



# 2024 Illinois Annual Progress and Services Report (APSR)

## Addendum A

**CHILD ABUSE PREVENTION AND TREATMENT ACT REPORT  
CHILD ABUSE PREVENTION AND TREATMENT ACT REPORT (CAPTA)**  
Includes Section 'F' information (*Statistical and Supporting Information and Child  
Protective Service Workforce Information*)

Illinois Department of Children and Family Services  
Submitted June 30, 2023

# CHILD ABUSE PREVENTION AND TREATMENT ACT REPORT

Annual Progress and Services Report for Basic State Grant

October 1, 2022 – September 30, 2023

## INTRODUCTION

The Illinois Department of Children and Family Services (DCFS) is the designated agency to receive and distribute the Basic State Grant for the State of Illinois under the Child Abuse Prevention and Treatment Act (CAPTA). Annually, DCFS submits this CAPTA report as a part of the Annual Progress and Services Report (APSR). The CAPTA annual report, in addition to providing updates on the implementation/maintenance of CAPTA programming and activity in Illinois, also addresses instruction from the U.S. Department of Health and Human Services, Administration on Children, Youth and Families. **Program Instructions (PI) addressed in this annual report were issued February 9, 2023 (Log No: ACYF-CB-PI-23-01).**

This report details the goals of safety, permanency, and child and family well-being which continue to be the foundation and mission of DCFS for systemic and outcome measures aimed at improving the lives of Illinois children who are exposed to child abuse and neglect. The DCFS mission is to: (1) provide appropriate, permanent homes as quickly as possible for those children who cannot safely return home; (2) support early intervention; and (3) sponsor child abuse prevention activities in partnership with community-based programs. DCFS' vision is to act in the best interest of every child it serves, to help families by increasing their ability to provide a safe environment for their children, and by strengthening families who are at risk of abuse and neglect.

To effectively safeguard our children's rights and protect them from potential situations of physical or sexual abuse, DCFS personnel, other state agencies, and private citizens work collaboratively to deliver high quality evidence-based prevention and intervention programs. Through DCFS program and plan implementations, the Department strengthens coordination amongst all levels of government with agencies that are primarily community-centered, including not-for-profit, private, for-profit, civic, and faith-based agencies and organizations. Collectively, DCFS and these agencies emphasize the need for services and programs to be designed to meet the specific needs of children and families in communities where they live and have the greatest access.

Internally, DCFS has assembled a powerful team that has but one mission: the protection of our children and families. Meaningful and on-going partnerships continue to occur with the Children's Justice Grant Administrator, the Community-Based Child Abuse Prevention Grant Administrator, the Illinois Citizen Review Panels, the CAPTA Grant Administrator, the Budget and Finance Committee, the grant monitors and managers, the Deputy Director, and supervisory staff. These partnerships continue to play an active role within DCFS for developing a consolidated plan which contributes to successful outcomes and measurements. These internal partnerships, along with our community-based partners, assist the State of Illinois in meeting federal requirements related to child safety, permanency, and child and family well-being.

The State of Illinois continues to maintain laws that are compliant with the requirements of CAPTA. At the time of this report submission, no new laws had been enacted over the past year that would adversely affect Illinois' participation in the CAPTA State Grant program. No Public Acts during this time

have had an impact on DCFS relative to the prevention of child abuse and neglect that could adversely affect the State's eligibility for participation in the CAPTA grant program.

DCFS continues to engage many funding sources to ensure the successful programming of child abuse prevention programming. CAPTA funding, as well as funding through CBCAP and Children's Justice, affords us the necessary financial support to sustain and grow our programs throughout the state.

## **SECTION D. CAPTA STATE PLAN REQUIREMENTS AND UPDATES**

- *Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).*
- *Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).*
- *Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2022 (section 108(e) of CAPTA).*
  - *As part of that description, provide information on whether and how CAPTA funds have been used, alone or in combination with other funds, such as title IV-E Foster Care administrative claiming, to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)(B)(ii)).*
- *Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)*
- *Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA), including information on:*
  - *How the state is using CAPTA State Grant funding to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants.*
  - *Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.*
  - *Any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).*
  - *The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.*

- *Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.*
- *If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.*
- **American Rescue Plan Act Funding**
  - *Provide an update on the state's use to date and planned use of the supplemental funding provided through ARPA.*
  - *Describe how the state has engaged with families, community-based agencies, or other partners to plan for the use of funds and how issues of equity are informing the planned use of the funds.*
  - *Describe any barriers or challenges the state has experienced in being able to access or use the supplemental funds.*
- *Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.*

## **SECTION F. STATISTICAL AND SUPPORTING INFORMATION**

- **Information on Child Protective Service Workforce.** *For child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the state, report available information or data on the following:*
  - *Information on the education, qualification, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;*
  - *Data on the education, qualifications, and training of such personnel;*
  - *Demographic information of the child protective service personnel; and*
  - *Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPITA).*
- **Juvenile Justice Transfers.** *Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2022 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data (see section 106(d)(14) of CAPTA).*

Please see Addendum F 'Juvenile Justice Transfers' for additional information.

## DCFS RESPONSES:

**Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state’s eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).**

There have been no substantive changes this fiscal year that would adversely impact or affect the state’s eligibility for the CAPTA State Grant. To the contrary, legislation has been passed/introduced that improves upon current procedures and protocols, refines terms and vernacular, and allows for greater accessibility to services and greater equity in the receipt of services. The following legislation has taken place or will take place in Illinois in 2023 and through these legislative actions and pending actions, Illinois continues to improve the quality of service provided to our children, by increasing the probability of child abuse prevention, and including the goals of promotion of permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement, (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and well-being of children.

<b>ILLINOIS LEGISLATION</b>
<p><b>SB188 – MED RECORDS CONSENT</b> - Amends the Consent by Minors to Health Care Services Act. Allows a parent who consents to the performance upon his or her child of a health care service to request to inspect and copy the child's records or any part thereof so long as it is related to the health care service the parent consented to. Amends the Mental Health and Developmental Disabilities Confidentiality Act. Allows the personal representative under HIPAA of a recipient to request to inspect and copy a recipient's record or any part thereof, regardless of the age of the recipient.</p> <p><b>Disposition:</b> Passed both Houses as of 5/19/23</p>
<p><b>SB2246</b> - Sets forth certain protections that must be provided to any subject of an abuse or neglect investigation whenever DCFS consults with and relies upon the opinion of a medically trained professional as to whether there is evidence of abuse or neglect. Provides that no child or family member of a child who is the subject of an investigation shall be required to submit to additional medical tests, for investigation purposes only, during the investigation. Requires a consulting medical professional who is employed or under contract with the Department to identify himself or herself as a forensic consultant, rather than as a member of the child's treatment team, whenever the individual has direct contact with the child or the family of the child. Provides that the subject of a report shall have the opportunity to submit a second medical opinion as to whether there is evidence of abuse or neglect. Requires the Department to annually prepare and make available on the Department's Reports and Statistics webpage a report on the number of children referred to a consulting medical professional for forensic opinion. Provides that the first report must be posted by March 31, 2024. Sets forth certain data and information that must be contained in the annual report.</p> <p><b>Disposition:</b> Referred to the Senate Assignments Committee as of 4/19/23</p>
<p><b>HB3414 – Amends the Juvenile Court Act of 1987</b> to add additional factors that judges must consider in the process of sentencing children found guilty of a crime. The bill requires a judge to consider a child’s involvement in the child welfare system, whether they have a history of</p>

## ILLINOIS LEGISLATION

domestic abuse or sexual exploitation and the results of any mental health evaluations the child has gone through. This is in addition to existing factors that judges already consider, such as age, maturity, and potential for rehabilitation. The bill also creates a method for judges to depart from sentencing guidelines, including mandatory minimums, or to transfer a minor offender to juvenile court for sentencing.

**Disposition:** Passed both Houses as of 5/10/23; sent to Governor for signature 6/8/23

**HB1596** - Changes various public acts concerning children to contain more inclusive language, changing pronouns to general nouns or the nouns to which the pronouns refer and replacing "biological" family or parent with "birth" family or parent, amends child welfare and juvenile court statutes to reflect more inclusive language in laws relating to children and families.

The bill recognizes that the number of individuals who identify as LGBTQ+ inside the DCFS system continues to grow. A measure amending language in child welfare and juvenile court statutes to be more inclusive has passed in the Illinois Senate.

House Bill 1596 recognizes the growing number of minor Illinoisians who identify as LGBTQ+ and amends the language to better reflect their identities.

**Disposition:** Passed both Houses as of 5/4/23; sent to Governor for signature 6/2/23

**Public Act 102-0861** - Amends the Abused and Neglected Child Reporting Act. Expands the list of mandated reporters under the Act to include physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and athletic trainers. SB3833

**Disposition:** Passed both Houses 4/1/22 – took effect 1/1/23

**SB1486 – DCFS Personal Protection** - Amends the Children and Family Services Act. Provides that a front-line staff member is authorized to carry and use personal protection spray devices, for self-defense purposes while investigating a report of child abuse or neglect if the front-line staff member has been trained on the proper use of such personal protection spray devices by the Department of Children and Family Services, in consultation with the Illinois State Police.

Provides that by January 1, 2023, the Department, in consultation with the Illinois State Police, shall (i) identify a list of approved personal protection spray devices and (ii) jointly develop and approve a training curriculum and program for front-line staff members on the proper use of such personal protection spray devices for self-defense purposes. Requires the Department to provide funding for the training program.

**Disposition:** Took effect 1/1/23

**Public Act 102-926, formerly HB4242,** - Under this new Illinois law, children up to age 3 who are involved in the state's child welfare system are now automatically eligible for early intervention services such as speech or behavioral therapy that have the potential to mitigate the effects of adverse traumatic experiences and establish the foundations for healthy development. An overview of the key provisions included in the new law:

- **Makes parenting youth in care and families on the DCFS Extended Family Support (EFSP) program automatically eligible for the Child Care Assistance Program (CCAP), regardless of income, employment, or education status.** The extension of eligibility to the CCAP program for parenting youth in care and those on the EFSP program will make childcare more accessible. (This provision becomes effective in July 2023.)

## ILLINOIS LEGISLATION

- **Makes infants and toddlers involved in the child welfare system automatically eligible for the Early Intervention (EI) program.** Expanding eligibility for services to infants and toddlers involved in the child welfare system to ease the pathway into the program for children and families who experience structural and situational barriers to services.
- **Requires DCFS to reimburse childcare providers at the same rates paid to providers by IDHS for the CCAP program.** Requiring parity in reimbursement rates between IDHS and DCFS will encourage childcare providers to accept reimbursement from DCFS, expanding the number of childcare options for families involved in the child welfare system.
- **Requires DCFS to report information on its childcare program.** This sharing of data will help policymakers improve programs for families and providers.

**Disposition:** Governor signed into law on 5/28/23

**HB0439** - Creates the **Illinois Youth in Care Timely Provision of Essential Care Act**. Requires DCFS to develop a written, strategic plan that comprehensively addresses improving timely access to quality in-state residential treatment, evidence-based alternatives to residential treatment, and specialized foster care for youth in the care of the Department who have significant emotional, behavioral, and medical needs. Provides that the planning process must be transparent and allow for stakeholder input. Requires the strategic plan to be finalized and made public no later than one year after the effective date of the Act. Requires the strategic plan to be revised within 6 months after the rate study required under the Children and Family Services Act is complete and available for review. Requires the Department to incorporate the rate study's recommendations into the strategic plan. Requires the strategic plan to include: (i) benchmarks and a timeline for implementing each provision of the strategic plan; (ii) strategy for obtaining resources needed to implement each provision of the strategic plan; and (iii) ongoing stakeholder engagement during the implementation of the strategic plan.

**Disposition:** Passed both Houses and sent to Governor for signature on 6/8/23

**HB3799** - Amends the Abused and Neglected Child Reporting Act. In the definition of "blatant disregard," provides that "blatant disregard" is not present when an incident involving a failure to provide food, shelter, or clothing that otherwise would be characterized as "blatant disregard" is solely attributable to the financial inability of the child's parent or the other person responsible for the child's welfare. In the definition of "neglected child," adds that "neglected child" means any child who is not receiving care necessary for his or her well-being, including adequate food, clothing, and shelter, even when the parent or person responsible for the child is financially able to do so or has been offered financial or other means to do so. Provides that a child shall not be considered neglected for the sole reason that the parent or other person responsible for the child in need of supportive services is unable to provide the care necessary for his or her well-being based exclusively on the parents, or other responsible person's, financial inability. Defines "child in need of supportive services." Sets forth certain requirements DCFS must complete before considering a child to be a neglected child, including evaluating the family's financial circumstances and offering appropriate family preservation services or referring the family for a child welfare services referral.

