.

In FY2008: The Department developed a Scene Investigation Training in coordination with the Office of the Inspector General. This was a full day training that specifically addressed child protection specialists and their supervisors for improvement of information gathering when first investigating a report of abuse or neglect. The training
emphasizes the procedures related to the investigation of allegation #11/61 which refers to Cuts, Welts, Bruises, Abrasions, and Oral Injuries.

8) Developing and facilitating training protocols for individuals mandated to report child abuse and neglect (section 106 (a) (8)) and, (9) Developing and facilitating research-based training for individuals mandated to report child abuse and neglect (section 106 (a) (9)).

- In FY2005: The Department conducted a survey of Mandated Reporters as a component of the federal Program Improvement Plan (PIP).
- In FY2005-2006: The Department convened a committee to assess the feasibility of standardizing the Mandated Reporter in-service curriculum. The Department of Children and Family Services continues to receive many requests for Mandated Reporter Training and has prepared a special PowerPoint training curriculum. The Department also has centralized the coordination of presentations of in-service training requests for mandated reporters and has designated staff in each field office to coordinate training presentations. This approach ensures tracking, consistent availability of Department staff and materials for trainees.
- In FY2006: The Department worked closely with the Chicago Children’s Advocacy Center, the Chicago Public Schools, the Cook County State’s Attorney, the Chicago Police Department and western Illinois University to develop a state-of-the-art online training for mandated reporters. During the first year of inception, the web-based training has registered over 21,000 participates.
- In FY2006-FY2007: The Mandated Reporter Manual was updated to reflect changes in statute at the conclusion of 95th General Assembly. Several new laws were passes the Abused and Neglected Child Reporting Act, ILCS 325.5 and were distributed statewide to mandated reporters.
- In FY2007-2008: The Department began offering in-person mandated reporter training at community colleges and DCFS regional offices on a quarterly basis. There have been 14 trainings since 2008 and an expansion of the community colleges location is scheduled for 2009.

10) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (A) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placements of any such infants who have been relinquished for adoption (section 106 (a) (10));

The Department continued to institute the medically complex children policy and procedures. Medically Complex children have extraordinary healthcare needs as a result of respiratory disorder, diabetes, cerebral palsy, organ failure, paralysis or other severe health conditions or disorder. 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 were developed for medically complex children in FY07 and these changes were as follows:

- Identifying medically complex children, understanding their needs and the responsibilities required of parents or caregivers
- Collection of 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 interviewing 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
- Weekly home visits for the first 45 days when the child is returned home

DCFS have implemented various initiatives and policy guides in addition to supporting three community-based initiatives in which the CAPTA Lead administers and monitors. All are supported with CAPTA funds and one is jointly supported with counseling dollars to assist the state in coordinating necessary services for families of disabled infants with life threatening conditions. Such services include programs to improve the present and secure the future of those children and families confronted by health problems such as HIV/AIDS and those challenged with medically fragile conditions.

DCFS in FY2005 implemented a comprehensive Integrated Assessment (IA) tool in order to identify those who are facing special challenges or unmet needs. The IA provides a comprehensive clinical understanding of the child from the moment he enters care and develops a service plan directly related to that understanding. The Department has entered into partnerships with universities and hospitals across the state to provide the clinical and professional expertise required to conduct the assessments. 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. In cooperation with Dr. John Lyons of Northwestern University, the Department has implemented the DCFS CANS (Child & Adolescent Needs and Strengths). This trauma assessment tool measures the needs and strengths of children and their care givers and is currently in use in the following programs: Integrated Assessment, CAYIT, SOC, SASS, and Residential Monitoring.

In 2006, the Department piloted the implementation of three trauma specific treatments that have been demonstrated to be effective in the treatment of trauma. These Evidence Based Practices (EBPs) were piloted in six agencies across the state. The implementation of these EBPs took place with direction and consultation from the developers of each of the EBPs. The Illinois Children’s Mental Health Partnership was created as part of the Illinois Children’s Mental Health Act of 2003. This ensured 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 represent various sectors. The development and implementation of the Children’s Mental Health Plans provides an opportunity to reach out to those with unmet needs and to widely affect the provision of mental health and educational services across the state.

DCFS continues the process of reviewing data generated by the current service delivery systems and service gaps in all jurisdictions. Further outreach to disabled infants has continued over the year as DCFS developed a model of mental health care with consideration given to trauma treatment, psychiatric hospitalization, medication, SASS,
Department of Human Services-Division of Mental Health and Developmental Disabilities and schools.

(11) Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (section 106 (a) (11):

The Safe Haven Law that was passed in 2001 allows mothers to relinquish their babies anonymously as long as the baby is 72 hours old or younger. The Department is currently working with an organization called “Save the Babies Foundation”, and they’ve been working very actively with the State of Illinois to bring public awareness to this issue.

Citizen Review Panel members will continue to work diligently to improve the child protection system at state and local levels. Panel members have the individual responsibility to serve as a representative of DCFS in their local communities. Each helps educate the public about the roles and responsibilities of the child protection system and the basis for reporting suspected incidents of child abuse and neglect. Importantl, the Citizen Review Panels will continue to ascertain the impact of current procedures and practices upon children and families in communities.

DCFS continues to make available a handbook called Protecting the Children: A School Administrators’ Guide to Child Welfare Services in Illinois. The book was published by DCFS. It utilizes materials from the “Manual for Mandated Reporters” and reframes the content for public and private educators. It describes how DCFS responds to hotline reports made by school personnel and how DCFS investigates reports involving alleged abuse by a teacher or administrator. Protecting the Children was updated and reprinted. A special training about DCFS policies and mandated reporting was prepared by the Office of Legal Services and the Cook County Suburban Office of Education and delivered to over 300 schools and administrators.

The Department continues to play an active role in celebrating Child Abuse Prevention Month. During the month of April, the State of Illinois teams up to raise awareness of the tragedy of child abuse and promote specific ways to prevent abuse and neglect in communities. Prevent Child Abuse Illinois, in partnership with DCFS, hosted three Child Abuse Prevention Month “kick-offs” – one each in Chicago, Springfield and Mt. Vernon. These events continue to be an orchestrated opportunity to broadcast the importance of child abuse prevention through various forms of media. Prevent Child Abuse Illinois will continue to develop and distribute a Child Abuse Prevention Month Calendar. The calendar contains notices of a variety of events that occur across the state, some hosted by DCFS-funded service providers, to celebrate Child Abuse Prevention Month.

The Department utilized a portion of its CAPTA state funds to support the Prevention Resource Development Project (PRD), to enhance communication and services among a network of agencies, organizations and community-based service providers. The goal of this project was prevention and intervention of child abuse and neglect through forging collaborative relationships across levels of numerous stakeholders. The Prevention Resource Development Project was a unique and innovative program that was designed to meet the information and service coordination needs of agencies in Illinois.

The PRDs interfaced with DCFS, private agencies, domestic violence, substance abuse service providers, education, public health and law enforcement to identify family support
services available in each region and facilitate cross training. The PRDs were able to objectively identify barriers that existed and work along with local networking groups and service providers so that families have better and quicker access to the prevention, support, and case management services needed.

The PRD team works to build networks of support for families through their interaction with all LANS in Illinois, as well as the Illinois Family Violence Coordinating Councils throughout the state and many community groups. The PRDs have secured many linkage agreements with DCFS, Purchase of Service (POS), substance abuse treatment and domestic violence service agencies throughout Illinois since the project began in 2000.

12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106 (a) (12)).

The Department continued its efforts during the period of FY2005-FY2009 to keep to its commitment to reinforce parental involvement within the Department and to our community partners. In July (FY07) the CAPTA lead worked jointly with the CBCAP lead in promoting meaningful Parent Leadership Training and involvement statewide. Having parents involved in services that benefits adults and children yields positive outcomes for everyone. For these reasons, CAPTA, CBCAP, FCS, CJS and Tax Check-off funded programs are encouraged to involve parents, especially fathers, foster parents and grandparents in the development, operation, and quality assurance aspects of their programs. Also, parents are encouraged to build close connections with other parents, so they are able to learn and share with others, and work together to build a healthier community. But, for many parents, it is hard to know how or where to start. Today’s parent work long hours, have extra jobs and must handle other responsibilities that limits their time. However, DCFS have been successful in joining forces with a number of community based organization in the state to broaden the perspective of parental and father involvement. In FY09 DCFS expanded its programming and services to work with parents in their communities. The Department supported the Fathers Who Care Expo for Today’s men that were held on June 6, 2009 at Malcolm X College in Chicago, Illinois whereby over 400 participants attended the event. Also, the department continued to fund the Fatherhood Initiative and other long-standing community-based programs that integrate shared leadership strategies between parents and professional for the purposes of preventing and treating child abuse and neglect at the neighborhood level.

13) Supporting and enhancing interagency collaboration between the child protection system and juvenile justice system for improved delivered of services and treatment, including methods for continuity of treatment plan and services as children transition between systems (section 106 (a) (13)).

The Department continues to work collaborative with the Cook County Juvenile Court system. The Department hired a Law Enforcement Liaison and the role has expanded beyond missing children issues. This individual works with all units in DCFS that overlap
with Law Enforcement. These efforts include DCFS wards that encounter the juvenile justice system. She is currently working on prevention activities surrounding paramour abuse of children and DCFS wards who violate curfew.

The Department continues to be involved in the Juvenile Court Assessment Program (JCAP). The JCAP provides onsite assessment and referral services at Cook County Juvenile Court. Through the forming of this relationship the Department and POS child welfare staff can refer parents who have lost custody of their children to JCAP for assessments to address parental needs.

14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education (section 106 (a) (14)).

Since 1996, the Department of Children and Family Services has steadily expanded funding for the support of Children’s Advocacy Centers. There are now 38 Children’s Advocacy Centers in Illinois which provide coordinated investigation, interviewing, and support services to children who have been physically or sexually abused. These 38 CAC’s serve child victims in 85 of the 102 counties. During FY06, the Children’s Advocacy Centers in Illinois served 9,697 children for allegations of sexual abuse and 903 children for allegations of physical abuse. This represents a slight decrease from the previous year, primarily due to a lower number of children reported statewide. Police-only reports (not accepted by the DCFS Hotline) comprise about 25% of CAC cases. Although the provisions of services by Children’s Advocacy Centers to physically abused children is optional under Illinois law, almost all of the CACs offer services to help coordinate investigations of serious physical abuse. The Chicago CAC, which incorporates physical abuse cases into its operations through collaboration with the Multidisciplinary Pediatric Educational and Evaluation Consortium (MPEEC) medical evaluation program (at hospitals), served 290 children in FY06 who were reported with head injuries, bone fractures, and burns.