**Disposition:** Re-referred to the Rules Committee on 3/10/23

**Describe any significant changes from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).**

The CAPTA Basic Grant funds, in part or in whole, 53 provider agencies throughout Illinois (an increase of 3 agencies over FY22):

- |  |                                    |
|--|------------------------------------|
| 1. Advocacy Network for Children CAC                     | 26. Knox County CAC                |
| 2. All Our CAC   | 27. Lake County CAC                |
| 3. Amy Schulz CAC  | 28. La Rabida Children’s Hospital  |
| 4. April House CAC                                       | 29. Madison County CAC             |
| 5. Braveheart CAC  | 30. McHenry County CAC             |
| 6. CAC of East Central Illinois                          | 31. McLean County CAC              |
| 7. CAC of North & Northwest Cook County                  | 32. Mercer County Family Crisis    |
| 8. CACs of Illinois                                      | 33. Parent Place                   |
| 9. Champaign County CAC                                  | 34. Peoria County CAC              |
| 10. Chicago CAC - Mental Health                          | 35. Perry Jackson CAC              |
| 11. Child First Center                                   | 36. Prevent Child Abuse Illinois   |
| 12. Child Network Kankakee                               | 37. Procure Centers/Proviso CAC    |
| 13. Children’s Home & Aid Society - Parents Care & Share | 38. Rock Island CAC                |
| 14. Children’s Home & Aid Society – Advancing Fatherhood | 39. Safe Families for Children     |
| 15. Children’s Place Association                         | 40. Sangamon County CAC            |
| 16. Cook County State’s Attorney                         | 41. Shining Star CAC               |
| 17. County of Winnebago                                  | 42. Southern Illinois University   |
| 18. Dani-Brandon CAC                                     | 43. St. Clair County CAC           |
| 19. DeKalb County CAC                                    | 44. Tazewell County CAC            |
| 20. DuPage County CAC                                    | 45. Two Rivers CAC                 |
| 21. Grundy County State’s Attorney                       | 46. Tyler’s Justice Center         |
| 22. Guardian Center, Inc. CAC                            | 47. Unified Child Advocacy         |
| 23. Hamdard Healthcare                                   | 48. University of Chicago - MPEEC  |
| 24. Hobby Horse House of Jacksonville                    | 49. University of Illinois - MERIT |
| 25. Kane County CAC                                      | 50. University of Illinois – PRC   |
|  | 51. Vermilion County CAC           |
|  | 52. Will County CAC                |
|  | 53. Williamson County CAC          |

Illinois has not made any significant changes from the State’s previously approved CAPTA State Plan in how the State allocates CAPTA funds to support one or more of the 14 system improvement categories as required under section 106(b)(1)(C)(ii). Each of the providers receiving CAPTA funds supports at least one, and in many cases, several, of the 14 categories designated under Section 106(a) of the Act:

- 1) **Section 106(a)(1)** - the intake, assessment, screening, and investigation of reports of child abuse or neglect,
- 2) **Section 106(a)(2)** - creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of



substantiated reports of abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings,

- 3) **Section 106(a)(3)** - case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families,
- 4) **Section 106(a)(4)** - enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response,
- 5) **Section 106(a)(5)** – developing and updating systems 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,
- 6) **Section 106(a)(6)** – developing, strengthening, and facilitating training including (a) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; (b) training regarding the legal duties of such individuals; (c) personal safety training for case workers; and (d) training in early childhood, child, and adolescent development,
- 7) **Section 106(a)(7)** – improving the skills, qualifications, 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,
- 8) **Section 106(a)(8)** – developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect,
- 9) **Section 106(a)(9)** – developing, implementing, 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; (c) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and (d) the use of differential response in preventing child abuse and neglect,
- 10) **Section 106(a)(10)** – developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response,
- 11) **Section 106(a)(11)** – 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,
- 12) **Section 106(a)(12)** – supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems,
- 13) **Section 106(a)(13)** – supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs (a) to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and (b) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantial child maltreatment reports,
- 14) **Section 106(a)(14)** – developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in (a) investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and (b) the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

**ENGAGEMENT OF CAPTA 14 IMPROVEMENT CATEGORIES VIA STATE PROVIDERS**

<b>Provider</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
Advocacy Network CAC		X	X		X					X				
All Our Children’s CAC		X	X		X					X				
Amy Schulz CAC		X	X		X					X				
April House CAC		X	X		X					X				
Braveheart CAC		X	X		X					X				
CAC of East Central Illinois		X	X		X					X				
CAC-North & Northwest Cook		X	X		X					X				
CACs of Illinois		X			X	X	X	X		X				
Champaign CAC		X	X		X					X				
Chicago CAC – Mental Health		X	X		X					X				
Child 1 <sup>st</sup> Center CAC		X	X		X					X				
Child Network/Kankakee CAC		X	X		X					X				
Children’s Home & Aid – Parents Care & Share						X					X			
Children’s Home & Aid – Advancing Father’s Project			X			X					X		X	
Children’s Place Association			X						X					
Cook County-States Attorney		X	X		X					X				
County of Winnebago		X	X		X					X				
Dani-Brandon CAC		X	X		X					X				
DeKalb County CAC		X	X		X					X				
DuPage County CAC		X	X		X					X				
Grundy County CAC														
Guardian Center, Inc. CAC		X	X		X					X				
Hamdard Healthcare			X										X	X
Hobby Horse House			X								X			
Kane County CAC		X	X		X					X				
Knox County CAC		X	X		X					X				
Lake County CAC		X	X		X					X				
La Rabida Children’s Hospital		X	X		X					X				
Madison County CAC		X	X		X					X				
McHenry County CAC		X	X		X					X				
McLean County CAC		X	X		X					X				
Mercer County CAC		X	X		X					X				
Parent Place			X	X							X			
Peoria County CAC		X	X		X					X				
Perry Jackson CAC		X	X		X					X				
Prevent Child Abuse Illinois				X		X	X	X		X	X		X	X
Procure Centers/Proviso CAC		X	X		X					X				
Rock Island CAC		X	X		X					X				
Safe Families for Children						X	X							
Sangamon County CAC		X	X		X					X				
Shining Star CAC		X	X		X					X				
Southern Illinois University	X		X		X					X				

ENGAGEMENT OF CAPTA 14 IMPROVEMENT CATEGORIES VIA STATE PROVIDERS														
Provider	1	2	3	4	5	6	7	8	9	10	11	12	13	14
St. Clair County CAC		X	X		X					X				
Tazewell County CAC		X	X		X					X				
Two Rivers CAC		X	X		X					X				
Tyler's Justice Center		X	X		X					X				
Unified Child Advocacy		X	X		X					X				
University of Chicago-MPEEC	X	X	X		X									
University of Illinois-MERIT	X		X		X					X				
University of Illinois-PRC	X		X		X					X				
Vermilion County CAC		X	X		X					X				
Will County CAC		X	X		X					X				
Williamson County CAC		X	X		X					X				

**Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2022 (section 108(e) of CAPTA).**

Many of the DCFS services and community-based programming funded by the CAPTA Basic State Grant funds are also funded in partnership through other existing federal funding sources: the Community-Based Child Abuse Prevention Grant and the Children's Justice Act Grant<sup>1</sup>:

FY23 FEDERAL FUNDS ALLOCATIONS <sup>2</sup>				
Provider	CAPTA Funds	CBCAP Funds	CJ Funds	
Advocacy Network	2,657.00	\$0	\$0	
All Our Children's CAC	18,368.00	0	0	
Amy Schulz CAC	63,238.61	0	0	
April House CAC	26,771.00	0	0	
Braveheart CAC	10,142.00	0	0	
CAC of East Central Illinois	17,256.52	0	0	
CAC of North & Northwest Cook	3,510.00	0	0	
CACs of Illinois	39,273.00	56,250.00	0	
Champaign County CAC	3,666.00	0	0	
Chicago CAC – Mental Health	87,099.63	0	0	
Child 1 <sup>st</sup> Center CAC	55,918.00	0	0	
Child Network Kankakee	1,846.00	0	0	
Children's Home & Aid Soc of IL	64,601.75	173,039.25	0	
Children's Home & Aid Soc of IL	206,000.00	0	0	
Children's Place Association	53,448.00	0	0	
Cook County States Atty	759.00	0	0	
County of Winnebago	2,919.00	0	0	
Dani-Brandon Ctr	1,162.00	0	0	

<sup>1</sup> Many of the providers also receive grants from state funding sources, and additional CJ and CBCAP funds are allocated to providers who may not receive CAPTA funds and therefore not represented in this table.

<sup>2</sup> FY23 = July 1, 2022, through June 30, 2023 (the state fiscal year)

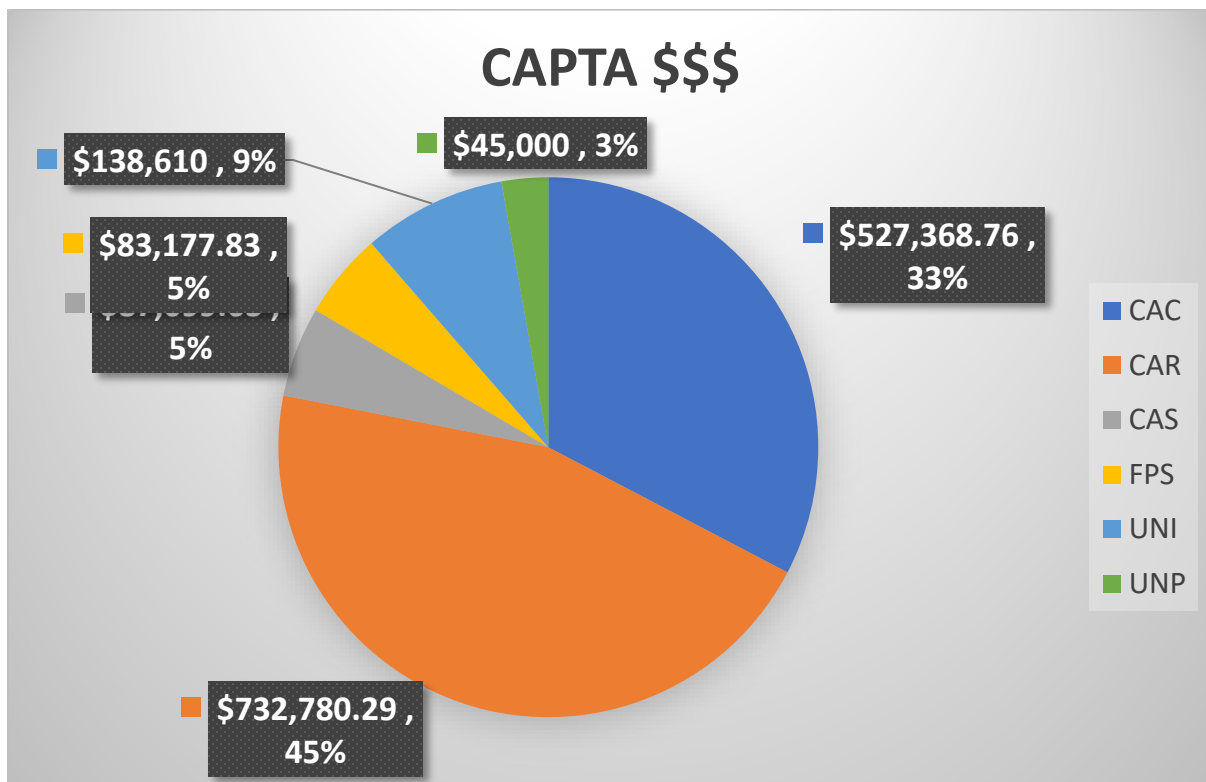
<b>FY23 FEDERAL FUNDS ALLOCATIONS<sup>2</sup></b>			
<b>Provider</b>	<b>CAPTA Funds</b>	<b>CBCAP Funds</b>	<b>CJ Funds</b>
DeKalb County CAC	1,065.00	0	0
DuPage County CAC	1,284.00	0	0
Grundy County States Atty	49,695.00	0	0
Guardian Center, Inc. CAC	38,374.00	0	0
Hamdard Healthcare	115,985.54	20,000.00	0
Hobby Horse House of Jacksonville	24,225.00	75,582.00	0
Kane County CAC	1,968.00	0	0
Knox County CAC	1,355.00	0	0
Lake County CAC	1,689.00	0	10,000.00
La Rabida Children's Hospital	13,690.00	0	20,000.00
Madison County CAC	22,810.00	0	0
McHenry County CAC	1,342.00	0	0
McLean County CAC	2,234.00	0	0
Mercer County CAC	204.00	0	0
Parent Place	193,593.00	0	0
Peoria County CAC	1,360.00	0	0
Perry Jackson CAC	1,774.00	0	0
Prevent Child Abuse Illinois	74,927.00	350,596.00	0
Procare Centers	1,200.00	0	0
Rock Island CAC	1,258.00	0	0
Safe Families for Children	83,177.83	0	0
Sangamon County CAC	12,290.00	0	0
Shining Star CAC	1,352.00	0	0
Southern Illinois University	26,204.00	0	290,000.00
St. Clair County CAC	3,308.00	0	0
Tazewell County CAC	1,745.00	0	0
Two Rivers CAC	1,864.00	0	10,000.00
Tyler's Justice Center	1,162.00	0	0
Unified Child Advocacy	2,200.00	0	0
University of Chicago-MPEEC	45,000.00	0	0
University of Illinois-MERIT	43,096.00	0	100,000.00
University of Illinois-PRC	69,310.00	0	70,891.00
Vermilion County CAC	2,945.00	0	20,000.00
Will County CAC	22,360.00	0	0
Williamson County CAC	2,255.00	0	0
	<b>1,526,936.88</b>	<b>\$675,467.25</b>	<b>\$520,891.00</b>

## Utilization of CAPTA Funds

CAPTA funds have been allocated over a variety of providers, sorted by DCFS descriptor codes, grouping providers based upon a commonality of specific types of services provided:

- **CAC (Child Advocacy Centers)**. Community based agencies that complete interviews and assessments for the children who have been sexually abused.
- **CAR (Child Abuse Research)**. Programs funded through direct federal support including CAPTA and CBCAP. These programs serve community-based referrals and are the primary source of prevention services.
- **CAS (Child Advocacy Support)**. Trauma-informed, evidence-based, psychotherapy services for children and their parents/caregivers.
- **FPS (Family Preservation Services)**. Services to preserve families with indicated findings within intact homes.
- **UNI (Universities – State)**. Variety of programs performed under intergovernmental agreements with state universities including permanency innovation initiatives, educational services, behavior health and welfare, integrated assessment, research, training, and permanency enhancement.
- **UNP (Universities – Private)**. Variety of programs performed under contracts with private universities including permanency innovation initiatives, medical director consultation and referrals, research, investigative assistance, and trauma behavior health.

The following graphic provides the percentage of funds allocated to each descriptor code category.



Each agency is relevant to the Illinois network, providing essential services and evidence-based quality programming to serve the families and children of Illinois.