In FY06: The Division of Child Protection requested a waiver and received an approval from the Federal Government to permit a revision of spending in certain budget categories that goes above and beyond the 10% rule allowed by federal regulation as described in 45 CFS Part 92.30. This waiver allowed the Department to increase contract levels from the CAPTA Basic State Grant to enhance existing services for the provision of Intensive Parenting Education and to remove families off a wait list. We based this funding decision on a review of exiting services within the Local Area Network (LAN) 15, which identified a need for parenting education and outreach services in the Springfield area. Information was obtained from DCFS child protection staff, the Regional Administrator and the LAN Liaison to further justify the need for the identified service provisions. Also service provisions were enhanced for hiring of an Illinois Statewide Respite Coordinator.

CAPTA, CBCAP, Children’s Justice Grant (CJAG), CDRT and FCS supported programs will continue to provide child abuse and neglect prevention and treatment services to benefit children and families at the neighborhood level.
The Children’s Medical Resource Network (CMRN) has continued to develop important medical resources for children during 2006-2007. In FY2006, the CMRN served 250 child abuse and neglect victim (80% sexual abuse) through examination, multidisciplinary intervention, and case review and court testimony.

DCFS implemented a School Readiness Initiative and an Early Education Initiative, both aimed at enhancing existing day care programs and increasing access to day care, especially in rural communities. Through this initiative, DCFS address young children who are not involved in early childhood education centers, educationally challenged youth and their educational support systems this coming year. This statewide initiative includes training for DCFS and Head Start caseworkers. These initiatives ensure that children are being prepared for kindergarten by placing them in quality early education programs. Certainly, this activity will further enhance program performance and create positive outcomes for children, families and communities in Illinois.

The Department has entered into partnerships with universities and hospitals across the state to provide the clinical and professional expertise required to conduct the assessments. 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.

In cooperation with Dr. John Lyons of Northwestern University, the Department has implemented the DCFS CANS (Child & Adolescent Needs and Strengths). This trauma assessment tool measures the needs and strengths of children and their caregivers and is currently in use in the following programs: Integrated Assessment, CAYIT. SOC, SASS, and Residential Monitoring.

The Illinois Children’s Mental Health Partnership was created as part of the Illinois Children’s Mental Health Act of 2003. This ensured 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 represent various sectors. The development and implementation of the Children’s Mental Health Plan provides an opportunity to reach out to those with unmet needs and to widely affect the provision of mental health and educational services across the state.

To help promote the Department’s goals of safety, permanency and well being for the children it serves, the Department has combined the funding of three programs to create the Integrated System of Care (SOC) program: Intensive Therapeutic Services (ITS); Placement Stabilization Services; and Wraparound (community-based) planning services. Children and youth with emotional and behavioral problems will continue to be assisted through the emotional and/or behavioral problems will continue to assist through the integrated SOC.

The programs supported through CAPTA CBCAP, FCS, CJS or matching funds during SFY 2005- SYY 2009 continues to provide core and adjunct services designed to prevent child abuse and neglect. They will play key roles in assuring that a continuum of services will be available in our Illinois communities. These 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. DCFS continued to initiate focus groups, planning meetings, and various needs assessments to explore and address the expansion of services.

The Department in partnership with The Children’s Justice Task Force has assisted in developing and promoting medical resource centers for the specialized examination of child abuse victims. Links have been established with major medical schools or children’s hospitals to provide leadership, training, and outreach. The Pediatric Resource Center (PRC) in Peoria, a program of the University Of Illinois School Of Medicine at Peoria, has written protocols for examining child abuse victims, has prepared a residency curriculum in child abuse, and has trained numerous medical, social service, and investigative personnel throughout the state. The PRC has also researched state-of-the-art information on the latest medical equipment and data systems needed to serve victims of sexual and physical abuse.

In rural Southern Illinois, DCFS and the Children’s Justice Task Force have worked with the medical resource network for the 34 counties of the DCFS Southern Region. The Medical Resource Centers has recruited, trained, and mentored additional physicians and nurse practitioner to serve the children of the region.

In FY2008, The Child Abuse Prevention Fund (that is a result of citizen contributions coupled with some of the proceeds from the sales of Illinois Commemorative Birth Certificates) monies were dedicated to support evidenced-based prevention services. Two RFPs totaling $750,000 were made available to the public.

**Conclusion:**

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
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 resolutions 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.

DCFS realizes 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, and the Child Abuse Prevention Fund state revenues.
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INTRODUCTION
**Purpose of the Citizen Review Panels**

The Illinois Citizen Review Panels are established pursuant to Section 106 (c) of the federal Child Abuse Prevention and Treatment Act (CAPTA). Their function is to examine the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which State and local child protection agencies are effectively discharging their child protection responsibilities.

In particular, the Citizen Review Panels must evaluate:

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

**The Child Abuse Prevention And Treatment Act**

The Child Abuse Prevention and Treatment Act (CAPTA) was signed into law in 1974. It is one of the key pieces of federal legislation that guides child protection and is fully elaborated in U.S. Code (42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et. seq.). It was reauthorized with significant amendments and additions in 1978, 1984, 1988, 1992, 1996 and 2003. The Citizen Review Panels were first introduced in the CAPTA amendments of 1996 and were further delineated in the Keeping Children and Families Safe Act of 2003.

The Illinois Department of Children and Family Services (DCFS) is the agency designated in Illinois to implement the provisions of CAPTA and meet requirements set out in federal law. Within DCFS, the Division of Child Protection administers many of the programs and grants required under CAPTA, including the Citizen Review Panels.
CAPTA also includes a range of requirements in other areas including community-based prevention, adoption opportunities, and assistance to abandoned infants.

**The Development Of Citizen Review Panels In Illinois**

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

In forming the panels, DCFS invited existing advisory committees to take on citizen review activities in addition to their other interests and statutory responsibilities. Each panel includes a variety of members who have experience in working with children and families. The CFS Advisory Council and SCAN have members who represent professional organizations, child welfare agencies, volunteer associations, and concerned citizens. The Children’s Justice Task Force and CDRT Executive Council have members from numerous disciplines including medicine, mental health, law, criminal justice, public health, education, social work, parent advocacy and child advocacy. The CFS Advisory Council is undergoing a process of membership recruitment and authorization through the Governor’s Office, Office on Boards and Commissions. The group did not meet during FY 2009 and did not contribute to this report. Currently, Illinois is functioning with 3 Citizen Review Panels.

**A Citizen Review Panel Steering Committee** oversees the Citizen Review process, formulating guidelines for consistent operation of the panels and assisting with communication between the panels and DCFS. The Steering Committee includes DCFS administrators and program supervisors as well as the chair and vice-chair of
Overview of 2009 Activities

The Illinois Citizen Review Panels have continued to grow in their knowledge of the DCFS child protection system during the past year. In a response to the Citizen Review Panel Recommendations of 2008, DCFS has responded with a letter from Associate Deputy Director, Meryl Paniak, Division of Child Protection. Representatives from Child Protection and several other DCFS Divisions meet regularly with the panels to discuss current priorities for child safety and the protection of children from abuse and neglect.

Representatives of all the Illinois Citizen Review Panels were pleased to participate in the Region V Roundtable that was convened by Carolyn Wilson-Hurey, Region V Program Manager, and members of her staff in September 2008. The 2008 Citizen Review Panel Roundtable included excellent presentations by Blake Jones, Howard Davidson, and Theresa Costello and allowed ample time for the various CRP program coordinators and panel members to ask questions, discuss various organizational approaches, and work on strategic plans for the upcoming year. Many of the presentations were subsequently sent out to the state coordinators for use with their panels. Due to severe restrictions on out of state travel, Illinois was not able to send anyone to the 8th Annual Citizen Review Panel Conference in Jackson Hole, Wyoming during May 2009. Planning for attendance at the 2010 Conference, however, will be underway shortly.

Illinois Citizen Review Panels have an important role in advising DCFS and affiliated private child welfare agencies about the safety and protection of children from abuse and neglect. Members of the Illinois panels are educated on their responsibilities through the CRP Orientation Guidebook which delineates various citizen review responsibilities and provides members with practical information on the operation of the various committees. The members have approached their responsibilities with
dedication and resolve, and they serve as an integral part of the Department’s outreach to communities throughout the state.

PANEL 1. STATEWIDE CITIZEN’S COMMITTEE ON CHILD ABUSE AND NEGLECT

The Statewide Citizen’s Committee on Child Abuse and Neglect (SCAN) is an advisory group established under Illinois law under Section 11.7 of the Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/11.7). SCAN committee members are composed of individuals selected from across Illinois to represent various fields of human service, neonatal medical care, needs and rights of the disabled, and community life. Members are appointed by the Director of DCFS to serve 3-year staggered terms. The
committee advises the Director on setting priorities for the administration of child abuse and neglect prevention services and other services to abused and neglected children that it deems appropriate.

SCAN meets every other month via videoconferencing between three sites Springfield, Chicago and Duquoin. The November meeting was held in conjunction with the Annual Prevent Child Abuse Illinois Conference (November 20-21, 2008) and all the members were brought together for a day of in-person discussion. Gwen Mastin, President and CEO of New Phoenix Assistance Center in Chicago serve as the chairperson. Diane Scruggs, Executive Director of Healthy Families Chicago, serves as the SCAN vice chairperson. DCFS Administrator, Gail Jackson, serves SCAN as the Department’s liaison and coordinator.

**Meeting Dates for FY 2009**
The SCAN Committee held meetings on:
- August 20, 2008
- October 15, 2008
- December 3, 2008
- February 18, 2009
- April 15, 2009
- June 17, 2009

**Focus Topics**
The SCAN committee has identified the following for exploration, education and ongoing discussion:
- Reporting requirements for mandated reporters.
- Policies and procedures for investigating abuse and neglect
- Procedures for screening safety assessment to ensure child safety.
- Monitoring contracts funded by Child Abuse Prevention Fund for effectiveness.
- Fatherhood initiatives (programs that target fathers).
- Trauma Services

SCAN conducted a busy and comprehensive schedule of meetings during FY09.
SCAN began the year with its annual file review and drafted a letter to the Director of the Department of Financial & Professional Regulation and the Director of DCFS. The purpose of the letter was to begin discussions to develop requirements for licensed professionals serving as mandated reporters of child abuse and neglect. The SCAN committee recommended mandated reporter training as a condition of licensure or certification as it relates to school administrators, teachers, medical and health care professionals and social workers.

Case File Review
The SCAN Committee conducted a case review at the meeting on August 20, 2008. The case files included samples from Cook North, Cook South, Northern, Central and Southern Regions. Twelve SCAN members and one DCFS staff person came together at the DCFS Central Office in Springfield to review twenty investigative files involving serious physical injury, sexual penetration, molestation or exploitation and chronic neglect cases. The case files represented investigations that were “Indicated” (credible evidence of abuse/neglect) and investigations that were “Unfounded” (insufficient evidence of abuse/neglect). Each person reviewed at least two case files utilizing Procedures 300 as a guide to ensure required forms and documents were in the files to assess the completeness of the information in the investigative case file and determine if protocols and appropriate decisions were made. Each reviewer noted comments/concerns on each case reviewed and discussed findings.

Case Review Observations and Recommendations
Overall the committee felt the documentation in the case files was complete and the investigations were very thorough. However, the following concerns were noted:

- No signatures on safety plans
- No documentation to support service referrals
- Duplicative information
- No indication to suggest that intense services were provided on cases with chronic neglect allegations
Child Abuse Prevention Fund
(Illinois Tax-check-off)
SCAN renewed two contracts in October 2008 funded by the Child Abuse Prevention tax check-off fund that provided intense services to Intact Families with Children 0 – 3; Hoyelton Youth and Family Services in East St. Louis, Illinois and “Project Best Start” at Sinnissippi Centers, Inc. in Sterling, Illinois. A work group was formed at the April, 2009 meeting to look into developing a systematic grant process where grant dollars would be provided to communities during annual program cycle.

Educational Activities-- Throughout FY09 SCAN meetings included presentations.

Division of Child Protection Updates:
The Acting Deputy Director George Vennikandam or the Downstate Associate Deputy Director Kathy Roman provided an overview of recent changes related to the Division of Child Protection. Some of the changes highlighted were to the Child Endangerment Risk Assessment Protocol (CERAP) increasing the current thirteen safety factor to twenty-five safety threats. There was only the addition of a couple of new factors/threats. A decision was made in the Division to break down some of the current factors so they would be easier for the workers to assess, which produced the additional factors. Other activities include the continued monitoring of the Departments error reduction rate and providing training to supervisors. The Acting Deputy Director also presented information on the proposed layoff plan of December, 2008.

Legislative Updates:
At the meeting of October, 2008 Marla Williams, Acting Deputy of Legislative Affairs, discussed several new legislative bills that were of interest to the Division of Child Protection:

- **HB4207**
  
  Amends the Criminal Code of 1961. Provides that it is a Class 4 felony for a child sex offender who owns residential real estate to knowingly rent such real estate
to a person who is the parent or guardian of a child or children under 18 years of age.

- **HB4252**
  Amends the Abused and Neglected Child Reporting Act. Provides that if an employee of a school district has made a report or caused a report to be made to the Department of Children and Family Services under the Act involving the conduct of a current or former employee of the school district and a request is made by another school district for the provision of information concerning the job performance or qualifications of the current or former employee because he or she is an applicant for employment, the general superintendent of the school district to which the request is being made must disclose to the requesting school district the fact that an employee of the school district has made a report involving the conduct of the applicant or caused a report to be made to the Department, as required under the Act. Provides that only the fact that an employee of the school district has made a report involving the conduct of the applicant or caused a report to be made to the Department may be disclosed and that this fact may be disclosed only in cases where the school employee and the general superintendent have not been informed by the Department that the allegations were unfounded. Provides that an employee of a school district who is or has been the subject of a report during his or her employment with the school district must be informed by that school district that if he or she applies for employment with another school district, the general superintendent of the former school district, upon the request of the school district to which the employee applies, shall notify that requesting school district that the employee is or was the subject of such a report. Makes a related change concerning immunity. Effective immediately.

- **HB4402**
  Amends the Criminal Code of 1961. Provides that it is a Class 4 felony for a child sex offender to knowingly offer or provide any programs or services to persons under 18 years of age in his or her residence or the residence of another or in any facility for the purpose of offering or providing such programs or services,
whether such programs or services are offered or provided by contract, agreement, arrangement, or on a volunteer basis.

- **HB4578**
  Amends the Abused and Neglected Child Reporting Act. Provides that if an electronic and information technology equipment worker discovers any depiction of child pornography while installing, repairing, or otherwise servicing an item of electronic and information technology equipment, that worker shall immediately report the discovery to the local law enforcement agency. Provides that an electronic and information technology equipment worker who reports a discovery of child pornography as required under this provision is immune from any criminal, civil, or administrative liability in connection with making the report. Effective immediately.

- **SB2042**
  Amends the School Code and the Juvenile Court Act of 1987. Makes payment of costs in provisions of the School Code concerning tuition for non-resident pupils, residency and the payment of tuition, determining the resident district with respect to children with disabilities, and special education classes for children from orphanages, foster family homes, children's homes, or in-State housing units and a provision of the Juvenile Court Act of 1987 concerning sentencing orders. Provides that certain of these changes apply to all placements in effect on July 1, 2007 and all placements thereafter. Contains a severability clause. Effective immediately.

- **SB2118**
  Amends the Juvenile Court Act of 1987. Provides that immediately upon the filing of a petition for a detention or shelter care hearing in the case of a minor retained in custody, the court shall cause counsel to be appointed to represent the minor. Provides that a detention or shelter care hearing may not be held until the minor has had adequate opportunity to consult with counsel.
At the April meeting, Dane Yowell, DCFS Deputy Director of Legislative Affairs presented an informational discussion on four legislative bills that were of interest to SCAN.

- **HB562**--The bill amends Abuse and Neglect Child Reporting Act (ANCRA) and the Humane Care for Animals Act to require cross reporting for DCFS worker and animal care workers of abused to children and animals
- **HB761**--This bill amends the Juvenile Court Act to require permanency hearing in delinquency court.
- **HB2318**--DCFS will post on its website about the benefits of annual immunization against influenza for children 6 months to 5 years of age.
- **HB3925**--This bill increases the time a baby can be relinquished from a safe haven from 7 to 30 days.

**Recommendations**
For FY 2009, the SCAN Committee makes the following recommendations.

1. SCAN recommends the Department of Children and Family Services and the Illinois Department of Financial and Professional Regulation come together to discuss developing a required minimum level in-service training on reporting suspected child abuse/neglect for licensed professionals serving as mandated reporters as a condition of licensure or certification. The agencies should share available resources in order to ensure that all licensed professionals understand the importance of required mandated reporter training.

2. SCAN recommends a certificate be generated with the individuals name and date they completed the DCFS web-based mandated reporter training.

3. DCFS should initiate a new dialogue with the Illinois State Board of Education (ISBE) to promote the sharing of information on HB 3005/ P.A. 92-295 with school principals and develop protocols in order to determine how schools can best receive, maintain, transfer, and appropriately purge DCFS indicated findings of child abuse for implementation and consistency in managing child records. The review of these protocols should become part of each year’s
administrative in-service training for schools and should be listed on the meeting agenda.

4. Any agency that contracts with the Illinois Department of Children and Family Services and/or is licensed by DCFS will be required to annually demonstrate their on-going training as mandated reporters, and such evidence will be on file at the agency to be provided upon request.

**Future Directions**

SCAN remains focused on its mission as a Citizen Review panel and will be attentive to follow-up on this year’s recommendations. SCAN continues its commitment to prevention initiatives by the development of new programs that will have a significant impact on reducing the risk of children being abused or neglected. SCAN will also continue to explore its interest in DCFS and The Illinois Department of Financial & Professional Regulations coming together to discuss the issue of improving the level of reporting by mandated professionals.

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**PANEL 2. CHILDREN’S JUSTICE TASK FORCE**

The Children’s Justice Task Force is a multidisciplinary advisory group that makes recommendations to DCFS for improving the investigative, administrative, and judicial handling of child abuse cases, particularly cases of child sexual abuse/exploitation and cases involving a combination of jurisdictions. The Task Force was first organized in 1989 according to guidelines in the federal Child Abuse Prevention and Treatment Act (CAPTA), and it became one of the Illinois Citizen Review Panels in 1999. Recommendations from this panel are focused on reducing child trauma, enhancing the effectiveness of judicial and administrative actions in child abuse cases, and reforming state laws and regulations with regard to child protection and child welfare while ensuring fairness to all affected persons.
The members of Children’s Justice represent professionals in the fields of child protection, law enforcement, medical and mental health, attorneys for the prosecution and defense, criminal and civil court judges, education, children with disabilities, child advocates, and parent advocates. The Task Force includes 28 members appointed by DCFS to staggered 4-year terms. The group meets five times a year at various locations throughout the state and by videoconference. The current chairperson is Dr. Careyan Brenham, family physician and faculty member at SIU School of Medicine in Springfield; the vice-chairperson is Charles Rohde, private attorney in Addison, Illinois. Cheryl Peterson, Ph.D. is the DCFS administrator and coordinator for Children’s Justice.

Meeting Dates--The Children’s Justice Task Force met on the following dates:

- September 19, 2008
- November 21, 2008
- February 6, 2009
- March 26-27, 2009
- June 5, 2009

Focus Areas of Interest

During its meetings of 2008-2009, the Children’s Justice Task Force conducted a thorough and comprehensive review of recommendations. Previous recommendations were updated and new recommendations were generated. This was the result of a year-long process that focused inquiry on topics of child protection policy, administration, and investigation. The Task Force members completed a 10 question survey, distributed the survey to colleagues and allied professionals, discussed the survey responses, and formulated new and revised recommendations. The review process affirmed the following areas of interest:

- DCFS must increase funding support for Children’s Advocacy Centers so that all children in the state have access to the coordinated services of an accredited child advocacy center program. Specific legislation should be enacted that provides for state-based funding of CACs and standards for accreditation.
• DCFS must provide additional funding to recruit qualified persons as frontline investigators, caseworkers, and supervisors and provide enhanced training to increase their skills within a multidisciplinary setting involving law enforcement and the courts.

• DCFS must develop regional resource networks of mental health providers who are educated and experienced in working with victims of abuse. These mental health resource networks would be modeled upon current medical resource programs.

• Illinois must invest in additional training, especially training in forensic interviewing for frontline staff and training that emphasizes the multidisciplinary approach. As much as possible this training should utilize available technology and electronic resources to assure the constant availability of training to new staff in the field.

Activities
The Children’s Justice Task Force continues to focus on promoting the need for child advocacy centers (CACs) covering all Illinois counties. The Task Force understands that it is a lack of funding that is impeding the progress of CAC expansion to all areas of the state. During its meeting in June, the Task Force faced concerns of funding gaps in the Illinois budget for 2010 which will increase the financial crisis for existing CACs and severely threaten any further expansion. The Task Force will be examining new ways to fund CACs and will continue to work with existing programs to utilize the provisions of HB 1391 passed in 2007. HB 1391 allows for counties to add on additional offender fees for certain crimes, and these funds are used solely to support CACs.