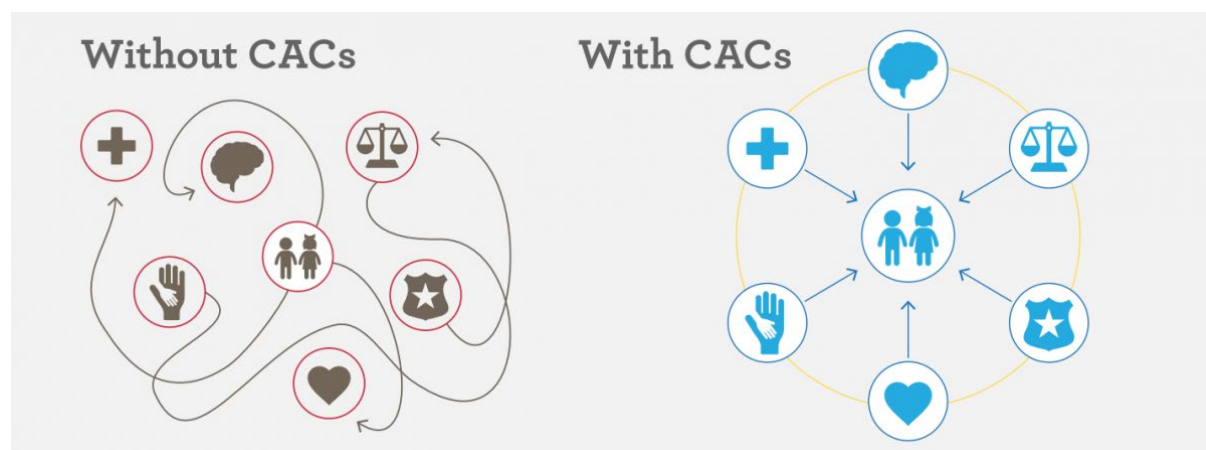
The Child Advocacy Centers of Illinois (CACI) and the corresponding CACs are especially essential as they have a reach covering nearly all 102 counties in the state of Illinois, and their foundation is based on the MDT model, a model that is being incorporated throughout the state.

A significant amount of CAPTA funds - \$527,368.76, 33% - is directed to CACI. All CACs are part of the CACI statewide network and offer a cadre of services which are rooted in the not-for-profit organization's driving principles: leadership, education, and collaboration.

Established in 1995, CACI is the network that coordinates and provides a comprehensive response to child abuse in Illinois. As the leading resource on child abuse issues, CACI stays abreast of the latest research and literature in the child abuse field, as well as the most child-friendly approaches in investigation and treatment of child abuse.

CACs are dedicated to the multi-disciplinary, child advocacy approach and a coordinated, comprehensive response to child abuse. CACI offers discipline-specific trainings to its members throughout the year; CACI seeks opportunities to collaborate with partner agencies, such as the Illinois Attorney General's Office, on education and public policy issues; and CACI guides its members on 'best practices' in the field. CACI, as well as each CAC in Illinois, is an accredited chapter of the National Children's Alliance.<sup>3</sup>

CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. This is called the multi-disciplinary team (MDT) response and is a core part of the work of CACs.



Source: [www.nationalchildrensalliance.org/cac-model](http://www.nationalchildrensalliance.org/cac-model)

<sup>3</sup> National Children's Alliance is the national association and accrediting body for CACs. Formed in 1988, NCA has been providing support, technical assistance, and quality assurance for CACs, while serving as a voice for abused children for more than 25 years. A CAC is a child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse, and hold offenders accountable.

Greater detail of how the funds were used with each specific provider is contained in the Illinois CAPTA State Plan Updates below.

*Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)*

Please see Chapter 5 A 'Efforts to Track and Prevent Child Maltreatment Deaths' and Addendum A-1 'Citizen Review Panel Reports' for additional information

Under CAPTA, Illinois maintains three statewide Citizen Review Panels (CRPs):

- Child Death Review Teams;
- Children's Justice Task Force; and
- Statewide Citizens Committee on Child Abuse and Neglect.

The objective of the citizen review panels is to increase system transparency, accountability, and provide opportunity for community input. Citizen review panels consist of volunteers who are a broad representative of the communities served. The mandate of the Citizen Review Panels is to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities. Each panel is to make recommendations to the state and public on improving the child protective service system. In addition, DCFS, as the designated agency to receive the State Grant, is required to respond in writing to the Citizen Review Panels' recommendations no later than six months after the recommendations are submitted. The DCFS response must include a description on whether the state will incorporate recommendations of the Panels (where appropriate) to make measurable progress in improving the State child protective system.

**The Child Death Review Teams (CDRTs)** participate, when a child dies, in the accurate and complete determination of the cause of death, the provision of services to the surviving family members, and the development and implementation of measures to prevent future deaths from similar causes. Multidisciplinary and multiagency reviews of child deaths can assist the State and counties in reviewing child deaths, developing a greater understanding of the incidence and cause of child deaths, methods for preventing those deaths and identifying gaps in services to children and families. CDRTs also make specific recommendations to the DCFS Director and the Inspector General concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths.

**The Illinois Children's Justice Task Force (CJTF)** is a multidisciplinary, legislatively mandated advisory group that is charged with making recommendations to DCFS directed at improving investigative, administrative, and judicial handling of child abuse cases in a manner that limits additional trauma to the child victim. Increased focus is placed on cases of child sex abuse/exploitation, child fatalities in cases where abuse or neglect is suspected and cases involving a combination of jurisdictions. The task force members are appointed by the DCFS Director to staggered four-year terms.

**The Statewide Citizens Committee on Abuse and Neglect (SCAN)** was created to advise and consult with the DCFS Director regarding matters related to child abuse and neglect in Illinois, including increasing public awareness of child abuse and neglect and proper reporting procedures.

Each Panel has a chairperson and vice-chairperson. Meeting dates, agendas, and minutes for each panel, as required by the Open Meetings Act, may be found on the DCFS website at <https://dcfs.illinois.gov/get-involved/impact-public-policy.html>.

A copy of the Citizen Review Panels' Annual Report and recommendations is submitted as a separate document (Addendum A-1) by the DCFS Citizen Review Panels Coordinator.

*Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA, including information on:*

- *The plans for using CAPTA State Grant funding to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants.*
- *Provide an update on any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs);*
- *Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.*
- *Any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).*
- *The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.*
- *Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.*
- *If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.*

Through the Workgroup established last year, Illinois continues to build upon meeting the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. By embracing multi-disciplinary outreach, coordination, and collaboration, expanding the stakeholder base, introducing legislation to further refine the state's mission and provide needed structure and protocols, and through the receipt of federal funds for pilot programs and research, and the potential commitment of State ARPA funds to provide key service management, Illinois continues to provide quality services in compliance with the plans of safe care legislation.



## **Multi-Disciplinary Outreach, Coordination, and Collaboration**

- The Workgroup continues to address this population through the Intact Family Recovery (IFR) in Cook County. This program specifically monitors mothers/families who have substance exposed infants (SEI). Their efforts also include helping mothers prevent the delivery of another infant exposed to substance. They are in the home weekly and assist with treatment assessment/admission. The family is provided case management where needs are identified with referrals.
- The Workgroup has been participating in an RPG to expand the IFR program outside of Cook County. The program is managed by Illinois Collaboration of Youth (ICOY) and provides same services in the North region of the Department.
- The Workgroup is partnering with the Illinois Perinatal Quality Collaborative (ILPQC)<sup>4</sup> whose mission is to educate medical partners/stakeholders on providing services to mothers who are using/recovering from substance abuse. ILPQC currently has two initiatives serving pregnant or postpartum women with OUD (Opioid Use Disorder):
  - Mothers and Newborns Affected by Opioids – OB
    - Working with hospital-based teams, ILPQC launched a statewide obstetric initiative to implement American College of Obstetricians and Gynecologists and the Alliance for Innovation on Maternal Health guidelines. ILPQC works with hospital teams to implement system changes such as implementation of screening, treatment algorithms, checklists, and local resource mapping, as well as clinical culture change using OB provider education, debriefs of OUD cases to identify missed opportunities to improve care, and regular data review to reduce risk and improve outcomes for every pregnant or postpartum woman with OUD.
    - One of the objectives is to empower mothers through education to use non-pharmacologic care for their newborns exposed to opioids
  - Mothers and Newborns Affected by Opioids - Neonatal
    - Working with hospital-based teams, the ILPQC launched a statewide neonatal initiative to implement American Academy of Pediatric recommended guidelines for Opioid Exposed Newborns. ILPQC works with hospital teams to implement system changes such as implementation of standardized assessment of NAS symptoms (e.g. Eat Sleep Console, Modified Finnegan); engaging mothers/families in optimizing non-pharmacologic care as the first line of treatment for NAS (e.g. rooming-in, breastfeeding); and coordinated discharge planning in conjunction with the care team, mother/family, and community pediatrician to improve newborn outcomes.
    - Objectives of this initiative include:

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<sup>4</sup> ILPQC is a nationally recognized statewide network of hospital teams, perinatal clinicians, patients, public health leaders, and policymakers committed to improving health care and outcomes for mothers and babies across Illinois. Since 2012, ILPQC has built partnerships and engaged stakeholders working with the IDPH Regionalized Perinatal System, state health agencies, associations, and advocacy groups to improve obstetric and neonatal care to end maternal and infant mortality. See [Illinois Perinatal Quality Collaborative – Making Illinois a Great Place to Give Birth and Be Born \(ilpqc.org\)](http://ilpqc.org)

- Decreasing the proportion of OENs (Opioid Exposed Newborns) receiving pharmacologic treatment to below 20%.
- Increasing the proportion of eligible OENs receiving maternal breastmilk to above 70%
- Increasing proportion of OENs discharged with a coordinated discharge plan to above 95%

## **Legislation In Support Of/Advancing Plans of Safe Care**

**Illinois House Bill 0003** was introduced January 12, 2023. The legislative synopsis as introduced details several changes (additions and deletions) to this **Reproductive Health Bill** and includes amongst other matters:

- Amending the Abused and Neglected Child Reporting Act.
- Removing from the definition of "neglected child" any child who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance.
- Adding provisions concerning CAPTA notifications and prohibited disclosures regarding the results of a toxicology test administered on a newborn or pregnant person.
- Adding provisions concerning Plans of Safe Care.
- Providing language that a patient has the right for a physician and other health care service providers to administer specified medical tests without disclosing the results of the test to a law enforcement agency or to DCFS.
- Amending the Illinois Health and Hazardous Substances Registry Act and making changes to the definition of "adverse pregnancy outcome."

A primary defining section of this proposed legislation impacting plans of safe care includes:  
*“(20 ILCS 301/35-15 new)*

**Sec. 35-15. Plans of Safe Care.** *The Division of Substance Use and Recovery, in consultation with the Illinois Perinatal Quality Collaborative or its successor organization, shall develop a standardized Plan of Safe Care form to support discharge planning for mothers and infants affected by prenatal substance exposure. Plans of Safe Care shall not be recorded in the State Central Registry described in Section 7 of the Abused and Neglected Child Reporting Act and shall not be discoverable or admissible as evidence in any proceeding pursuant to the Juvenile Court Act of 1987 or the Adoption Act unless the named party waives his or her right to confidentiality in writing.*

*As used in this Section, "Plan of Safe Care" means a written or electronic document designed to ensure the safety and well-being of a newborn who has been identified by his or her healthcare provider as being affected by prenatal substance exposure or withdrawal symptoms, or a fetal alcohol spectrum disorder (FASD), and his or her gestational parent.”*

Additionally, under this legislation, Section 30. The Abused and Neglected Child Reporting Act would be amended by adding the following defined term:

*“(325 ILCS 5/3) (from Ch. 23, par.2053)*

**CAPTA notification** *refers to notification to the Department [DCFS] of an infant who has been born and identified as affected by prenatal substance exposure or a fetal alcohol spectrum disorder as required under the federal Child Abuse Prevention and Treatment Act.”*

This Bill was referred to the House Rules Committee on March 27, 2023 and did not exit the Committee as of May 25, 2023.

For the complete text, see [HB0003 103RD GENERAL ASSEMBLY \(ilga.gov\)](#).

Shortly after the introduction of HB0003, another bill, **HB1468** was entered, with some content that will be relevant and beneficial to the development of plans of safe care.

Introduced January 26, 2023, **HB1468**, titled **The Family Care Plans for Infants**, includes language to establish the **Family Care Plans for Infants and Families Act**. It will, among other things:

- Require the Department of Public Health, in consultation with specified agencies and entities, to develop guidelines for hospitals, birthing centers, medical providers, Medicaid managed care organizations, and private insurers on how to conduct a family needs assessment and create a family care plan for an infant who may exhibit clinical signs of withdrawal from a controlled substance or medication;
- Provide educational materials and training for hospital employees and others on the difference between notification requirements to report the birth of a substance-exposed infant and notification requirements to report alleged child abuse and neglect;
- Provide that notice to the Department of Public Health on the birth of a substance-exposed infant shall not be construed to mean that prenatal substance use is intrinsically considered child abuse or neglect;
- Amends the Abused and Neglected Child Reporting Act and the Juvenile Court Act of 1987;
- Removes from the definition of "neglected child" a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance;
- Removes a provision requiring DCFS to report to the State's Attorney whenever the Department receives a report a newborn infant's blood contains a controlled substance; and
- Contains additional changes and would become effective immediately.

This bill is currently before the House Rules Committee as of March 10, 2023. The bill did not exit the Rules Committee as of May 12, 2023. For the complete text, see [10300HB1468 \(ilga.gov\)](#).

#### **Funding for Programming Involving Plans of Safe Care**

In FY2022, the Department of Health and Human Services awarded \$8.8 million in cooperative agreements funded at a maximum of \$600,000 annually for five-year projects. The intent of these regional partnership grants is to “increase well-being, improve permanency and enhance the safety of children who are in, or at risk of, an out-of-home placement as a result of a parent’s or caregiver’s opioid or other substance misuse.” According to the October 3, 2022, release, “the regional partnership grant program represents the only source of funding specifically focused on the intersection of substance-use disorders, including opioid addiction, and child welfare involvement. The partnerships implement a range of activities and interventions, including peer recovery coaching, family-centered substance use disorder treatment, parenting and family strengthening programs, services to pregnant and postpartum women, medication assisted treatment, in-home parenting and child safety support for families, and related evidence-based practices.” See [https://www.acf.hhs.gov/media/press/2022/hhs-awards-88-million-continue-support-families-affected-substance-use?utm\\_medium=email&utm\\_source=govdelivery](https://www.acf.hhs.gov/media/press/2022/hhs-awards-88-million-continue-support-families-affected-substance-use?utm_medium=email&utm_source=govdelivery).

The state of Illinois has received two of these regional partnership grants and are now into their second year of piloting and research.<sup>5</sup> These programs contribute to the foundation and infrastructure of plans of safe care in that they incorporate significant population segments of the community that will be impacted and enhanced through the establishment and sustainability of plans of safe care.

#### **Centerstone of Illinois, Inc.**

**Target:** children in or at risk of out-of-home placement due to parent or caregiver opioid or other substance misuse

- **Project Title:** Partnership to Help Children and Families Continue to Flourish (2Flourish)
- **Areas Served:** Franklin, Jackson, Johnson, Madison, Perry, Randolph, St. Clair, Union, Washington, Williamson Counties
- **Use of Program Funds:** serve 300 unduplicated children and their families in target counties and use telehealth to reach families across the state; enhance and expand regional collaborative capacity among child- and family-serving agencies, including DCFS to provide culturally competent, trauma-informed, and tailored individual and family care plans to address child-well-being and trauma, parental or caregiver substance misuse, violence and trauma-related symptoms and reactions, and parenting capacity and family functioning.
- **For Expected Outcomes and Project Title Factsheet:**  
[https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG\\_INST:01CWIG/1219249100007651](https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1219249100007651)

#### **Youth Network Council**

- **Target:** families with one or more family members with a substance use disorder
- **Project Title:** Metro East Regional Partnership – Intact Family Recovery for Families of Color
- **Areas Served:** Madison and St. Clair Counties
- **Use of Program Funds:** Building upon growing body of evidence produced by 3 Illinois projects. Utilizing randomized control trials among families with children at-risk of out-of-home placement due to an indicated case of substance abuse. Two aspects will be expanded: by providing intact family recovery to an equal number of White families and families of color to explore the model’s impact on diverse populations and identify systemic barriers to equitable access, resulting in the potential to demonstrate how substance use treatment providers and child welfare providers can collaborate to improve outcomes for parents and caregivers in recovery, for children at risk of out-of-home placement, and for family stability, particularly for families of color.
- **For Expected Outcomes and Project Title Factsheet:**  
[https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG\\_INST:01CWIG/1219248710007651](https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1219248710007651)

#### **ARPA Funding**

The Department is in dialog with the Center for Children and Family Futures regarding state technical assistance for plans of safe care. Currently the Department is considering a CAPTA-funded project manager to coordinate the work with the Center for Children and Family Futures.

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<sup>5</sup> These regional partnership grants are awarded under FY2022 Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children and Families Affected by Opioids and Other Substance Abuse: HHS-2022-ACF-ACYF-CU-0094. Both programs have a project period of 60 months.

## Plans of Safe Care Challenges

As the Department continues to review, revise, and comply with the terms of plans of safe care, two challenges the Department embraces are communication and timeline coordination. It is essential, for the sake of the children of the state, that stakeholders from all disciplines and geographical areas be seated at the table. Numerous silos exist and the Department continues to work diligently to extend opportunities and information to all stakeholders. The Department continues to encourage all stakeholders and partners to align timelines and time commitments, such that the milestones can be properly identified, achieved, and document.

[Information on Child Protective Service Workforce: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:](#)

- [Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;](#)
- [Data on the education, qualifications, and training of such personnel;](#)
- [Demographic information of the child protective service personnel; and](#)
- [Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor \(section 106\(d\)\(10\) of CAPTA\).](#)

Education, qualifications, and training requirements for the child protective service professionals had no changes this fiscal year. Listed below are child service worker job titles, descriptions, and educational qualifications:

## **Job Titles, Descriptions, Qualifications and Special Requirements**

### **Job Title: Public Service Administrator and Intact Supervisor Positions**

**General Description:** Under administrative direction of the Intact Manager, serves as working supervisor, planning, supervising, reviewing, and coordinating the activities of a team of professional caseworkers engaged in providing child welfare and/or protective services to children and families; directs the Team Service Program within the existing framework of statutes and policies of the Agency; serves as liaison with other disciplines, agencies, and community resources; establishes performance goals and objectives.

**Qualifications:** Requires a master's degree in social work from a recognized college or university and three years administrative child welfare experience or a master's degree in an acceptable human services field from a recognized college or university and four years administrative child welfare experience; requires a valid driver's license.

**Special Requirements:** Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.

### **Job Title: Child Welfare Specialist**

**General Description:** Under general supervision of the team supervisor, performs experienced professional child welfare casework services and protective services; formulates an assessment of emotional, social, or mental health problems and participates in the development of treatment plans for children and families; develops and maintains liaison roles with various community agencies; interprets agency responsibilities to the community; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

**Qualifications:** Preferably requires a master's degree in social work; **or** a master's degree in a related human service field, supplemented by one year of directly related professional casework/case management experience; **or** requires a bachelor's degree in social work and one year of directly related professional casework/case management experience; **or** requires a bachelor's degree in a related human service field and two years of directly related professional casework/case management experience and/or criminal justice background and/or experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual and auditory ability to carry out assigned duties. The college or university issuing a bachelor's or master's degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education. The directly related professional casework/case management experience must be related to family preservation, family reunification, adoption, youth development, counseling, and advocacy services or a related field. The human services degrees refer to social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.

**Special Requirements:** Current State employees seeking a promotion must: (1) possess a CMS Promotional "A" Grade for the title or (2) apply for a promotional grade by submitting your CMS 100B to the Department of Central Management Services during the posting period. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application with the bid form.

### **Job Title: Child Protection Specialist**

**General Description:** Under direction of the team supervisor, receives and investigates reports of physical and sexual abuse and neglect reported by mandated and other sources; assesses immediate safety and risk factors of involved children and takes necessary protection action; makes recommendations about investigative findings; implements short-term services including concrete services directly or through family advocates; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

**Qualifications:** Preferably requires a master's degree in social work and two years of directly related professional experience; **or** requires a master's degree in a related human service field and two years of directly related professional experience; **or** requires a bachelor's degree in social work and four years of directly related professional experience; **or** requires a bachelor's degree in a related human service field and four years of directly related professional experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual, and auditory ability to carry out assigned duties.

Direct related professional experience includes casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services or a related field. The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education. The related human service degree refers to social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.

**Special Requirements:** Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.

#### **Job Title: Child Protection Associate Specialist**

**General Description:** Under direct supervision, protects children by performing developmental level work related to investigations of alleged child neglect, abuse and sexual abuse cases, interviews alleged victims and perpetrators, other members of the household and witnesses; participates in home assessment for danger to child; participates in preparation and documentation of case file for custody hearings and perpetrator prosecution; carries an increasing case load with decreasing closeness of guidance and review by supervisor and/or higher level protection specialists; testifies in court; completes agency-sponsored training programs.

**Qualifications:** Preferably requires a master's degree in social work and one year of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; or requires a master's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and one year of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; or requires a bachelor's degree in social work and three years of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; or Requires a bachelor's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and three years of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field.

The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education.

#### **Job Title: Child Protection Advanced Specialist**

**General Description:** Under general direction, functions as an experienced, MSW-qualified child protection advanced specialist, performing casework and case management functions of

advanced complexity and difficulty. Work roles included at this level involve recurring responsibilities for: complex case management services, substitute supervisor on a rotating basis, qualified technical consultant and mentor to less experienced/lower level staff, peer reviewer for the ongoing quality improvement process; assists unit supervisor with assignment and review of the more complex cases, analysis of unit statistics and acting as official unit liaison to law enforcement agencies, other agencies such as drug treatment agencies and/or public health, States Attorney Offices, hospitals and schools; provides work guidance and direction to a staff of less experienced/lower level child protection specialists with advice regarding investigative techniques, testimony preparation, paper work completion and areas of concern to be investigated; protects children by conducting investigations of alleged child neglect/abuse and sexual abuse; successfully completes agency-sponsored training programs and meets mandatory licensure requirements.

Council on Accreditation Standards for this work requires experienced, MSW qualified individuals to perform at this level, which is a stated requirement for this classification.

**Qualifications:** Requires a master's degree in social work and two years of directly related professional experience as a Child Welfare Specialist or Child Protection Specialist in the Department of Children and Family Services.

The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education.

### **Training needs required of child protective personnel:**

#### **Enhanced Safety Model/Child Protection Skills Training.**

This training module supports the skill and ability of child protection investigation staff to implement the revisions to Department Rule and Procedure 300. Training continues to be conducted when policies and procedures are revised and updated. Training is generally conducted through a train-the-trainer model of delivery utilizing designated child protection management staff, web meetings and on-line technology. Training will also occur at the work team level with the direct participation of the supervisory staff.

#### **Child Endangerment and Risk Assessment Protocol (CERAP).**

A stand-alone CERAP training module is offered, as well as the module is also offered within the pre-service training series for direct service staff. This module supports the skill and ability of staff to use the safety assessment protocol to conduct the assessment of child safety. This module instructs staff on the use of the SACWIS information system to both record and analyze safety assessment information, and to record and document the safety plan in support of controlling safety threats and preventing repeat child maltreatment. Staff will also learn how to use SACWIS as a tool in documenting the CERAP safety assessment, CANS Risk Assessment, and other automated enhanced case planning and assessment tools.

Also, the Learning Collaborative model no longer remains mandatory as the Department completed the facilitation of these training series prior to this 5-year plan. The Learning Collaborative model will not replace traditional training methods, but is intended to assist with improvement of quality, effectiveness provisions and availability of trauma-informed intervention service delivery. DCFS is committed to on-going training for frontline staff and ensuring compliance of 20 training hours per each two-year cycle. The training plan for the



Division of Child Protection is designed for skill building, practice improvement and enhancement to the department overall to safety and risk. Some key trainings sessions include Child Abuse Injury Reconstruction Techniques; Psychological First Aid; Medical Aspects of Child Maltreatment; Child Trauma; Developmental Disabilities and Error Reduction. While the Learning Collaborative model is not currently the methodology in use, especially in light of upcoming changes to the Learning Management System in FY24, the methodology will remain as an option to consider for future mandatory training initiatives, if at the time such a methodology is considered optimal.

### **Enhanced Safety Practice Program (STEP) Model / Field Implementation Support Program (FISP) Model**

OLPD offers various practice enhancement and supervisory enhancement professional development through its FISP (Field Implementation Support Program). This program was a combination of previous programs (the STEP – Supervisor Training Enhancement Program, and an Implementation Support – or Learning Collaborative program). The FISP program has been utilized over the past several years to train and coach supervisors on leadership skills, and to train and coach front line staff on practice skills such as an enhanced trauma training (Trauma 201, which is required of all Placement and Intact staff six months after hire), and an enhanced Child and Family Team Meeting coaching and training that has been in place for Immersion Sites and for specific pilot areas such as those included in the Department’s Meta Model Pilot which is monitored by the Expert BH Panel. As the Department identifies practice needs, OLPD will continue looking to see how the FISP model of practice training and coaching may support the Department is offering professional development to address identified practice needs.

### **Learning Collaborative model.**

This remains mandatory. The Learning Collaborative model will not replace traditional training methods, but is intended to assist with improvement of quality, effectiveness provisions and availability of trauma—informed intervention service delivery. DCFS is committed to on-going training for frontline staff and ensuring compliance of 20 training hours per each two-year cycle. The training plan for the Division of Child Protection is designed for skill building, practice improvement and enhancement to the department overall to safety and risk. Some key trainings sessions include Child Abuse Injury Reconstruction Techniques; Psychological First Aid; Medical Aspects of Child Maltreatment; Child Trauma; Developmental Disabilities and Error Reduction.

### **Demographic information of the child protective service personnel:**

The Department continually identifies critical vacancies, changing demographic patterns, and staffing levels relative to intake and/or needs of the community to determine the best strategic options.