The CJTF also focused on the expansion of the MERIT Medical Program in the northern region of Illinois. The program provides expert medical assessment and treatment to children who are referred for sexual or physical abuse. It is modeled upon existing medical resource centers (like Pediatric Resource Center and MPEEC) that provide similar services in Peoria and Chicago. The MERIT medical resource center was initiated under the auspices of the University of Illinois College of Medicine at Rockford,
and involves the active partnership of three major hospitals in Rockford and the Carrie Lynn Children’s Center. MERIT has been in operation for over one year and is on target to serve upwards of 300 children each year. All of the medical resource programs are being engaged with the DCFS Office of Training to provide workshops to DCFS staff, law enforcement, and child advocacy centers on the medical aspects of child abuse and neglect.

Much of the focus of the CJTF during this past year has been upon the need for further training of frontline staff. Although the multidisciplinary approach has been an integral part of DCFS worker training during the past 15 years, the newer employees hired as child protection investigators are not always as intrinsically involved in the functioning of the team concept. Turnover is also high in terms of law enforcement officers and assistant State’s attorneys, many of whom do not have the benefit of attending trainings due to limited funding and travel expenses. DCFS and the Children’s Advocacy Centers of Illinois are working in partnership to provide additional training opportunities at the local level that build upon successful training conference formats and that engage team members through electronic or web-based training offered by national organizations. This training effort will be expanded in the coming year.

In addition, the Task Force is committed to increasing the identification of mental health providers who are capable of offering specific treatment modalities that are evidence-based for victims of sexual abuse. A resource directory has been proposed to identify those providers who have credentials and experience in this specialty area of counseling.

**Educational Presentations**

**2008 Legislative Session** – At the September meeting, DCFS Legislative Liaison Marla Williams, presented information on several legislative bills that were of interest to the CJTF.

- HB 4207—This alters the Landlord and Tenant Act. A registered sex offender who is a landlord and living in the building cannot rent a unit to parents with children.
• HB 4252—Requires school employers to check with previous school employment district when hiring a new school employee. Former employer is required to disclose any indicated reports of abuse or neglect involving the current or former employee.

• HB 4402—Amends the Criminal Code and specifies that any sex offender cannot live within 500 feet of a day care center, day care home, or group home for youth.

• HB 4578—If a technology repair person discovers child pornography on a computer or server, he/she must report this to law enforcement.

• SB 2042—Children who are placed in an out-of-home residential facility will have their educational expenses covered by their home school district. This legislation does not affect DCFS wards whose educational requirements are covered in other laws.

• SB 2118—Legal counsel must be appointed for youth or delinquents who are before the court for a shelter or detention hearing.

• HB 4353 and SB 1013—This legislation will allow for a redeploy of funding from the Dept. of Human Services (2 million) to pay for children entering DCFS care for delinquency at the request of the court. DCFS formerly served children under 13 but legislation last year increased the age to under 15. SB 1013 threw out the rulemaking provisions.

Members of the CJTF Legal and Legislative Committee also discussed HB 291 from 2007 effective June 1, 2008 which raised the age limit from under 13 to under 15 for courts to place a child into the guardianship of DCFS as a part of delinquency sentencing. The CJTF expressed concern that some court jurisdictions were not informing DCFS of their actions, resulting in some teens being left in limbo for a period of several days while DCFS found appropriate placements. These children are also difficult to place in a foster home because of their past behaviors.

**Division of Child Protection Update** — At the November meeting, George Vennikandam, Acting Deputy Director, and Meryl Paniak, Associate Deputy Director, provided information on the DCFS Division of Child Protection. Mr. Vennikandam offered some background information about the Division of Child Protection and his years with DCFS.

• 1,300 out of 3,200 employees work in the Division of Child Protection
• He is acting in the role of Deputy Director, managing the Division of Child Protection out of the Director’s Office.
• He started with the Department in 1995 as a caseworker and has also worked in several different divisions.
Meryl Paniak was recruited for her knowledge of investigations, her background with the Administrative Hearings Unit, and her analytical skills as both an MSW social worker and a lawyer.

He explained that DCFS is committed to improved training for front-line DCP staff. The focus is on looking into the evidence and gathering factual information to guide the decision on indicating or unfounding cases. Training is focusing on scene investigation, initial engagement of the family, psychological first aid, assessment of ongoing risks. The DCFS Inspector General has been training on new policies and procedures for allegation 11/61—Cuts, Welts, Bruises, Abrasions, and Oral Injuries.

Mr. Vennikandam explained that DCFS was very concerned about the possible layoff of DCP investigators throughout the state and the “bumping” that would occur as staff who did not get laid off take over more desirable positions. In response to a question, he indicated that the following ratios for worker to cases was established in the BH Consent Decree: 1:25 Placement cases; 1:20 Intact Family Cases; 1:12.5 Investigations. The layoffs did not occur and the plan was rescinded on November 25, 2008.

The Priority DCP teams devoted to investigating Serious Harms (in Cook County) have been struggling of late. Because the workers on these teams are part of the union and receive no extra pay or incentives, they frequently transfer to other, less-stressful and less-demanding positions when vacancies arise. Consequently, the Priority teams are often made up of newer workers who have less experience with investigation and who can become easily overwhelmed by the high skill levels required. The Department is looking at ways to reduce this stress and some serious cases have been delegated to other teams and other workers. DCP is putting procedures and staff in place to provide more peer review of cases and more monitoring of investigative actions taken or not taken by supervisors and managers in the field.

Accreditation of Children’s Advocacy Centers—Billie Larkin, Executive Director of the Children’s Advocacy Centers of Illinois (CACI), provided information on the history of CACs in Illinois and nationally. The first Children’s Advocacy Centers in Illinois were formed in 1987 in DuPage and Lake counties. There are now 38 CACs in Illinois, of which 29 are fully accredited by the National Children’s Alliance. Many CACs in the
rural areas of Illinois serve several counties. There are still 15 counties in Illinois (central and southern) that are without CAC services. Expansion has been hampered by lack of available funding.

Ms. Larkin gave some background on the formation of the National Children’s Alliance which was formed in 1992. Legislation was passed on the Federal level by Congressman Bud Cramer of Alabama when there were less than 200 Children’s Advocacy Centers in the United States. In 2009, the National Children’s Alliance reported over 680 Children’s Advocacy Centers in the USA, of which 461 are fully accredited members. The membership standards for CACs were first promoted in 2000 when a process for site review was established. The full member category was upgraded to an accredited membership category during 2002, and the site reviews incorporated 2 reviewers in 2004. The 10 national accreditation standards were revised in 2008 and will be effective for new and reaccredited programs beginning in January, 2010. In addition, there are now Accreditation Standards for State Chapter Associations of Children’s Advocacy Centers. The Illinois Chapter was the 7th chapter formed in the nation and will be undergoing accreditation in 2009. There are 5 standards for Chapters: 1) Organizational Capability; 2) Training and Education; 3) Membership Services; 4) Catastrophic Planning; and 5) Succession Planning. Other topics related to CACs were discussed with members of the Task Force, particularly the availability of trainings and peer reviews sponsored by the 4 Regional Children’s Advocacy Centers (Northeast, Midwest, Southern, Western) using videoconference downlinks and internet web-streaming technologies.

**DCFS Trauma Informed Practice Program**—Dr, Kimberly Mann provided an overview of the Trauma Informed Practice curriculum that has been presented to DCFS and Purchase of Service agencies throughout the state. The vision of the model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children entering protective care or living in foster care. It is designed to focus on a child’s behavioral health and assist with advocacy for the child in terms of needed services and educational opportunities. The Task Force was particularly interesting in
the Learning Collaborative Model and how that might be adapted to assist identified treatment providers.

**The CASA program in Illinois**—Ruth Lane, Executive Director of Illinois CASA (Court Appointed Special Advocate) provided information on the CASA programs operating in the state. She explained the 40 hour training provided to each CASA volunteer and the juvenile court’s involvement in assigning the volunteers to work with a particular case and report findings back to the court. The CASA volunteers are affiliated with local, county-based programs which then assign them to families where a child (children) are in out of home placement. The CASA advocates for the interests of the child and assures that permanency goals are advanced in a timely manner.

**State Medical Programs**—Dr. Michele Lorand explained the guiding organization behind the state-funded medical programs for abused and neglected children in Florida and New Jersey. The programs have operated successfully for a decade and might offer resources and insights for a similar approach in Illinois.

**RECOMMENDATIONS**
The Children’s Justice Task Force identified the following recommendations as having critical importance to the achievement of its child protection goals:

1. **DCFS must develop regional resource networks of mental health experts, educated and experienced in working with victims of child abuse, who will offer professional training, peer review, and consultation to mental health providers. The mental health networks must be aligned with Children’s Advocacy Centers (CACs) in order to assure effective advocacy and transportation for children/families needing mental health services.**

2. **DCFS should have a system in place that assures that front line investigators, caseworkers, clerical staff, supervisors, and managers assigned to field offices have their vacancies filled to at least an 80% staffing level prior to any other vacancy being approved for hire in other divisions or contract programs located in any non-field office sites.**
3. **DCFS must focus on providing additional training to enhance the skills of frontline workers.** This training should focus on multidisciplinary approaches to investigating and treating serious physical abuse cases; the proper use of protocols, case reviews, and peer review to improve investigations; and the use of proven forensic interviewing models for all interviews of potential victims.

4. **DCFS should propose and actively support legislation which encourages individual assessment, treatment, and tracking for juvenile sex offenders and which prohibits categorical imposition of adult sex offender registration standards on juveniles.**

5. **The Abused and Neglected Child Reporting Act should be changed in order to close the loophole that allows mandated reporters to cite confidentiality because they are not the reporter of the abuse, even though they may have information that is critical to making a safety or evidentiary decision in a child abuse/neglect investigation.**

6. **DCFS must place a priority on establishing a plan for child protection, safety, and well-being of all children within its purview that is based on a statewide process of interagency coordination of services that is efficient, cost-effective, and non-duplicative.**

**Future Directions**
The Children’s Justice Task Force will continue to promote the multidisciplinary approach to child abuse investigation and will work to improve communication within the system of professionals who serve on the front lines of child protection.
Illinois established multidisciplinary and multi-agency child death review teams throughout the state with the Illinois Child Death Review Team Act (P.A. 88-614), which was signed into law on September 7, 1994. The Child Death Review Team Act has been amended several times since 1994 including July 28, 1998, August 24, 2007, and August 28, 2007. The primary goals of the Child Death Review Teams (CDRTs) are 1) to review the circumstances of child fatalities in order to gain a better understanding of their causes and 2) to recommend changes in practice and policy that will prevent future injuries and deaths. The Child Death Review Teams Executive Council is the coordinating and oversight body for the child death review teams’ activities in Illinois. The CDRT Executive Council ensures regional teams comply with legislation and the operating protocol and in addition they work on comprehensive projects including the CDRT annual report and the yearly symposium. The CDRT Executive Council includes the chairperson and vice-chairperson of each regional team for a total panel membership of eighteen.