**Child Protection Workers as of May, 2023**

Regions	Central	Cook Central	Cook North	Cook South	Northern	Southern	Total
<b>Specialist</b>	173	44	75	71	131	106	<b>600</b>
<b>Adv. Specialist</b>	10	5	13	5	21	11	<b>65</b>
<b>Total</b>	<b>183</b>	<b>49</b>	<b>88</b>	<b>76</b>	<b>152</b>	<b>117</b>	<b>665</b>

**Child Protection Workers**

**Child Protection Advanced Specialist Demographics as of May 2023**

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern	Total
African American Female	1	1	5	4	6	0	<b>17</b>
African American Male	2	0	1	1	0	0	<b>4</b>
Asian/Oriental Female	0	0	0	0	0	0	<b>0</b>
Asian/Oriental Male	0	0	0	0	0	0	<b>0</b>
Hispanic Female	0	2	2	0	5	0	<b>9</b>
Hispanic Male	1	1	2	0	3	0	<b>7</b>
Indian Female	0	0	0	0	0	0	<b>0</b>
Indian Male	0	0	0	0	0	0	<b>0</b>
Hawaiian/Pacific Islander Female	0	0	0	0	0	0	<b>0</b>
Hawaiian/Pacific Islander Male	0	0	0	0	0	0	<b>0</b>
White Female	3	1	3	0	7	9	<b>23</b>
White Male	3	0	0	0	0	2	<b>5</b>
<b>Demographic Totals</b>	<b>10</b>	<b>5</b>	<b>13</b>	<b>5</b>	<b>21</b>	<b>11</b>	<b>65</b>

**Child Protection Workers**

**Child Protection Specialist Demographics as of May 2023**

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern	Total
African American Female	33	29	40	52	51	31	<b>236</b>
African American Male	5	4	10	6	16	7	<b>48</b>
Asian/Oriental Female	0	0	0	0	1	0	<b>1</b>
Asian/Oriental Male	0	0	1	0	2	0	<b>3</b>
Hispanic Female	2	8	6	7	18	1	<b>42</b>
Hispanic Male	4	0	4	2	5	1	<b>16</b>
Indian Female	0	0	0	0	0	0	<b>0</b>
Indian Male	0	0	0	0	0	1	<b>1</b>
Hawaiian/Pacific Islander Female	0	0	0	0	0	0	<b>0</b>
Hawaiian/Pacific Island Male	0	0	0	0	0	0	<b>0</b>
White Female	100	3	10	2	26	56	<b>197</b>
White Male	29	0	4	2	12	9	<b>56</b>
<b>Demographic Totals</b>	<b>173</b>	<b>44</b>	<b>75</b>	<b>71</b>	<b>131</b>	<b>106</b>	<b>600</b>

Child Protection Service Personnel Statewide as of May 5, 2023:<sup>6</sup>

	Central Region	Northern Region	Southern Region	Cook County		
				Cook Central	Cook Northern	Cook Southern
# of Investigations	2,196	2,266	1,094	624	732	919
Child Protection Worker	177	133	108	28	50	61
Child Protection Worker – Spanish Speaking	3	14	0	5	7	5
Child Protection Intern	1	4	1	0	0	1
Child Protection Intern – Spanish Speaking	0	0	0	0	0	0
Child Protection Floater	2	0	4	0	0	0
Child Protection Floater – Spanish Speaking	0	0	0	0	0	0
DAI	4	13	5	16	13	10
<b>TOTAL WORKERS</b>	<b>187</b>	<b>164</b>	<b>118</b>	<b>49</b>	<b>70</b>	<b>76</b>
<b>TOTAL WORKERS COOK COUNTY</b>				<b>195</b>		

Caseload Investigation Ratios by Statewide Region (excluding Cook County) as of May 5, 2023

Region	# of Investigations	Actual Child Protection Workers <sup>7</sup>	Caseload Investigation Ratio (Target)	Caseload Investigation Ratio (Actual)
Central Region	2,196	180	10:1	12.2:1
Northern Region	2,266	147	10:1	15.4:1
Southern Region	1,094	108	10:1	10.1:1
Region Totals	5,556	435	10:1	12.8:1

Caseload Investigation Ratios by Cook County Region as of May 5, 2023

Cook County Region	# of Investigations	Actual Child Protection Workers <sup>8</sup>	Caseload Investigation Ratio (Target)	Caseload Investigation Ratio (Actual)
Cook Central	624	33	10:1	18.9:1
Cook North	732	57	10:1	12.8:1
Cook South	919	66	10:1	13.9:1
Cook County Totals	2,275	156	10:1	14.6:1

<sup>6</sup> Source of CPS Personnel Data and Case Load Investigation Data: *DCFS Caseload & Vacancy Report*, as of 5/5/23

<sup>7</sup> Does not include interns, floaters & DAIs assigned to Team totals

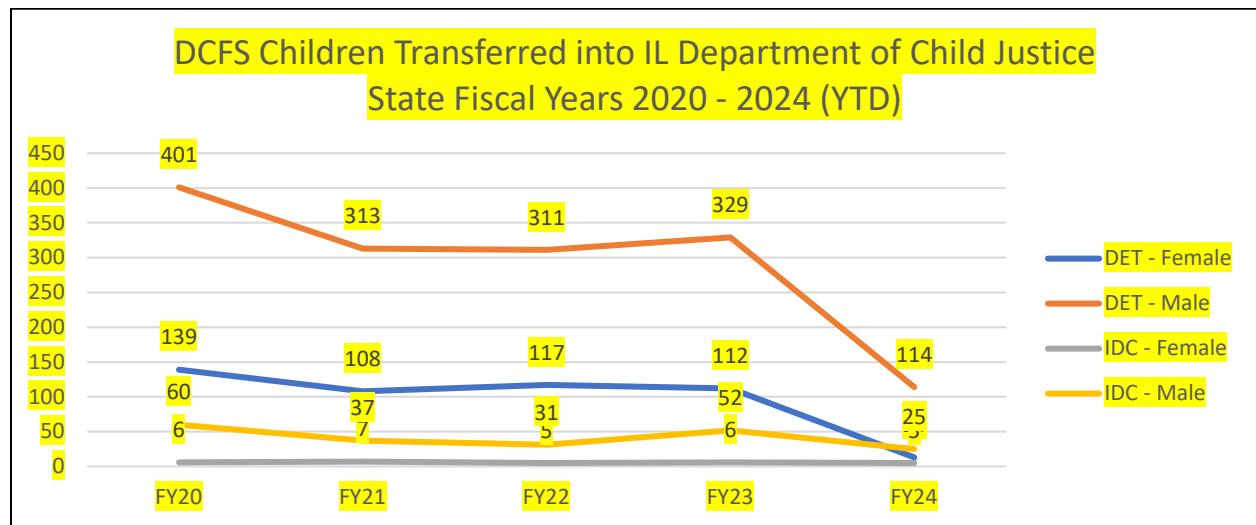
<sup>8</sup> Does not include interns, floaters & DAIs assigned to Team totals

**Children Under the State Child Protection System Transferred into the Custody of the Illinois Department of Children Justice (IDCJ):**

In SFY23, 499 youth in the care of DCFS were transferred to either a state juvenile justice system ('DET' - 441 youth) or an adult correctional system ('IDC' - 58 youth). When transferred to a state juvenile system or adult correctional system, these youth are considered dually involved, tracked and subsequently clients of both systems simultaneously. Out of the 499 youth in SFY '23, 381 were male (76%) while 118 were female (24%). This data was provided by CYCIS (Child and Youth Information System) and allows DCFS to track various information regarding youth in care. When reviewing the various demographic/regional data, we're able to notice trends associated with this population and create prevention-based programming.

GENDER	DET/IDC	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24*
Female	DET	139	108	117	112	13
Male	DET	401	313	311	329	114
Female	IDC	6	7	5	6	5
Male	IDC	60	37	31	52	30
<b>TOTAL</b>	<b>---</b>	<b>606</b>	<b>465</b>	<b>464</b>	<b>499</b>	<b>234</b>

\* 1st quarter of SFY 2024



**ILLINOIS CAPTA STATE PLAN - UPDATES<sup>9</sup>**

DCFS operates on the premise that families and children are best served in the communities in which they live. This is accomplished through an array of services provided by local agencies carefully selected for families to meet their individual needs. These services are directed towards preventing the unnecessary separation of children from their families. CAPTA funds are being spent throughout the state, distributed in programming in all 102 Illinois counties.

**Advocacy Network for Children CAC**

<sup>9</sup> References to fiscal years in this section correspond to the state fiscal year – reports are delivered based upon the state FY rather than the federal FY. For instance, references to FY22 = July 1, 2021 – June 30, 2022; FY23 = July 1, 2022 – June 30, 2023.

**County(ies) of Service:** Adams, Brown, Cass, Hancock, McDonough, Morgan, Pike, Schuyler, Scott

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** \$2,657.00

The goal of Advocacy Network for Children is to protect and uphold the rights of children when wrongs have been committed against them, to help abused or neglected children have safe permanent homes where they can thrive, to act as a powerful voice in these children's best interests and to educate the public about the plight of abused children.

**Terms of DCFS Contract:** The Children's Advocacy Center programs of Advocacy Network for Children will reduce the trauma undergone by children who are alleged victims of child sexual abuse or serious physical abuse. The Centers coordinate a forensic interview utilizing the multidisciplinary team and assure a safe, neutral environment for the interview of the child victim. The child victim and non-offending family are offered ongoing support during the investigation and court process to prevent substitute care placement of the child victim.

#### **All Our Children's Advocacy Center**

**County(ies) of Service:** 34 Southwest Suburbs of Chicago

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** \$18,368.00

The goal of All Our Children's Advocacy Center is to lessen the trauma a child faces during a sexual abuse investigation. AOCAC is dedicated to serving the needs of children, families, and communities affected by the trauma of abuse.

**Terms of DCFS Contract:** Under this contract, the Center will coordinate, arrange, and conduct a multi-disciplinary forensic interview of an alleged child sexual abuse victim, physical abuse victim or a witness between the ages of 3-17. Children under 3 years old will be accepted on a case-by-case basis. Services include:

- Forensic Interviewing of children;
- Providing advocacy and referral services to children and non-offending caregivers;
- Coordinating with investigative agencies; and
- Community based education and training.

#### **Amy Schulz Child Advocacy Center.**

**County(ies) of Service:** Clay, Clinton, Hamilton, Jefferson, Marion, Washington, and Wayne

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** \$63,238.61

Amy Schulz CAC provides victim advocacy. Direct services are provided to improve assessment, networking, coordination, and support and referral services on behalf of the victims of child sexual abuse and their families.

**Terms of DCFS Contract:** This CAC offers advocacy services to child victims of sexual abuse. These services include:

- coordinated investigations;
- forensic interviews;
- follow ups; and
- referrals for medical exams as well as linkage to mental health services.

This agency conducts MDT meetings, review protocols, cosponsor trainings for MDT members, and perform community outreach. The education department will present a body safety program to area schools.

**April House Child Advocacy Center.**

**County(ies) of Service:** Whiteside  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$26,771.00

Services are provided to children and their non-offending caretakers to prevent substitute care placement, and to ensure the safety and well-being of children. Adult victims of sexual assault with intellectual impairments who communicate developmentally as children, and, adult victims who demonstrate severe emotional trauma are also considered for services on a case-by-case basis upon request of the MDT.

**Terms of DCFS Contract:** Services include:

- Forensic Interviewing of children;
- providing advocacy and referral services to children and non-offending caregivers;
- coordinating with investigative agencies; and
- community based education and training.

**Braveheart Children’s Advocacy Center.**

**County(ies) of Service:** Bureau, Henry, Marshall, Putnam, Stark  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$10,142.00

Braveheart coordinates community's response to reports of child sexual abuse, severe child physical abuse, or witness to other traumatic crime. Team members from the Illinois Department of Children and Family Services, law enforcement, State’s Attorney’s Office's and specialized providers come together at Braveheart.

**Terms of DCFS Contract:** Services include but are not limited to:

- child friendly facility;
- coordinated investigations;
- forensic interviews;
- case management;
- advocacy, service referrals;
- crisis intervention;
- short-term counseling;
- case tracking;
- coordinated case reviews;
- court education, preparation, and advocacy; and
- professional training.

**CAC of East Central Illinois.**

**County(ies) of Service:** Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie, Shelby  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$17,256.52

Children's Advocacy Center of East Central Illinois coordinates a timely, comprehensive, and multidisciplinary response to allegations of child sexual and/or serious physical abuse in a safe, agency-neutral, child-focused setting.

**Terms of DCFS Contract:** Services provided are:

- child forensic interviews;
- case coordination and case management;
- judicial and personal advocacy;
- crisis intervention;
- multi-disciplinary (MDT) team case review;
- specialized child abuse medical examinations;
- referrals for counseling and other needed services;
- crime victim compensation assistance; and
- community child abuse awareness and prevention education outreach.

### **CAC of North & Northwest Cook County**

**County(ies) of Service:** Cook  
**Program Name:** Children's Advocacy Center  
**CAPTA Funds:** \$3,510.00

The Children's Advocacy Center of North & Northwest Cook County is the leading resource to empower and heal children who have been sexually and physically abused and prevent abuse against children in the future. CAC offers forensic interviewing, family advocacy and a range of therapy services for children and families who have suffered abuse in 38 communities in the north and northwest suburbs of Chicago

**Terms of DCFS Contract:** Services provided include:

- 24-hour referral and investigative response;
- Coordination of mandated investigators from the Department of Children and Family Services, law enforcement, and the Office of the Cook County State's Attorney;
- Establishing an interview time appropriate for the alleged child victim and the investigators;
- Referral to expert medical evaluation, when recommended by members of the multidisciplinary team or requested by the child or her/his family;
- Provision of an expert forensic interview of the alleged child victim, possible victims, or child witnesses.
- Supportive advocacy services for the child and non-offending family members;
- Crisis intervention and
- Referrals for trauma-informed counseling treatment services and other community resources.

### **CACs of Illinois**

**County(ies) of Service:** All Illinois Counties  
**Program Name:** Children's Advocacy Center  
**CAPTA Funds:** \$39,273.00

The Children's Advocacy Centers of Illinois (CACI) is dedicated to the development and growth of Illinois' Children's Advocacy Centers. CACI accomplishes this by offering its members a cadre of

services which are rooted in the not-for-profit organization's driving principles: leadership, education, and collaboration.

**Terms of DCFS Contract:** Services provided under the contracted are largely centered on training and membership development. The purpose of these trainings is discipline specific, in-depth training and team capacity building in all regions of the state among first responders to child sexual and physical abuse.

**Champaign County CAC**

**County(ies) of Service:** Champaign, Ford  
**Program Name:** Children's Advocacy Center  
**CAPTA Funds:** \$3,666.00

The CAC is a facility dedicated to pursuing the truth in child abuse investigations. Professionals from child protective services, law enforcement, prosecution, victim advocacy agencies and the medical and mental health communities come together to investigate and intervene in cases of suspected child sexual and serious physical abuse. Designed as a safe and welcoming place for children to be heard, the CAC ensures that children are not further victimized by the systems intended to protect them. The Center facilitates investigations, makes medical and treatment referrals, and assists with any consequent legal proceedings to protect and support the children it serves and their families. They also provide comprehensive case management and crisis intervention services for all children referred to the center and their non-offending family members.

**Terms of DCFS Contract:** The Champaign County CAC coordinates a timely, multidisciplinary response to allegations of child sexual and serious physical abuse in a safe, child-focused setting. The CAC facilitates investigations, provides forensic interviews, provides crisis intervention counseling, makes medical and treatment referrals, and assists with any consequent legal proceedings to protect and support the children it serves and their families. The CAC also provides community education presentations and assists in coordinating child abuse prevention activities.

**Chicago CAC – Mental Health**

**County(ies) of Service:** Cook  
**Program Name:** Mental Health Program  
**CAPTA Funds:** \$87,099.63

Chicago CAC's mental health team helps children heal from the trauma of abuse. In our Family Hope Center, therapists create a comfortable, safe space for children to tell their trauma stories, identify and overcome challenges, develop positive coping skills, and build healthy relationships.

**Terms of DCFS Contract:** This contract is for the provision of trauma-informed, evidence-based psychotherapy services for children, ages 0-17, and their parents/caregivers.

The primary therapy modalities utilized by ChicagoCAC's Family Hope Center (mental health program) are Integrative Treatment for Complex Trauma (ITCT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Self-Regulation, Competency (ARC) and Child and Family Traumatic Stress Intervention (CFTSI). For children aged five and younger, the Child Parent Psychotherapy (CPP) model for family therapy may be used, and for children exhibiting problematic sexual behaviors, Cognitive Behavioral Therapy for Children with Problematic Sexual Behavior (PSB-CBT) may be used. The program also trains clinicians in the Positive Parenting



Program (Triple P), an evidence-based behavior parent training curriculum to be able to provide parents with optimal support. Case management and crisis counseling is provided, when needed, and assistance in placing clients in outpatient or inpatient psychiatric care is also provided on an as-needed basis.

**Child 1<sup>st</sup> CAC (Macon County Child Advocacy Center).**

**County(ies) of Service:** Macon, Piatt  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$55,918.00

The Child 1<sup>st</sup> Center provides a safe, neutral space with assigned personnel designated for the investigation and coordination of services for children alleged to have been victims of child sexual and serious physical abuse. These services are designed to facilitate joint investigations, reduce the trauma of repeated interviews, and initiate services that result in victims’ and family healing.

**Terms of DCFS Contract:** The Center staff coordinates the multidisciplinary response to child abuse investigations, provides forensic interviewing and facilitation of interviews, case coordination, medical and social service linkage, and advocacy.

**Child Network Kankakee**

**County(ies) of Service:** Iroquois, Kankakee  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,846.00

The Child Network service array includes coordinated investigations, forensic interviews, case management, multidisciplinary team coordination, referrals for counseling services, referrals for specialized medical exams, community outreach and support through advocacy services for children and families involved in allegations of sexual abuse and severe physical abuse in the specified counties.

**Terms of DCFS Contract:** The Center staff coordinates the multidisciplinary response to child abuse investigations, provides forensic interviewing and facilitation of interviews, case coordination, medical and social service linkage, and advocacy.

**Children’s Home & Aid Society of Illinois<sup>10</sup>**

**County(ies) of Service:** Cook, McLean, Winnebago  
**Program Name:** Fatherhood Coalition (Advancing Fathers) Pilot Project  
**CAPTA Funds:** \$64,601.75

Brightpoint advances the well-being of children by investing in families to disrupt the systemic and multi-generational cycle of racial, social, and economic inequality. Brightpoint envisions an equitable world where all children and families thrive in strong communities. Services and programs offered include:

- Parent support
- Child welfare
- Mental health and wellness
- Early childhood care and education
- Youth services

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<sup>10</sup> Children’s Home & Aid Society of Illinois name change effective May 2023 to **Brightpoint**.

**Terms of DCFS Contract:** Provider shall conduct activities facilitating the development and expansion of regional fatherhood coalition building, while also promoting community education and networking to establish new parent groups that foster father’s parental involvement. The pilot project will deliver mutual, self-help parent support groups for custodial and non-custodial fathers as a foundational community entry point of service for fathers in the counties referenced. The Advancing Fathers Pilot Project has been developed to increase services to fathers and male caregivers in the community and to fill the gap in community services available for fathers. The project will meet federal guideline requirements for services specifically to address prevention needs of fathers.

**Children’s Home & Aid Society of Illinois**

**County(ies) of Service:** Boone, Champaign, Cook, DeKalb, DuPage, Grundy, Kane, McLean, Vermilion, Winnebago

**Program Name:** Parents Care & Share

**CAPTA Funds:** \$206,000.00

Brightpoint advances the well-being of children by investing in families to disrupt the systemic and multi-generational cycle of racial, social, and economic inequality. Brightpoint envisions an equitable world where all children and families thrive in strong communities. Services and programs offered include:

- Parent support
- Child welfare
- Mental health and wellness
- Early childhood care and education
- Youth services

**Terms of DCFS Contract:** Brightpoint delivers mutual, self-help parent support groups for parents at risk for child abuse and neglect in the referenced counties for the prevention of child abuse and neglect. The services available include the following:

- Mutual, self-help support groups that follow the Circle of Parents Model
- Community education and networking to establish new support groups
- Facilitator and children's program specialist training
- Annual Child Abuse Prevention awareness activities
- Promotion of the Protective Factors & evaluation of program outcomes
- Companion children's groups for the children

**The Children’s Place Association**

**County(ies) of Service:** Cook

**Program Name:** Respite Program for HIV/AIDS

**CAPTA Funds:** \$53,448.00

Children’s Place Association’s Arthur E. Jones Early Childhood Care and Learning Center (Early Learning Center) promotes permanency by providing specialized care and early education for children affected by extreme poverty and illness, including HIV/AIDS and other health or developmental conditions. Families served are very low-income and at high risk for child abuse and/or neglect. A Family Support Specialist helps families assess needs and goals, make service

plans and access internal and external services. Children's Place provides critical assistance to children and their families in four key areas of impact: health, education, family stability and financial stability.

**Terms of DCFS Contract:** This program protects children's safety and well-being by providing age-appropriate education, ongoing assessment of developmental progress, onsite nursing care that includes regular checkups and contact with doctors, nutritious meals during the day and a secure, nurturing environment. The program also promotes permanency by providing families with services that prevent children's placement in substitute care, including parent training, counseling, support groups, permanency planning and other assistance that maintains and strengthens the functioning of families.

### **Cook County – States Attorney's Office**

**County(ies) of Service:** Cook  
**Program Name:** Child Sexual Abuse Specialist  
**CAPTA Funds:** \$759.00

The mission of the Cook County State's Attorney's Office Victim Witness Assistance Unit is to enhance prosecution efforts by delivering the highest quality of services to victims and witnesses in the areas of advocacy and court support. Outreach efforts are immediate, and responses are respectful, professional, thorough, and consistent.

Guided by the philosophy that victims should be afforded their place in the criminal justice system, the Victim Witness Unit is mandated by the Illinois Rights of Crime Victims and Witnesses Act. Victim Specialists ensure that victims and witnesses receive timely information about court proceedings and referrals for social services. Victim Specialists serve more than 100,000 victims and witnesses each year with crisis intervention and emotional support, court accompaniment, answering questions, community referrals, intervening with schools and employers, educating, and advocating for victims' rights, and assisting with Crime Victims' Compensation forms.

**Terms of DCFS Contract:** The Victim Sensitive Interview Program has been incorporated into the Chicago Children's Advocacy Center. The Child Sexual Abuse Specialist remained with the State's Attorney's Office because this staff person works with cases after the investigation of an incident and while the State's Attorney's Office is preparing for trial. Under the program, the Specialist continues to work in a collaborative manner to supplement and enhance victim services provided by the Chicago CAC, the other area CACs that may be involved, law enforcement, local and state agencies, and community service providers to see that victims and their families receive the support and services they need throughout the court process. As such, the Child Sexual Abuse Specialist provides extensive in-person follow-up for victims and families, encouraging them to continue counseling and participate in the court process. The Child Sexual Abuse Specialist provides services to promote permanency by maintaining, strengthening, and safeguarding the functioning of families to facilitate youth development and ensure the safety, permanency, and well-being of children. Victims and families who receive service referrals and begin counseling do not always continue and families often have mixed responses to the criminal justice system. In these cases, the added support of the specialist makes a difference, particularly when other agencies have phased out their services or support.

**County of Winnebago CAC**

**County(ies) of Service:** Boone, Winnebago  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$2,919.00

**Terms of DCFS Contract:** **The Victim Services Program** coordinates the investigations and prosecutions of child abuse cases including sexual abuse as well as severe physical abuse. The Victim Services Program coordinates the multi-disciplinary team response to these cases by coordinating forensic interviews, pre- and post-interview team staffings, conducting follow-up case reviews and entering case information into a state-of-the-art computerized case tracking system. Follow up contact and court/legal advocacy are also provided.

**The Crisis Intervention Program** is staffed with two therapists that are available on-site at Carrie Lynn Children’s Center to respond to the interim needs of the children and their families. The therapists will assist the multi-disciplinary team in making sound decisions for the child’s health and safety. The Crisis Therapists offer five free sessions to the victims and assists the families in arranging long-term linkage to counseling services.

**Dani-Brandon CAC**

**County(ies) of Service:** LaSalle  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,162.00

**Terms of DCFS Contract:** Services to be provided under DCFS contract include a forensic interview to be conducted to any child 18 years of age and under is alleged to be the victim of sexual abuse or injured by severe physical abuse. Advocacy services will be provided to include case tracking, referrals, follow up, emotional support, sex abuse education, and case review. Should any child or non-offending family member have special needs (language, medical, etc.) the CAC will accommodate to the best of its ability and will seek support from within the community if needed (interpreter, etc.)

**DeKalb County CAC**

**County(ies) of Service:** DeKalb  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,065.00

The CAC acts as a neutral, third-party hub whose purpose is coordinating services and safe, child-sensitive support to children and their non-offending family members. The CAC's one-time interview with a specially trained forensic interviewer relieves some of the additional trauma the child would experience with several separate interviews.

The CAC also provides:

- Referrals for medical treatment
- Trauma assessments
- Referrals for counseling and caregiver education through the Center for Counseling
- In-person support during court proceedings
- Community prevention and awareness presentations

**Terms of DCFS Contract:** The Children’s Advocacy Center provides services for children involved in a physical or sexual abuse investigation (including trafficking, exploitation, and sexualized behaviors) primarily, and provides secondary services to the non-offending family members.

Services provided by the Children’s Advocacy Center are coordination of investigations, forensic interviews (available in English and Spanish), referrals for coordination of medical, legal and trauma therapy services. Case management, crisis intervention as well as community education are also provided by the Children’s Advocacy Center.

**DuPage County CAC**

**County(ies) of Service:** DuPage  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,065.00

The Mission of the DuPage County Children's Advocacy Center is to:

- Minimize the trauma experienced by the child victim of sexual abuse or serious physical abuse during the investigation;
- Seek justice, not just convictions, of those responsible for the commission of sexual abuse or serious physical abuse;
- Provide support and facilitate treatment to the child victim and non-offending caregivers throughout the criminal justice process;
- Promote prevention of child victimization through community education.

**Terms of DCFS Contract:** The DuPage County Children’s Center investigates and provides intervention and advocacy in all cases involving allegations of sexual abuse to children and any case involving allegations of severe physical abuse as defined by DCFS. The Children’s Center conducts joint investigations (criminal investigator and DCFS child protection investigator) when applicable. Case Managers provide crisis intervention, service referral and linkage, medical and legal advocacy, and other services as needed. Services will continue through court adjudication and if they are needed by the victims and their families.

**Grundy County States Attorney’s Office**

**County(ies) of Service:** Grundy  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$49,695.00

The program provides services including child-sensitive interviews, advocacy for child victims and their families, MDT case review and training in child-sensitive investigations, referrals for specialized medical exams, court preparation and community education.

**Terms of DCFS Contract:** Provider delivers comprehensive services to children who are victims of sexual abuse, other types of maltreatment and childhood trauma. The services available include:

- Forensic interviews conducted and recorded by a trained professional from the staff or Multi-Disciplinary Team (MDT) member
- Personal & judicial advocacy services
- Case management and MDT coordinated case review services
- Referrals for specialized medical exam referrals
- Referrals for trauma focused therapy to the children and non-offending caregivers
- Community child abuse prevention activities

**Guardian Center Child Advocacy Center:**

**County(ies) of Service:** Crawford, Edwards, Gallatin, Lawrence, Richland, Saline, Wabash, White

**Program Name:** Children’s Advocacy Center

**CAPTA Funds:** \$38,374.00

The program provides services including child-sensitive interviews, advocacy for child victims and their families, MDT case review and training in child-sensitive investigations, referrals for specialized medical exams, court preparation and community education. The Healing Harbor satellite office serves sexually and physically abused children, ages newborn-18. Guardian Center serves the counties of Crawford, Lawrence, and Richland, in Southeastern Illinois. These counties are rural and have limited access to services for child abuse and neglect. All clients referred will be served with no denial of services unless the program is at capacity, or the case does not meet the criteria set forth in the county protocols. No one is denied services due to handicap, race, or religious orientation.

**Terms of DCFS Contract:** The Children’s Advocacy Center provides child-sensitive interviews, advocacy for child victims and their families, MDT case review and training in child-sensitive investigations, referrals for specialized medical exams and other services, court preparation and community education. Guardian is a children’s advocacy center devoted to the protection and healing of abused children and their families.

**Hamdard Healthcare**

**County(ies) of Service:** Cook, DuPage

**Program Name:** Family Preservation

**CAPTA Funds:** \$115,985.54

Hamdard is a not-for-profit organization established in 1992 as a proactive response to address the critical needs of the South Asian, Middle, Eastern and Bosnian communities. The program serves intact families who are at risk of formal involvement with the child welfare system. Services promote permanency by maintaining, strengthening, and safeguarding the functioning of families and ensuring the well- being of children by providing:

- Individual and group counseling;
- Supervised visitation and anger management classes;
- Psychiatric and primary health care;
- Translation/interpretation services in over a dozen languages including: English, Arabic, Urdu, Hindi, Gujrati, Punjabi, Telegu, Bosnian, Serbian, Croatian, Russian, Tagalog and Spanish;
- Services for victims of domestic violence and their children including crisis intervention, emergency shelter, the provision of basic needs such as culturally-appropriate food and personal care items, transitional housing, advocacy, counseling, case management, and translation/interpretation;
- Case management including assistance with applying for public benefits;
- Employment counseling;
- Academic tutoring and skill-building through the after-school youth development program; and
- Outreach and education to the community.