The CDRT Executive Council operates according to the following objectives: 1) to serve as the voice of child death review teams in Illinois; 2) to ensure that the data, results, findings, and recommendations of the teams are adequately used to make changes in policies, procedures, and statutes to protect children; 3) to collaborate with the General Assembly, DCFS, and others to develop legislation needed to prevent child fatalities and to protect children; 4) to ensure
that the review process for the regional teams is standardized; 5) to serve as a link with CDRTs throughout the country and participate in the national child death review team activities; 6) to develop an annual statewide training symposium to update knowledge and skills of CDRT members and promote the exchange of information between teams; and 6) to assist in the preparation of an annual CDRT report. Dr. Daniel Cuneo of Belleville is the CDRT Council chairperson and Ms. Clairice Hetzler, Executive Director, Advocacy Network for Children in Quincy serves as vice-chairperson. Ms. Sherry Barr is the DCFS CDRT Coordinator, and Ms. Kate Watson is the Executive Director contracted through DCFS.

**Meeting Dates for FY 09**

The Child Death Review Team Executive Council met on:
Focus Areas of Interest

During its meetings in FY 2009 the CDRT Executive Council reviewed a number of statewide issues and concerns regarding:

- The development of the Child Death Investigation Task Force in the Southern Region of Illinois.
- The promptness and quality of DCFS’ responses to Child Death Review Recommendations.
- The decision by the Executive Council to have all teams discretionarily review all deaths ruled SIDS, Suffocation, or Undetermined.
- Prevention initiatives that focus on dangers to children from 1) drowning; 2) bedsharing; and 3) paramours caring for children.

Activities

The CDRT Executive Council continues to hold monthly meetings in which the Executive Council members approve all recommendations that have come out of the nine child death review teams. If the recommendations are approved they are now being sent to a specified Deputy Director. The Deputy Director and/or their designee respond to the recommendation and then a bimonthly meeting is held with the Director of DCFS and the CDRT Executive Council to discuss the recommendation and response. As specified in legislation, the Director has 90 days to review and reply to recommendations. After the initial reply the Director has an additional 90 days to submit an additional report that sets forth in detail the way, if any, he will implement the recommendations. Within the
180 days after the Director submits a report concerning the implementation the Director must submit a further report that shall set forth specific changes in the Department’s policies and procedures that have been made in response to the recommendation (20 ILCS 515/20).

The CDRT Executive Council has continued to focus this year on working with DCFS on developing the Child Death Investigation Task Force for the Southern Region of the state. The Illinois' Child Death Review Team Act 20 ILCS 515/45 empowers the Illinois' Child Death Review Team Executive Council to create and oversee a Child Death Investigation Task Force. The task force will assist in the investigations of sudden, unexpected, or unexplained deaths of children under the age of 18 years. The task force was to begin in 2007 and a final report was to be submitted January 1, 2010 but due to state funding it has yet to begin as a 3 year pilot program. The CDRT Executive Council will work with legislators, under the direction of Executive Council Chairperson, Dr. Daniel Cuneo to change legislation and move the final report date to three years from the task force's start date.

The Executive Council, along with the Office of the Inspector General, looked closely at the issues of bruising on infants younger than 6 months old. On August 6, 2008 all reports of bruising on children under the age of 6 months are now taken as allegations of abuse by the hotline. The Office of the Inspector General has begun specific error reduction training for DCFS investigators on understanding bruising on infants and toddlers.

The Child Death Review Executive Council and the nine Child Death Review Teams continue to look at the issue of caregiver and infant bedsharing. DCFS workers currently distribute a safe sleeping brochure to families with infants receiving services. The brochure, Safe Sleep for Your Baby, from the National Institute of Child Health and Human Development, urges caregivers to sleep with their infants in the same room, but on separate sleep surfaces, not in the same bed. The Child Death Review Executive Council staff added the brochures Safe Sleep, Safe Crib, and Tummy Time Tips and Tools, (offered in English and Spanish) from SIDS of Illinois Inc. to the brochure request
form that was sent to DCFS POS agencies. These brochures are offered at no charge. The Child Death Review Executive Council will continue to explore ways to warn caregivers about the dangers of bedsharing.

The Child Death Review Teams Executive Council continues to strongly support the campaign, “How well do you know your lover”. Teams continue to review cases in which children are being killed by a parent’s boyfriend or girlfriend/paramour. The campaign reminds all parents about the dangers of leaving a paramour to be the caretaker of a child. In addition to the information Child Death Review, DCFS, and Prevent Child Abuse Illinois have worked together to add the web address for registered sex offenders to the brochure as an additional way for parents to keep their children safe. Brochures have been written in both English and Spanish and these brochures are in high demand. The CDRT staff sent brochure requests that included the “How well do you know your lover” brochure to DCFS POS agencies this year. A total of about 7,000 English and Spanish brochures were requested and sent to individual POS agencies.

The promotion of the statewide public awareness campaign on child drownings, Get Water Wise – Supervise continues to be widely circulated throughout the state of Illinois. The CDRT Executive Council continues to be represented on the collaboration with DCFS, Department of Human Services, Prevent Child Abuse Illinois, the Red Cross and the Illinois Department of Public Health. 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. Brochures and order forms were sent out to all daycares and POS agencies in Illinois.

Executive Council members, Duane Northrup, Champaign County Coroner, and Nancy Maruyama, RN, Executive Director of SIDS of Illinois, Inc., with the encouragement of the Child Death Review Executive Council, successfully worked with Nikki Woolverton, the Coordinator of the Illinois Department of Public Health SIDS/Infant Mortality Program and CSI Mike Lewis from the Illinois State Police on revising the Coroner/Medical Examiner Report Form for all sudden, unexpected infant deaths. Duane
Northrup, Nancy Maruyama, CSI Mike Lewis and Nikki Woolverton were able to take the old form and revise it to include information from the CDC SUIDI form. The additional information gathered with the new revised form can be used for continued research and prevention of these types of death. The form is mandated for all coroners and medical examiners to complete.

The 13th Annual Child Death Review Teams Symposium was held September 4 - 5, 2008 at the Crowne Plaza in Springfield. The presentations included: 1) Dead Doctor vs. Live Doctor: Looking at Child Abuse from Two Different Perspectives presented by two Illinois CDRT members, Nancy Jones, M.D. Chief Medical Examiner, Cook County, and Demetra Soter, M.D. Pediatrician at Cook County/ Stroger Hospital; 2) Taking Action to Prevent Children from Dying In and Around Motor Vehicles presented by Janette Fennell, Founder and President of Kids and Cars; 3) Assessing Parenting Capacity in Child Protection: Implications for Preventing Child Mortality presented by Dr. Karen Budd, Professor of Clinical Psychology and the Director of the Parent-Child Interaction Therapy Program at DePaul University. The symposium was well attended with approximately 120 members present.

The CDRT Council collaborated the printing and distribution of the Illinois Child Death Review Teams Annual Report 2006. This report provides detailed information and statistics on numerous categories of child death. It also presents charts of CDRT recommendations and DCFS responses regarding: 1) primary prevention; 2) DCFS systems; and 3) other systems. The Annual Report for calendar year 2007 is currently being developed.

**Recommendations for 2009**

1. **DCFS should continue to offer support to the Child Death Investigation Task Force.** The Child Death Investigation Task Force will need the cooperation of DCFS, including a DCFS representative on the Protocol Board, in order to develop and implement a successful task force.

2. **Hospital emergency rooms, local law enforcement agencies, coroners, medical examiners, and pathologists need to be educated about the**
importance of promptly reporting all fatal, near fatal, and suspicious injuries of children to the DCFS Hotline. Training, educational seminars biannually, and consistent reminders should be implemented that target new and veteran employees about their duty to report all suspicions of child abuse/neglect. In turn, DCFS investigators must immediately request the assignment of a trained, experienced police detective to assist with investigations involving situations of fatal child abuse and serious child injury.

3. DCFS must continue to expand and update staff training to provide all child protection investigators, and intact and permanency caseworkers—including those authorized through Purchase of Service agencies—with the skills and tools needed to assess risks to children posed by domestic violence, the presence of paramours, parental mental illness, parental substance abuse, including but not limited to alcohol, cocaine, heroin, and methamphetamine.

4. The CDRT Executive Council recommends DCFS aggressively market and promote prevention campaigns including, “Get Water Wise—Supervise.,” “How Well do you know your Lover?: Children in Danger”, and “Safe Sleep for Your Baby” to the general public and especially DCFS families. DCFS parenting classes and other forms of DCFS education should include the information presented in these brochures and the brochures themselves should be distributed.
APPENDIX

CITIZEN REVIEW PANELS STEERING COMMITTEE
June 2009

Members

Gwendolyn E. Mastin, President, CEO
New Phoenix Assistance Center
Chair, SCAN Committee

Diane Scruggs, Executive Director
Healthy Families Chicago
Vice-Chair, SCAN Committee

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SIU School of Medicine
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Clinical Psychologist
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Clairice Hetzler, Executive Director
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Kaye Watson, Executive Director
Illinois Child Death Review Teams

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Cheryl Peterson, CJA Administrator
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DCFS Division of Quality Assurance
Child Death Review Executive Council Coordinator
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JUNE 2009

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Child Abuse Neglect Statistics

June 2009

Department of Children and Family Services
Division of Quality Assurance
DEFINITION OF TERMS

1. **PENDING.** An investigation of suspected child abuse/neglect has not been completely investigated or the investigation finding has not yet been data entered into the SACWIS system.

2. **UNFOUNDED.** An investigation of suspected child abuse/neglect has revealed no credible evidence that the abuse/neglect occurred.

3. **INDICATED.** An investigation of suspected child abuse/neglect has revealed credible evidence that the abuse/neglect occurred.

4. **FAMILY REPORTS.** A single investigation of suspected abuse/neglect. A family report can contain multiple adult subjects and children but for statistical purposes the report is counted only once.