**Terms of DCFS Contract:** Services provided:

- Individual and group counseling;
- Psychiatric care;
- Translation and interpretation services in over ten languages including: English, Arabic, Urdu, Hindi, Punjabi, Bosnian, Serbian, Croatian, Russian, and Spanish;
- Services for victims of domestic violence and their children, advocacy, counseling, case management, and translation/interpretation;
- Case management including assistance with applying for public benefits and enrolling in the health insurance marketplace; and
- Outreach and education to the community.

**Hobby Horse House of Jacksonville**

**County(ies) of Service:** Adams, Brown, Cass, Morgan, Schuyler, Scott

**Program Name:** Positive Parenting Program

**CAPTA Funds:** \$24,225.00

Provider offers private adoption, Safe Start Program (services for those in crisis pregnancy situations), habilitation/parent coaching, divorced parenting classes, visitation, Extended Family Support Program, and counseling services.

**Terms of DCFS Contract:** The Positive Parenting Program is open to the community with a focus of working with families involved within the Child Welfare System, including but not limited to families in need of support, guidance, and/or foster families struggling to provide the much-needed nurturing of children placed in their homes. Parent training utilizes The Nurturing Parenting Program (NPP), an evidenced based, evidence informed recognized curriculum with pre- and post-tests, classes, home visits and childcare.

The family centered treatment program establishes therapeutic supports for the parents and children to learn similar knowledge and skills to improve the quality of their lives and build nurturing skills as an alternative to abusive and neglectful behaviors

The Positive Parenting Program also provides home visits where parents and children interact and practice their new skills, which strengthens the family unit. The home visiting services are completed by the facilitators and are utilized to address specific issues relevant to the family. Home visiting services are required of all DCFS referred families. All other families may be included in these services if deemed necessary.

**Kane County CAC**

**County(ies) of Service:** Kane

**Program Name:** Children’s Advocacy Center

**CAPTA Funds:** \$1,968.00

The Kane County Child Advocacy Center is a division of the Kane County State’s Attorney’s Office. The CAC conducts all investigations using multi-disciplinary teams of professionals to investigate cases of child sexual and physical abuse and when appropriate take legal action to identify child abusers and hold them accountable.

**Terms of DCFS Contract:** Services provided for those cases that meet our protocol shall include child forensic interviews, victim advocacy with referrals for community assistance and mental health referrals, referral for specialized medical exam that may be done on-site or off, criminal investigation to attempt to corroborate the allegations, and a multi-disciplinary team response to child maltreatment, including review at team meeting. The CAC also has a bi-lingual Spanish

speaking case manager, receptionist, criminal investigator, and child forensic interviewer to help serve the needs of those who are not English proficient.

### **Knox County CAC**

**County(ies) of Service:** Henderson, Knox, Warren  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,355.00

The CAC is a safe place police or DCFS investigators send children who need to talk about sexual or serious physical abuse. The CAC has trained staff who listen to children, asking only open questions, to find out what happened to a child and providing any needed services, like counseling or medical examinations.

**Terms of DCFS Contract:** The Knox County Child Advocacy Center will provide services to all alleged child victims under the age of 18 referred by DCFS, law enforcement, or the State’s Attorney’s Office, and their non-offending caregivers from the forensic interview through prosecution. Child victims are defined as victims of sexual abuse, victims of serious physical injury, witnesses and/or siblings to child abuse, witnesses to domestic violence or other violent crimes, and children that exhibit over-sexualized behavior.

### **Lake County CAC**

**County(ies) of Service:** Lake  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,689.00

The Lake County Children’s Advocacy Center is committed to providing a safe environment for child victims of abuse. The CAC’s goal is to investigate and help successfully prosecute offenders of child abuse without causing further trauma to the child victim. The Advocacy Center is dedicated to approaching victims of child abuse in a sensitive, respectful manner. A child victim is defined as anyone from birth to eighteen years of age. The Center will provide services to individuals beyond age eighteen when special circumstances (i.e. developmental disability) require special handling of a victim.

**Terms of DCFS Contract:** The LCCAC staff provides services for any child (birth -18), who is the alleged victim of sexual abuse or physical abuse, when the abuse occurred in Lake County. The LCCAC staff also provides services for developmentally delayed adults who are alleged victims of sexual abuse or physical abuse. Upon request, the Center provides services for child victims who were victimized outside of Lake County. Services are provided to prevent substitute care, whenever possible and ensure the safety and well-being of children.

As a member of the MDT, the Advocate provides services to the client and non-offending parent. The Advocate participates in pre-meeting discussion with members of the team prior to the forensic interview and is involved with the client throughout the time at the LCCAC.

### **La Rabida Children’s Hospital**

**County(ies) of Service:** Cook  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$13,690.00

The mission of La Rabida Children’s Advocacy Center is to reduce trauma for a child’s well-being by providing support services to child victims and their families. The LRCAC provides services,



such as forensic interviews and advocacy to child victims of sexual and physical abuse, and witnesses of crime in the investigation process.

**Terms of DCFS Contract:** La Rabida Children’s Advocacy Center provides comprehensive services to children who are victims and/or witnesses to of sexual abuse, other types of maltreatment and violent crime.

These services include:

- Intake coordination - coordinated scheduling of forensic interviews with law enforcement, DCFS, and the Cook County State’s Attorney’s Office
- Forensic interviews - forensic interviews of children alleged to be victims or witnesses of violent crime (i.e., sexual, or severe physical abuse, witnessing murder, rape, torture, domestic violence, etc.)
  - At-risk forensic interviews
  - Advocacy for alleged victims and witnesses and their non-offending family members
  - Case management for alleged victims and witnesses and their non-offending family members
  - Court advocacy, court accompaniment and support for alleged victims, witnesses, and their non-offending family members
  - Court testimony
  - Individual support and psychoeducation for non-offending family members of abuse victims.

**Madison County Child Advocacy Center:**

**County(ies) of Service:** Bond, Madison  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$22,810.00

The program provides coordinated investigations, forensic interviews, case management, and MDT coordination and contracted counseling services for children involved in allegations of sexual abuse and severe physical abuse. Clients are children between the ages 3-17 who reside in Bond or Madison Counties and who are involved in allegations of sexual abuse or severe physical abuse with law enforcement and/or child protection. From the Center's Protocol, the Center will accept any child meeting these criteria regardless of race, religion, creed, nationality, age, gender, or sexual orientation.

**Terms of DCFS Contract:** Specifically, the Center will provide forensic interview, MDT coordination and case management services under this contract.

**McHenry County CAC**

**County(ies) of Service:** McHenry  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,342.00

The mission of the Child Advocacy Center of McHenry County is to reduce trauma to child victims of abuse through coordinating a timely, comprehensive, and multidisciplinary response in reported cases of child sexual abuse and severe physical abuse. The Child Advocacy Center of McHenry County serves all children under the age of 18 in McHenry County where there is a suspicion of child sexual abuse, severe physical abuse, and/or a child witness to a violent crime.

**Terms of DCFS Contract:** The Child Advocacy Center of McHenry County provides and maintains a child focused facility and personnel to aid in the coordination of investigating and prosecuting reported cases of child abuse within McHenry County. The CAC works closely with other agencies

and providers involved in child abuse cases striving to ensure a multidisciplinary response to these cases. The facility includes an interview room and observation room to conduct digitally recorded forensic interviews of alleged victims of child abuse. The CAC also provides advocacy services for victims and non-offending family members including judicial advocacy, medical advocacy, and crisis intervention services. Counseling services are provided by a referral service. Medical services are provided through a linkage agreement with local medical provider that specialize in child abuse. The CAC also provides emergency services and crisis intervention during and after normal hours of operation.

**McLean County CAC**

**County(ies) of Service:** DeWitt, Livingston, McLean  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$2,234.00

The Children’s Advocacy Center (CAC) is where children are brought when there has been an allegation that a child may have been sexually abused, seriously physically abused, a witness to a major crime, and/or a victim of human trafficking.

Children are brought to our centers to be interviewed by a forensic specialist utilizing the “child first” doctrine. This is part of a multidisciplinary team approach that provides children with a warm, friendly environment that is focused on reducing trauma to child abuse victims. Our advocates on staff assist the family as the case is to move through the judicial system. A trained, licensed therapist is on staff to provide counseling to the child victims and their non-offending caregivers, as well. The Livingston and DeWitt County Advocacy Centers are satellites of the McLean County Advocacy Center and follow all national best practice standards.

**Terms of DCFS Contract:** The McLean, Livingston and DeWitt Children’s Advocacy Centers offer the following services: forensic interviews utilizing multi-disciplinary team (MDT) model; advocacy services including, but not limited to criminal justice, mental health, crisis intervention, community referrals, court preparation and medical advocacy. This DCFS grant provides service based lump sum funding applied towards salary and benefit costs for one forensic interviewer, one child advocate and one part time contractual crisis interventionist.

An additional service offered through the agency is the Darkness to Light Education and Awareness Training Program. DCFS does not provide any funding for this additional service.

**Mercer County CAC**

**County(ies) of Service:** Mercer  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$204.00

The Mercer CAC provides forensic interviews as part of the investigative process in response to allegations of child abuse in Mercer County, the Mercer County CAC is committed to the protection and best interest of children of Mercer County and will respond jointly and effectively to any allegations of sexual abuse towards children, serious physical abuse of children, children who witness violent crimes and child deaths in Mercer County. The utilization of law enforcement, child protection investigative agencies and prosecution strategies, as well as victim services, will work towards the common goal of attaining a more positive outcome for children.

**Terms of DCFS Contract:** Services include but are not limited to child friendly facility, coordinated investigations, forensic interviews, case management, advocacy, service referrals, crisis

intervention, short-term counseling, case tracking, coordinated case reviews, court education, preparation and advocacy, professional training. The provider agrees to notify DCFS in writing of any changes in sites where client services are being delivered.

**The Parent Place:**

**County(ies) of Service:** Christian, Logan, Macon, Macoupin, Menard, Montgomery, Morgan, Sangamon  
**Program Name:** Family Education and Support  
**CAPTA Funds:** \$193,593.00

The Parent Place utilizes peer education –our professionally trained staff are parents themselves and quite often their gender, life experiences or ethnicity is specific to the clients they are serving. Services include:

- Court Advocacy
- Relatives as Parents Network
- 1-2-3 Magic
- Individualized Family Coaching
- Family Mediation
- Positive Co-Parenting
- Mastering Our Mothering Skills
- Defining and Developing Skills
- The Diaper Pantry

**Terms of DCFS Contract:** Services under the agreement:

- An ongoing cycle of 16-week/48-hour classes to encourage/reinforce positive family interactions, strengthen families, support family reunification
- 2,520 hours of Supervised Family Visits, One-on-One Sessions and home visits provided before, during and after supervised visits. One-on-One sessions provided before and/or after supervised visits to encourage appropriate activities, communication, meal suggestions, etc.
- 8 Family Support Workshops per fiscal year

**Peoria County CAC**

**County(ies) of Service:** Peoria  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,360.00

**Terms of DCFS Contract:** Services provided by the Children's Advocacy Center include a multidisciplinary team investigation, victim advocacy, medical and mental health referrals, forensic interviews, case reviews, community service referrals, a comprehensive database, and team member continuing education. The facility is handicap accessible, language or deaf interpreters are available, and cultural sensitivity is addressed during the investigation and prosecution of each case.

**Perry Jackson CAC**

**County(ies) of Service:** Jackson, Perry  
**Program Name:** Children’s Advocacy Center  
**CAPTA Funds:** \$1,774.00

The mission of the Perry-Jackson Child Advocacy Center is to coordinate the timely, comprehensive team response to child sexual abuse and all other forms of child maltreatment in a child-centered, neutral setting, and to work with our community to build awareness.

Our vision is to have an engaged community focused on the safety and health of children and families through the strong leadership of the Perry-Jackson Child Advocacy Center.

**Terms of DCFS Contract:** The Perry-Jackson CAC provides the following services to clients referred: child friendly environment to conduct forensic interviews, trained staff to provide the forensic interview, coordination of the investigation and follow-up services, coordination of monthly Multi-Disciplinary Team (MDT) meeting to staff all cases, communication with the client and non-offending family members regarding the investigation and case, linkage to mental health and specialized medical services, transportation for mental health and medical services as needed, emotional support for the client and non-offending family members, assistance with court preparation, and assistance to the client and non-offending family members with accessing financial assistance and victim notification services.

### **Prevent Child Abuse IL.**

**County(ies) of Service:** All Illinois counties<sup>11</sup>

**Program Name:** Child Abuse Prevention Development Project

**CAPTA Funds:** \$74,927.00

The mission of Prevent Child Abuse Illinois is to prevent child abuse by providing statewide leadership through education, support for community initiatives, and advocacy. Prevent Child Abuse Illinois is the chartered state chapter of Prevent Child Abuse America. The agency seeks to accomplish their mission through the goals of public awareness, partnership, advocacy, education, community outreach, program development, and organizational competence. The Child Abuse Prevention Development Project serves the entire state of Illinois, covering all 102 counties, all DCFS regions and all 62 LANs. The Project Director, 4 Prevention Specialists, a Prevention Associate, and a Healthy Families Illinois Associate provide services. The Prevention Specialists are located within DCFS offices in Cook County, Glen Ellyn, Bloomington, and East St. Louis.

**Terms of DCFS Contract:** The Child Abuse Prevention Development Project will provide support to DCFS and POS staff, community partners, and other organizations through training and education, technical assistance, community collaboration, and resource referral.

### **Procure Centers/Proviso CAC**

**County(ies) of Service:** Cook

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** \$1,200.00

Proviso Children's Advocacy Center of Resurrection Health Care is dedicated to helping children, adolescents, and their family members cope with the emotional and psychological stresses of abuse through specialized programming that supports the healing process. The Advocacy Center's multi-disciplinary investigation team and advocacy group works in conjunction with local police departments, the Cook County State's Attorney's Office, Department of Children and Family Services (DCFS), and local medical and mental health providers to implement a

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<sup>11</sup> Offices in Chicago, East St. Louis, Glen Ellyn, Marion, Peoria, and Springfield

comprehensive, victim-sensitive approach to investigation and evaluation of sexual abuse allegations.