5. **CHILD REPORTS.** The number of alleged victims in family reports of suspected abuse/neglect. A family report can contain multiple alleged child victims and for statistical purposes all alleged victims are counted.

6. **SEXUAL ABUSE VICTIMS.** The number of alleged child victims in abuse/neglect reports where the alleged victim is reported for at least one allegation of sexual abuse.

7. **CHILD DEATH REPORTS.** The number of alleged child victims in abuse/neglect reports where the child has allegedly died from the abuse/neglect.

8. **CHILD PROTECTIVE CUSTODIES.** The number of alleged child victims in abuse/neglect reports where the child was taken into temporary protective custody.

9. **PRIORITY 1 REPORTS.** The number of family reports of alleged abuse/neglect where at least one of the alleged child victims was reported for a priority 1 allegation or was taken into temporary protective custody.

10. **INITIAL INVESTIGATION.** An investigation of suspected abuse/neglect that determined there was no good faith indication of potential abuse/neglect and a formal investigation is not warranted. Initial investigations result in an "unfounded" finding.

11. **S.E.I. REPORTS.** The number of alleged child victims under age one who have been reported for allegation(s) 15 and/or 65 (Substance Misuse). S.E.I. denotes a Substance Exposed Infant.

12. **SOR REPORT.** SOR denotes a Subsequent Oral Family Report of suspected abuse/neglect, i.e. the family has previously been "indicated" for abuse/neglect or there is a previous "pending" report of suspected abuse/neglect on file in the SACWIS system.

- With the exception of child deaths, the above referenced data items are duplicative counts, because a family or child may be reported to the Department more than once during any reporting period.
## Department of Children and Family Services
### Division of Quality Assurance
### Child Abuse/Neglect Data
### STATE
### As of: 06/30/09

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Following Are Unduplicated Counts For FY08:
- Family Reports: 61,040 Indicated Families: 16,152
- Alleged Child Victims: 96,833 Indicated Children: 27,790

Following Are Unduplicated Counts For FY09:
- Family Reports: 61,783 Indicated Families: 14,503
- Alleged Child Victims: 96,700 Indicated Children: 24,704
### Child Abuse/Neglect Data

**State**  
As of: 06/30/09

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### Division of Quality Assurance
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### Division of Quality Assurance
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### Monthly Comparisons (June Only)
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### Previous Fiscal Year Comparisons

#### COOK

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<th>Category</th>
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<th>Percent Change</th>
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## Previous Fiscal Year Comparisons

**DOWNSTATE**

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<th>Percent Change</th>
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</tr>
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<td>92</td>
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MONTHLY COMPARISONS
SUMMARY OF MONTHLY COMPARISONS

Following is an analysis of child protection and child welfare key indicators, comparing June 2009 to June 2008. All comparison figures are point-in-time figures taken from the June 2008 Executive Statistical Summary and the June 2009 Executive Statistical Summary.

Child Protection:

For fiscal year 2009, call volume to the SCR Hotline was 258,237. This represents a decrease of 2.9% from the number of calls received during last fiscal year. Most child protection indicators hovered around the same number as last year at the same time. Indicated deaths are 21.2% lower when comparing the exact points in time and both reported and indicated substance-exposed infants were each down over 20%, however.

Child Welfare:

The number of open family cases was up 2.5% compared to the end of FY08. The number of always intact family cases was up 7.0% from last year at the same point in time, while reunified intact families were up by 10.6%. Non-intact family cases were down by 1.7%.

At the end of FY2009, the number of children in fos/rel/igh care was 15,780. This is a decrease of 189 cases from the end of last month and is 1.8% lower than last year at the same time. The number of children in relative care was down by 3.8% from one year ago, while the institution/group home population was down by 0.4%. The number of children in traditional and specialized non-related foster care was down by 0.6%.

There were 5,155 subsidized guardianship cases in the system at the end of June 2009, which was a decrease of 59 cases from the end of last month. Out-of-state residential care was 17 at the end of June. While out-of-state residential has been about the same throughout FY2009, 17 is the highest number for the year.

The number of children in other types of placements (home of parent, home of adoptive parent, independent, other, missing, etc.) was 6.6% lower than last year at the same time, while subsidy cases (adoption assistance and subsidized guardianship) were 7.3% lower than a year ago.
<table>
<thead>
<tr>
<th>CA/N Calls and Reports:</th>
<th>FY08 (thru June 2008)</th>
<th>FY09 (thru June 2009)</th>
<th>Difference</th>
<th>% Change</th>
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<tbody>
<tr>
<td># Hotline Calls</td>
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<td># Families Reported</td>
<td>67,963</td>
<td>68,740</td>
<td>777</td>
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<tr>
<td># Families Indicated</td>
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<td>15,749</td>
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<tr>
<td># Children Reported</td>
<td>111,654</td>
<td>111,574</td>
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<tr>
<td># Children Indicated</td>
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<td>26,659</td>
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<tr>
<td># Alleged Sex Abuse Victims</td>
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<tr>
<td># Indicated Sex Abuse Victims</td>
<td>2,088</td>
<td>2,020</td>
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<tr>
<td># Child Deaths Reported</td>
<td>154</td>
<td>165</td>
<td>11</td>
<td>7.1%</td>
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<tr>
<td># Child Deaths Indicated</td>
<td>66</td>
<td>52</td>
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<tr>
<td># Child Protective Custodies</td>
<td>4,718</td>
<td>4,416</td>
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<td># Subst. Exposed Infants Rptd.</td>
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<td>699</td>
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<tr>
<td># Subst. Exposed Infants Ind.</td>
<td>726</td>
<td>537</td>
<td>-189</td>
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</table>

<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td># Always Intact Families</td>
<td>5,293</td>
<td>5,663</td>
<td>370</td>
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<tr>
<td># Reunified Families Still Open</td>
<td>509</td>
<td>563</td>
<td>54</td>
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<tr>
<td># Non-intact Families</td>
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<td>6,679</td>
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<td>12,905</td>
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<td># Open Child Cases</td>
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<td>Total Child Caseload</td>
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<td>18,974</td>
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<td># Children in Foster Care</td>
<td>7,805</td>
<td>7,761</td>
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<tr>
<td># Children in Relative Care</td>
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<td>6,154</td>
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<td># Children in Inst/Group Care</td>
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<td>1,865</td>
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<td>Total Fos/Rel/IGH Care</td>
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<td>15,780</td>
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<td># Children in Independent and Other Care</td>
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<td>39,491</td>
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<td># Children in Out-of-State Resid. Care</td>
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<td># Adopt. Asst./Subsidized Guardianship</td>
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<td>36,224</td>
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PROTECTIVE SERVICES DATA
## CALL VOLUME

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<th>FY06</th>
<th>FY07</th>
<th>FY08</th>
<th>FY09*</th>
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<td>258,563</td>
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<td>PERCENT REPORTS</td>
<td>26.8%</td>
<td>26.0%</td>
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## FAMILY REPORTS

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<th>FY07</th>
<th>FY08</th>
<th>FY09*</th>
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<td>21,613</td>
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<td>44,408</td>
<td>44,908</td>
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<td>46,773</td>
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<tr>
<td>TOTAL FAMILY REPORTS</td>
<td>66,820</td>
<td>66,928</td>
<td>67,775</td>
<td>67,959</td>
</tr>
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<td>TOTAL REPORTS PENDING</td>
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<td>UNFOUNDED FAMILY REPORTS COOK</td>
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## CHILD REPORTS

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### CHILD DEATHS

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*AS OF: JUNE 30, 2009
CHILD WELFARE DATA
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<td>15,215</td>
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<td>15,689</td>
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</tbody>
</table>

AS OF: JUNE 30, 2009

*EXCLUDES AA’s AND SG’s

**CASELOAD INCLUDES ALWAYS INTACT FAMILY CASES, ANY CHILD IN PLACEMENT AND ANY REUNIFIED CHILD CASE THAT IS STILL OPEN. PRIOR TO FY07, CASELOAD INCLUDED ALL INTACT REGARDLESS OF STATUS AND ONLY CHILDREN IN OUT OF HOME PLACEMENT.
## CHILD WELFARE CASELOADS - Page 2

<table>
<thead>
<tr>
<th>CASE CLOSINGS</th>
<th>FY05</th>
<th>FY06</th>
<th>FY07</th>
<th>FY08</th>
<th>FY09*</th>
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<td>16,535</td>
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</table>

| FAMILIES/CHILDREN SERVED*** | |
|-------------------------------|------|------|------|------|------|------|------|------|------|
| TOTAL FAMILY CASES SERVED COOK | 12,256 | 10,907 | 10,134 | 10,174 | 8,647 |
| TOTAL FAMILY CASES SERVED DOWNSTATE | 13,716 | 13,229 | 12,108 | 12,259 | 12,354 |
| TOTAL FAMILY CASES SERVED | 25,972 | 24,136 | 22,242 | 22,433 | 21,001 |
| TOTAL CHILD CASES SERVED COOK | 45,760 | 43,248 | 40,816 | 38,636 | 35,865 |
| TOTAL CHILD CASES SERVED DOWNSTATE | 25,929 | 26,328 | 27,170 | 28,122 | 28,674 |
| TOTAL CHILD CASES SERVED | 71,689 | 69,576 | 67,986 | 66,758 | 64,539 |
| TOTAL CASES SERVED COOK | 58,016 | 54,155 | 50,950 | 48,810 | 44,512 |
| TOTAL CASES SERVED DOWNSTATE | 39,645 | 39,557 | 39,278 | 40,381 | 41,028 |
| TOTAL CASES SERVED | 97,661 | 93,712 | 90,228 | 89,191 | 85,540 |

| INDEPENDENT LIVING | |
|-------------------|------|------|------|------|------|------|------|------|------|
| YOUTH IN INDEPENDENT LIVING COOK | 950 | 854 | 675 | 542 | 355 |
| YOUTH IN INDEPENDENT LIVING DOWNSTATE | 155 | 159 | 170 | 170 | 137 |
| TOTAL IN INDEPENDENT LIVING | 1,105 | 1,013 | 845 | 712 | 492 |

| ADOPTION ASSISTANCE | |
|---------------------|------|------|------|------|------|------|------|------|------|
| ADOPTION ASSISTANCE CASES COOK | 24,720 | 23,997 | 22,964 | 21,454 | 19,622 |
| ADOPTION ASSISTANCE CASES DOWNSTATE | 10,609 | 10,945 | 11,574 | 11,844 | 11,379 |
| TOTAL AA CASES | 35,329 | 34,942 | 34,538 | 33,298 | 31,001 |

| SUBSIDIZED GUARDIANSHIP | |
|-------------------------|------|------|------|------|------|
| TOTAL SUB GUARDIANSHIP CASES | 6,505 | 6,307 | 6,082 | 5,695 | 5,155 |

**AS OF: JUNE 30, 2009**

***THE SERVED POPULATION INCLUDES ALL CASES THAT RECEIVED SOME TYPE OF SERVICE (PAID OR UNPAID) DURING THE YEAR.***
### STATE

<table>
<thead>
<tr>
<th>FISCAL YEAR</th>
<th>TOTAL CHILDREN</th>
<th>ADOP ASST/SGH</th>
<th>*HOME OF PLC/HMP INTACT TOTAL</th>
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<tr>
<td></td>
<td>19,446</td>
<td>5,759</td>
<td>25,205</td>
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<tr>
<td>FY: 07</td>
<td>59,949</td>
<td>40,687</td>
<td>75</td>
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<td>24,692</td>
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<tr>
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<td>39,063</td>
<td>52</td>
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<tr>
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<td>19,250</td>
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### COOK

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<td>10,243</td>
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### DOWNSTATE

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<th>ADOP ASST/SGH</th>
<th>*HOME OF PLC/HMP INTACT TOTAL</th>
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</thead>
<tbody>
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<tr>
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DATA AS OF: JUNE 30, 2009

NOTE (*) Represents Child Cases placed at Home of Adoptive Parent that are not yet Adoption Assistance (AA) cases.
### Current Caseload Data

#### Downstate

<table>
<thead>
<tr>
<th>Area</th>
<th>Region</th>
<th>Always Intact FAMILIES</th>
<th>PLCMT CASES</th>
<th>RET HOME CASES</th>
<th>Total CASES</th>
<th>Always Intact FAMILIES</th>
<th>PLCMT CASES</th>
<th>RET HOME CASES</th>
<th>Total CASES</th>
<th>Child Caseload</th>
<th>Family Caseload</th>
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<td><strong>7,494</strong></td>
<td><strong>784</strong></td>
<td><strong>8,940</strong></td>
<td><strong>11,157</strong></td>
<td><strong>3,527</strong></td>
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</table>

#### Cook

<table>
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<tr>
<th>Area</th>
<th>Region</th>
<th>Always Intact FAMILIES</th>
<th>PLCMT CASES</th>
<th>RET HOME CASES</th>
<th>Total CASES</th>
<th>Always Intact FAMILIES</th>
<th>PLCMT CASES</th>
<th>RET HOME CASES</th>
<th>Total CASES</th>
<th>Child Caseload</th>
<th>Family Caseload</th>
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</table>

**Statewide Totals**: 3,967 4,004 433 8,404 1,696 13,536 1,001 16,233

1) All adoption assistance and other subsidy-only cases.
2) An intact family is defined as any open family case with no children ever in placement.
3) PLCMT and RET HOME child case is defined as any open child cases where the child is in a placement or was in a placement and has since returned home but is open for services.
4) A POS case is defined as any open family case or any open child case where the case is assigned to a worker agency team/worker.

Data as of: June 30, 2009
CHILD LIVING ARRANGEMENT DATA
### Foster Care

<table>
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<tr>
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<th>FY05</th>
<th>FY06</th>
<th>FY07</th>
<th>FY08</th>
<th>FY09*</th>
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### Relative Foster Care

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### Institutional/Group Care

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### Total Substitute Care

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* Data as of June 30, 2009
**The substitute care total above includes non-related foster care, relative care and institution/group home care only.
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### TOTAL CHILDREN OUT OF STATE

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* Data as of JUNE 30, 2009
** Out of State Residential Care consists of Private Institutions & Group Homes
*** Institutional (Oth) Care consists of DET,ICF,IDC,IMH,IRS, NCF, HHF
**** Home of Parent includes Adoption Assistance cases.
## STATEWIDE CHILD CASELOAD BY CURRENT PLACEMENT - Page 3

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**TOTAL FOS/REL/IGH PLACEMENTS**  
15,780 267 0 15,513

* Data as of June 30, 2009

Home of Adoptive Parent (HAP), Adoption Assistance and Subsidized Guardianship cases are excluded from caseload.
## Statewide Child Caseload by Current Placement - Page 4

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* Data as of June 30, 2009
**Subsidized guardianship counts are based on who was assigned the case at the time of the guardianship, not current assignment.
Home of Parent and Home of Adoptive Parent (HAP) cases are excluded from caseload. Adoption Assistance and SGH is also excluded.
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* Data as of June 30, 2009

Home of Adoptive Parent (HAP), Adoption Assistance and Subsidized Guardianship cases are excluded from caseload.
## COOK CHILD CASELOAD BY CURRENT PLACEMENT - Page 6

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**TOTAL INDEPENDENT AND OTHER PLACEMENTS**

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**COOK TOTALS**

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* Data as of June 30, 2009

**Subsidized guardianship counts are based on who was assigned the case at the time of the guardianship, not current assignment.

Home of Adoptive Parent (HAP), Adoption Assistance and Subsidized Guardianship cases are excluded from caseload.
### DOWNSTATE CHILD CASELOAD BY CURRENT PLACEMENT - Page 7

<table>
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<tr>
<th>Placed Category</th>
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**TOTAL FOS/REL/IGH PLACEMENTS**

9,125 46 0 9,079

* Data as of June 30, 2009

Home of Adoptive Parent (HAP), Adoption Assistance and Subsidized Guardianship cases are excluded from caseload.
### DOWNSTATE CHILD CASELOAD BY CURRENT PLACEMENT - Page 8

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<th>Placed Category</th>
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* Data as of June 30, 2009
**Subsidized guardianship counts are based on who was assigned the case at the time of the guardianship, not current assignment.
Home of Adoptive Parent (HAP), Adoption Assistance and Subsidized Guardianship cases are excluded from caseload.
RESOURCES
DATA
### RESOURCES-PAGE 1

**OPEN CHILD CASES (LESS AA’s, SGH’s, etc.) BY AVERAGE LENGTH OF TIME OPEN AND AVERAGE TIME IN CURRENT PLACEMENT**

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<th>Avg Years Open</th>
<th>Avg Total</th>
<th>Avg Years In Current Placement</th>
<th>Avg Years Open</th>
<th>Avg Total</th>
<th>Avg Years In Current Placement</th>
<th>Avg Years Open</th>
<th>Avg Total</th>
<th>Avg Years In Current Placement</th>
<th>Avg Years Open</th>
<th>Avg Total</th>
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As of: June 30, 2009

Away from Authorized Placement includes: children whose whereabouts are unknown, abducted children and children in known but unauthorized placements.
# FIRST SUBSTITUTE CARE LIVING ARRANGEMENT

## INCLUDING TEMPORARY SHELTERS

### FIRST SUBSTITUTE CARE REGION LIVING ARRANGEMENT

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### DOWNSTATE LIVING ARRANGEMENT

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### TOTAL LIVING ARRANGEMENT

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* ICF includes any records coded as ICF plus the actual temporary shelters.
**AS OF: June 30, 2009
### FIRST SUBSTITUTE CARE LIVING ARRANGEMENT

**EXCLUDING TEMPORARY SHELTERS**

**COOK**

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| FY07                | 1.6%           | 0.3%                      | 6.8%                   | 19.6%                      | 9.0%                      | 2.5%           | 47.4%                | 0.1%                  | 0.3%                     | 0.1%                | 0.1%                    | 0.1%                        | 0.2%                      | 8.9%                   | 0.1%      |
| FY08                | 1.4%           | 0.4%                      | 6.6%                   | 13.4%                      | 15.9%                    | 1.8%           | 45.0%                | 0.1%                  | 0.0%                     | 0.0%                | 0.0%                    | 0.1%                        | 0.0%                      | 11.3%                  | 0.2%      |
| FY09*               | 3.0%           | 0.2%                      | 5.9%                   | 9.6%                       | 18.1%                    | 1.5%           | 42.3%                | 0.1%                  | 0.2%                     | 0.1%                | 0.1%                    | 0.1%                        | 0.1%                      | 13.6%                  | 0.1%      |

**TOTAL**

1,156 1,596 1,313 100.0% 100.0% 100.0%

**DOWNSTATE**

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| FY07                | 1.0%           | 0.0%                      | 30.5%                  | 10.6%                      | 2.6%                      | 0.2%           | 53.7%                | 0.1%                  | 0.0%                     | 0.0%                | 0.0%                    | 0.0%                        | 0.0%                      | 8.9%                   | 0.0%      |
| FY08                | 0.9%           | 0.1%                      | 33.2%                  | 2.2%                       | 2.0%                      | 0.3%           | 58.4%                | 0.0%                  | 0.0%                     | 0.0%                | 0.0%                    | 0.0%                        | 0.0%                      | 11.3%                  | 0.0%      |
| FY09*               | 1.2%           | 0.2%                      | 32.1%                  | 1.7%                       | 2.8%                      | 0.2%           | 58.9%                | 0.1%                  | 0.0%                     | 0.0%                | 0.0%                    | 0.0%                        | 0.0%                      | 13.6%                  | 0.0%      |

**TOTAL**

3,273 3,675 3,548 100.0% 100.0% 100.0%

**STATE**

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**AS OF: June 30, 2009**
LICENSING DATA
### LICENSING (State Data) - Page 1

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*FY09 DATA AS OF: June 30, 2009

**CAPACITY IS THE TOTAL OF LICENSED AND EXPIRED/RENEWALS.
****PENDING NEW LICENSES ONLY - NOT RENEWALS.

Note that Cook or Downstate is determined by geographic location of home/facility.
### Licensing (Cook Regions Only) -- Page 2

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*FY09 DATA AS OF: June 30, 2009
**LICENSE IS EXPIRED, BUT THE RENEWAL IS IN PROCESS.
***CAPACITY IS THE TOTAL OF LICENSED AND EXPIRED/RENEWALS.
****PENDING NEW LICENSES ONLY - NOT RENEWALS.

Note that Cook or Downstate is determined by geographic location of home/facility.
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<td>TOTAL*</td>
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<td>15,841</td>
<td>454</td>
<td>202,811</td>
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<td>2,317</td>
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*FY09 DATA AS OF: June 30, 2009
**LICENSE IS EXPIRED, BUT THE RENEWAL IS IN PROCESS.
***CAPACITY IS THE TOTAL OF LICENSED AND EXPIRED/RENEWALS.
****PENDING NEW LICENSES ONLY - NOT RENEWALS.

Note that Cook or Downstate is determined by geographic location of home/facility.
GLOSSARY
DEFINITION OF TERMS

PROTECTIVE SERVICES*

1. **PENDING**. An investigation of suspected child abuse/neglect has not been completely investigated or the investigation finding has not yet been data entered into the SACWIS system.

2. **UNFOUNDED**. An investigation of suspected child abuse/neglect has revealed no credible evidence that the abuse/neglect occurred.

3. **INDICATED**. An investigation of suspected child abuse/neglect has revealed credible evidence that the abuse/neglect occurred.

4. **FAMILY REPORTS**. A single investigation of suspected abuse/neglect. A family report can contain multiple adult subjects and children but for statistical purposes the report is counted only once.

5. **CHILD REPORTS**. The number of alleged victims in family reports of suspected abuse/neglect. A family report can contain multiple alleged child victims and for statistical purposes all alleged victims are counted.

6. **SEXUAL ABUSE VICTIMS**. The number of alleged child victims in abuse/neglect reports where the alleged victim is reported for at least one allegation of sexual abuse.

7. **CHILD DEATH REPORTS**. The number of alleged child victims in abuse/neglect reports where the child has allegedly died from the abuse/neglect.

8. **CHILD PROTECTIVE CUSTODIES**. The number of alleged child victims in abuse/neglect reports where the child was taken into temporary protective custody.

9. **PRIORITY 1 REPORTS**. The number of family reports of alleged abuse/neglect where at least one of the alleged child victims was reported for a priority 1 allegation or was taken into temporary protective custody.

10. **INITIAL INVESTIGATION**. An investigation of suspected abuse/neglect that determined there was no good faith indication of potential abuse/neglect and a formal investigation is not warranted. Initial investigations result in an "unfounded" finding.

11. **S.E.I. REPORTS**. The number of alleged child victims under age one who have been reported for allegation(s) 15 and/or 65 (Substance Misuse). S.E.I. denotes a Substance Exposed Infant.

12. **SOR REPORT**. SOR denotes a Subsequent Oral Family Report of suspected abuse/neglect, i.e. the family has previously been "indicated" for abuse/neglect or there is a previous "pending" report of suspected abuse/neglect on file in the SACWIS system.
* With the exception of child deaths, the above referenced data items are duplicative counts, because a family or child may be reported to the Department more than once during any reporting period.

**CHILD WELFARE**

1. **INTACT FAMILY CASES.** The number of open family cases (as of the last day of the reporting period) where there are no children in the family placed outside of home of parent. **NOTE: AN OPEN INTACT FAMILY CASE IS COUNTED IN CASELOAD COMPUTATIONS.**

2. **NON-INTACT FAMILY CASES.** The number of open family cases (as of the last day of the reporting period) with at least one child having DCFS legal involvement and placed outside of home. **NOTE: AN OPEN NON-INTACT FAMILY CASES IS NOT COUNTED IN CASELOAD COMPUTATIONS.**

3. **CHILD CASELOAD.** The total number of open out-of-home child cases that were open as of the last day of the reporting period. **NOTE: AN OPEN CHILD CASE WHERE THE CHILD IS PLACED OUTSIDE THE BIOLOGICAL HOME IS COUNTED IN CASELOAD COMPUTATIONS. AN OPEN CHILD CASE WHERE THE CHILD IS PLACED IN THE BIOLOGICAL HOME IS NOT COUNTED IN CASELOAD COMPUTATIONS.**

4. **TOTAL CASELOAD.** The total number of open intact family and out-of-home child cases that were open as of the last day of the reporting period.

5. **FAMILY CASE OPENINGS.** The total number of family cases that were opened during the reporting period.

6. **CHILD CASE OPENINGS.** The total number of child cases that were opened during the reporting period.

7. **TOTAL CASE OPENINGS.** The total number of family and child cases that were opened during the reporting period.

8. **FAMILY CASE CLOSINGS.** The total family cases that were closed during the reporting period.

9. **CHILD CASE CLOSINGS.** The total number of child cases that were closed during the reporting period.

10. **TOTAL CASE CLOSINGS.** The total number of family and child cases that were closed during the reporting period.

11. **TOTAL FAMILY CASES SERVED.** The total number of family cases that were open at
12. **TOTAL CHILD CASES SERVED.** The total number of child cases that were open at least one day during the reporting period.

13. **TOTAL CASES SERVED.** The total number of family and child cases that were open at least one day during the reporting period.

14. **YOUTH IN INDEPENDENT LIVING.** The number of open child cases where the child is in an independent living arrangement category (excludes college/university studies and armed services populations).

15. **ADOPTION ASSISTANCE.** The number of open child cases where the Department is providing financial assistance to the adoptive parents after the finalization of an adoption.

16. **DEPARTMENT WARDS.** Those open cases counted in total child caseload plus non-Adoption Assistance cases currently placed in the home of parent.

** Family/child opening and closing data may be duplicative, because either a family or child case might be opened and/or closed more than once during any reporting period.

**SUBSTITUTE CARE (Out-of-Home Placements)**

1. **DEPARTMENT FOSTER CARE.** The number of open child cases where a Department caseworker serves the child in a non-related foster care living arrangement.

2. **PRIVATE FOSTER CARE.** The number of open child cases where a private agency caseworker serves the child in a non-related foster care living arrangement.

3. **TOTAL FOSTER CARE.** The number of all open child cases where the child is in a non-related foster care living arrangement.

4. **DEPARTMENT RELATIVE CARE.** The number of open child cases where a Department caseworker serves the child in a relative foster care living arrangement.

5. **PRIVATE RELATIVE FOSTER CARE.** The number of open child cases where a private agency caseworker serves the child in a relative foster care living arrangement.

6. **TOTAL RELATIVE FOSTER CARE.** The number of all open child cases where the child is in a relative foster care living arrangement.

7. **INSTITUTIONAL CARE (NON-EMERGENCY).** The number of open child cases where the child is in an institutional care living arrangement. The term institution includes Department of Corrections, Department of Mental Health, Department of Public Health,
Department of Rehabilitative Services facilities, Nursing Care Facilities, Private child care facilities, and Department shelters.

8. **HOSPITAL & HEALTH FACILITIES.** The number of children in a hospital or health treatment facility. Care in these facilities is often on a short-term basis for treatment of an acute illness or injury.

9. **EMERGENCY SHELTER CARE.** The number of open child cases where the child is in a youth emergency shelter or the Emergency Reception Center.

10. **GROUP HOME CARE.** The number of open child cases where the child is in a group home living arrangement.

11. **TOTAL SUBSTITUTE CARE.** The number of open child cases where the child is in a non-related foster care home, relative care home, institution, group home, or a hospital /health facility.

*** All of the substitute care information provided is point-in-time data, based on information available on the last day of the reporting period. Therefore, all counts are non-duplicated.

**LICENSING****

1. **LICENSING AGENT.** A Department or private agency licensing worker who is responsible for making a particular licensing recommendation/decision.

2. **LICENSED.** The number of facilities that have a current license. In most cases, licenses are valid for a four-year period, after which a renewal of the license is required.

3. **CAPACITY.** The number of children a facility is entitled to serve as determined by the licensing worker.

4. **EXPIRED.** The number of facilities where the current license has expired and a renewal license has not yet been issued.

5. **PENDING.** The number of new facilities currently under study for a license. The count does not include facilities requesting a renewal of an existing license.

**** Licensing information provided is non-duplicated, point-in-time data based on information available on the last day of the reporting period.
SUPPLEMENTAL ORDER TO ENFORCE CONSENT DECREE

This cause was presented to the Court on Plaintiffs’ Emergency Motion to Enforce Consent Decree (“Plaintiffs’ Motion”). See Doc. No. 456. The parties stipulated to the admission into evidence of the exhibits attached to Plaintiffs’ Motion, the Court heard the testimony of Defendant Erwin McEwen, Director of the Illinois Department of Children and Family Services, and the parties presented argument to the Court.

Based on the evidence presented, and the testimony of Director McEwen, the Court finds that the planned cuts in programs and services that DCFS is undertaking violate the B.H. Decree. The Court finds that Director McEwen is an extraordinarily credible and knowledgeable witness with an understanding of the multiple problems facing the system. The Director’s testimony concerning the harm that would occur to children under the program and service reductions that the Director would have to make would violate the Consent Decree in numerous ways. Not only would necessary services be eliminated or reduced, but the damage done would be irreparable. The Court is persuaded by the Director’s testimony that the harm that would occur following the program and service reductions that he described could not be restored in the short term once the cuts are made, and that the Decree violations that would be inevitable under the program and service cuts present a certainty of irreparable harm.

For these reasons, and as stated more fully in open court on Monday, June 29, IT IS HEREBY ORDERED THAT:
1. Defendant shall comply with all provisions of the B.H. Decree and shall not proceed with any reduction or cancellation of any programs or services (including without limitation foster parent and relative reimbursement payments, adoption subsidies, contracts for placements, comprehensive assessments to identify medical and mental health needs upon entering care, medical care, psychiatric services, counseling services, daycare services, System of Care services, services for pregnant and parenting teens, respite services for foster parents, performance of background checks, and fingerprinting) that violate the Decree so long as the Decree remains in effect.

2. Defendant shall maintain current caseload ratios for investigative personnel, follow-up caseworkers, and supervisory staff, whether provided by DCFS or its contracted agencies.

3. Defendant shall continue to provide fully adequate monitoring of service providers, and maintain current professional, artistic and University contracts, including without limitation contracts for training, assessments, Integrated Assessments, research, evaluation for demonstration projects, and the monitoring of residential treatment centers and psychiatric hospitals performed by the University of Illinois at Chicago.

4. Defendant shall continue to perform all necessary clinical and social assessments for all children entering and assure that appropriate services are available to meet the assessed needs.

5. Defendant shall submit a written description of any reductions in programs, services, and staffing no fewer than 14 days prior to the implementation of same for review by Plaintiffs. In the event of a dispute as to whether any planned change violates the B.H. Decree, either party may submit the issue to the Court. The requirements of this Paragraph shall terminate upon passage of an FY 2010 budget.

6. On or before July 1, 2009, Defendant shall publish this Order by (i) posting it on DCFS’ website, and (ii) by transmission of a copy of the Order to its personnel, to foster parents, and to contractors and providers of services, including any that received prior notice of a reduction in compensation or termination of a contract resulting from budget limitations via e-mail where available and by such other, additional means as the Department employs for communications to the foregoing persons and entities in its usual course of business.
7. It is further ordered that the parties shall appear for status hearing before the Court within 45 days or at such other time as the Court shall require.

Dated: June 30, 2009

SO ORDERED

By:

John F. Grady, United States District Judge