**Terms of DCFS Contract:** For purposes of this contract, services provided through The Proviso Children's Advocacy Center include coordinated forensic interviews for children ages 3-17 who are alleged victims of, or witnesses to, or risks for, sexual abuse, physical abuse, or violent crimes, as well as victim advocate services that include crisis intervention, case management, and advocacy, and trauma therapy services, and support group and/or psychoeducational group for non-offending parents of victims of sexual abuse. In addition, the CAC also provides professional education on topics related to child abuse as well as general community education.

### **Rock Island CAC**

**County(ies) of Service:** Rock Island  
**Program Name:** Children's Advocacy Center  
**CAPTA Funds:** \$1,258.00

**Terms of DCFS Contract:** Under this DCFS agreement, Rock Island CAC provides comprehensive services to children who are victims of sexual abuse, other types of maltreatment and childhood trauma. The services available include:

- Forensic interviews conducted and recorded by a trained professional from the staff or MDT member.
- Referral & advocacy services
- Case management and case review services
- Specialized services are provided on a case-by-case basis such as language translation, sign language and/or services for developmentally delayed children
- Trauma focused therapy to the children and non-offending caregivers

### **Safe Families for Children:**

**County(ies) of Service:** All Illinois counties  
**Program Name:** Safe Families for Children  
**CAPTA Funds:** \$83,177.83

Safe Families for Children (SFFC) is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need with support to care for their children. The SFFC movement is a perspective/concept that the safety and health of children in our communities is all our responsibilities, and that the birth parents are the key to providing that safety for their children. SFFC is about strengthening and supporting parents so they can be safe families for their own children.

**Terms of DCFS Contract:** Safe Families for Children is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need, support to care for their children. SFFC is about strengthening and supporting parents, so they can be safe families for their own children.

SFFC directly addresses prevention of substitute care placement and ensures the safety and well-being of children. It also relies on the majority of the protective factors: knowledge of parenting and of child and youth development, parental resilience, social connections, concrete supports for parents, and social and emotional competence of children.

The following services are available:

- **Placement of children** in a Safe Family (facilitate child arrangements) – all SF locations
- **Case coordination** and referrals for placing parents - all SF locations
- **Parent mentoring** – Family friend arrangements - all SF locations
- **Monitoring and supporting children** who are staying with host families. Monitoring involves seeing the child and making sure he/she is adjusting to the home. Supporting children is done by ensuring the host families have all the support, direction needed to care for the child. This may involve talking about the relationship with the parent, behavioral management strategies, health/education issues, etc. - all SF locations
- **Recruitment, screening, and approval of volunteers** - all SF locations
- **Connecting resources** friends (goods/services) with parents to provide resources (clothes, furniture, toys, etc.) and connecting parents to community services (counseling, domestic violence, homeless, psychiatric, psychological, etc.) - all SF locations
- **Outreach to agencies** and DCFS offices for referrals - all SF locations
- **Outreach to churches** to recruit volunteers. This involves identifying targeted churches, determining who at the church to meet with, meeting with pastor or appropriate individual, requesting that they become a SF Church, presenting SF during a service or meeting, gathering list of volunteers, etc. This may also include home gatherings (asking a host to invite friends to their home to hear about Safe Families). Manuals and training are available for all services offered. - all SF locations

**Sangamon County Child Advocacy Center:**

**County(ies) of Service:** Christian, Logan, Menard, Sangamon

**Program Name:** Children’s Advocacy Center

**CAPTA Funds:** \$12,290.00

The Sangamon CAC coordinates the investigation of child sexual and severe physical abuse cases. The CAC also provides victim sensitive forensic interviews, advocacy services, and case review for all referred cases. Additionally, the CAC provides referrals to crisis intervention counseling by contracting with local therapists who are trained in trauma-focused cognitive behavioral therapy. The CAC has a Sexual Abuse Prevention Education program which is offered in the local schools for children in grades K through 6. The CAC operates the local Court Appointed Special Advocate (CASA) Program and delivers services to children in foster care. CASA provides specially trained volunteers to be assigned to cases of abused/neglected children by the juvenile court judge. CASA serves as an intricate part of the judicial proceedings by assisting the judge in making a final decision about the future of a foster child.

**Terms of DCFS Contract:** The Sangamon County Child Advocacy Center provides services to promote permanency by maintaining, strengthening, and safeguarding the functioning of families to prevent substitute care placement and ensure the safety and wellbeing of children. However, in cases where children are in foster care, the SCCAC aid the stabilization of foster care placements, promotes family reunification, and ensures the safety, permanency, and wellbeing through the assigning of CASA volunteers to foster cases and being a voice in the court system to speak to what is in the best interest of these children. The CASA volunteers actively work to promote family reunification, stabilize foster care placements, and ensure the safety, permanency, and wellbeing of children.

### **Shining Star CAC**

**County(ies) of Service:** Lee, Ogle  
**Program Name:** Children's Advocacy Center  
**CAPTA Funds:** \$1,352.00

The mission of Shining Star Children's Advocacy Center is to transform victims of child abuse into survivors. Our vision is to reduce the trauma of child abuse through identification, offender accountability, advocacy, counseling, and education on the path to eliminating child abuse.

**Terms of DCFS Contract:** Shining Star CAC provides forensic interviewing of children who are suspected to have suffered sexual or serious physical abuse. Our Family Advocate and/or our Executive Director/Case Manager provides advocacy services to children and their non-offending family members. Shining Star CAC's Counselor provides mental health and crisis counseling services as well. In addition, we provide referrals for other valuable community resources. We also conduct a monthly case review with all members of our multi-disciplinary team including law enforcement, DCFS investigators, prosecutors, and mental health providers.

### **Southern Illinois University**

**County(ies) of Service:** 41 Illinois counties  
**Program Name:** Children's Medical and Mental Health Resource Network  
**CAPTA Funds:** \$26,204.00

Southern's program is the Children's Medical and Mental Health Resource Network (CMMHRN).  
CMMHRN:

- Recruits and trains network physicians (identified by the region as good candidates for child abuse medical providers), advanced practice nurses and physician's assistants 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;
- Provides medical evaluations 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.
- Provides emergency consultation upon request to medical personnel (or staff) and DCFS investigators who are directly affiliated through CMMHRN;
- Encourages the DCFS field offices to send the CANTS reports to CMMHRN Medical Director for review. The Medical Director will review all CANTS reports and will make recommendations for those needing medical follow-up where appropriate;
- Educates a variety of health care providers on signs and symptoms of child abuse and neglect and explains their responsibility as mandated reporters. Provides information on referral criteria and services of CMMHRN;
- Educates health professionals, DCFS investigators, child advocates, and other multidisciplinary team (MDT) members on the effects of harmful substances on children. This includes distributing the methamphetamine protocol for children who are at risk of harm due to the exposure of a methamphetamine environment;
- Collaborates with the DCFS training office, where possible, to provide high quality medical trainings to MDT of professionals throughout the southern region;

- Arranges high-quality training workshops for professionals in the field of child abuse and assures that continuing education credits are available for involved disciplines. Training workshops will be offered at least annually;
- Encourages participating CMMHRN providers to participate in multidisciplinary efforts in child abuse and neglect in their local communities that are not case specific;
- Increases efforts to gain access and engage the local emergency department staff for child maltreatment training;
- Educates radiologist groups and other specialists in our area about child maltreatment, how to look for signs of abuse in very young children and what films are important to obtain;
- Forms a network of children’s mental health providers with a focus on children who have experienced a traumatic event(s); and
- Educates frontline service workers about trauma informed practice within child welfare investigations and follow up casework. CMMHRN

**Terms of DCFS Contract:** Services of CMMHRN are focused on:

- Preventing substitute care placement for children reported as abused by assisting non-offending family members in their support of the child victim. CMMHRN performs timely specialized medical evaluations and medical case coordination to determine if the injury rises to the level of inflicted abuse or if it is a medical condition not related to abuse;
- Promoting family reunification by educating frontline child welfare workers on the effects of childhood trauma, behaviors that result from trauma and post-traumatic stress to help educate the families about adverse childhood experiences to assist in a plan that works for the child and family;
- Stabilizing foster care placements by providing educational information to the frontline workers about adverse childhood experiences and the effects of trauma/traumatization of children, the behaviors that may result and assisting them in understanding that it is not a quick fix for children to feel safe once in a traumatic situation; and
- Ensuring the safety and wellbeing of children by making sure that they are physically, mentally, and emotionally healthy and by providing education to caregivers regarding the care and well-being of the children in question.

**St. Clair County CAC**

**County(ies) of Service:** Monroe, Randolph, St. Clair

**Program Name:** Children’s Advocacy Center

**CAPTA Funds:** \$3,308.00

We are a team of specially trained interviewers, case managers and counselors ready to provide your child and your family complete support throughout the healing process.

The Child Advocacy Center is a non-profit organization that provides a safe, child-friendly environment for conducting forensic interviews and medical evaluation. We assist with investigations of sexual and serious physical abuse of children, as well as with interviews of children who have witnessed violent crimes.

**Terms of DCFS Contract:** The contract pays for a portion of the Executive Director’s salary. She is also a forensic interviewer and coordinates services at the CAC. The support person who coordinates interviews is paid by DCFS. DCFS pays for a portion of our rent and telephone. The Counselor is partially paid by DCFS funds, Case Management services, and medical services are



paid for by other sources. All the services seek to strengthen families and ensure the safety and well-being of the children that we serve.

### **Tazewell County CAC**

**County(ies) of Service:** Mason, Tazewell, Woodford

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** \$1,745.00

**Terms of DCFS Contract:** The CAC works with alleged child abuse victims and their non-offending caregivers, by providing advocacy, counseling, and referrals to various community services. The Tazewell CAC coordinates with DCFS, law enforcement, and the State's Attorney's Office to investigate and prosecute allegations of child sexual abuse, child victims of human trafficking, and serious physical abuse. These efforts assure the child's safety is paramount in the decision-making process.

### **Two Rivers CAC**

**County(ies) of Service:** Alexander, Hardin, Johnson, Massac, Pope, Pulaski, Union

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** \$1,864.00

Two Rivers Child Advocacy Center has been providing services for abused children in Southern Illinois since 2001. Our goal is to lessen the trauma that children endure after they disclose that they have been abused. Two Rivers used the Child Advocacy Center model to provide a safe, child-friendly environment for children to talk about what happened. The CAC model is designed to coordinate a multi-disciplinary approach to the investigation and prosecution of child abuse, while keeping the child victim the priority. Two Rivers provides follow-up care and support to children and their families, as well as community education.

**Terms of DCFS Contract:** Two Rivers Child Advocacy Center coordinates a timely, comprehensive, and multidisciplinary response to child sexual abuse and serious physical abuse allegations in a safe, agency neutral and child focused setting. The CAC will provide forensic interviews and advocacy. Additionally, TRCAC will facilitate investigations, medical and treatment referrals, as well as assist with any consequent legal proceedings to advocate on behalf of and support child victims and their families.

### **Tyler's Justice Center**

**County(ies) of Service:** Carroll, Jo Daviess, Stephenson

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** \$1,162.00

The CAC acts on the principle that no one agency or professional alone can investigate, prosecute, and treat the problem of child sexual and/or serious physical abuse - a coordinated, team response is necessary. The CAC provides victims of sexual abuse and/or serious physical abuse coordination of professionals from legal, medical, child protective and social services, in one place at one time, working together in the best interest of the child. Tyler's Justice Center for Children serves as a central location for intake, investigation, and follow-up for all sexual and/or physical child abuse victims ages 0 -18 in our tri-county area of Carroll, Jo Daviess, and Stephenson Counties.

**Terms of DCFS Contract:** TJCC is dedicated to lessening the impact of trauma on a child victim by providing a sensitive, collaborative response to the investigation, prosecution and treatment of child sexual abuse and serious physical abuse cases.

**Unified Child Advocacy**

**County(ies) of Service:** Calhoun, Greene, Jersey, Macoupin, Montgomery

**Program Name:** Children’s Advocacy Center

**CAPTA Funds:** \$2,200.00

Unified Child Advocacy Network (UCAN) is a newly formed organization which was developed to bring together a community effort to ensure the safety and wellbeing of our children. Our mission is to serve, protect and advocate for children affected by sexual and serious physical abuse, and to educate the community about child abuse.

**Terms of DCFS Contract:** Unified Child Advocacy Network works within each of our counties to educate individuals regarding physical and sexual abuse. When child abuse occurs in our counties, our goal is to reduce the trauma to child victims and their families. Our center coordinates a multidisciplinary team response with law enforcement and DCFS. UCAN assures a safe, neutral environment for the child victim to participate in a forensic interview. UCAN also provides ongoing support to the child victim and non-offending caregiver and siblings. UCAN works with the family through the process of the investigation and court process. Counseling is provided to the child victim and non-offending caregivers and non-offending siblings who may be traumatized by the abuse occurring. UCAN brings together a community effort to ensure the safety and wellbeing of children in our communities.

**University of Chicago MPEEC.**

**County(ies) of Service:** Cook

**Program Name:** Multidisciplinary Pediatric Education and Evaluation

**CAPTA Funds:** \$45,000.00

The University of Chicago is the lead program and the fiscal agent for the Multidisciplinary Education and Evaluation Consortium (MPEEC).

The Comer Children’s Child Advocacy and Protection Services (CAPS) team is a medically directed interdisciplinary team. The CAPS program has a robust clinical, advocacy and academic mission. Comer Children’s hospital has institutionalized policies and protocols for the identification, evaluation, and treatment of children with concerns for any form of child maltreatment. Annually over 300 children admitted to Comer Children’s who receive comprehensive consultations by the CAPS team and between 500-600 hundred children are evaluated and treated in the ER setting. The CAPS team consists of 12 medical pediatric social workers, a CAPS clinical social work coordinator, 2 child abuse pediatricians, 1 physician assistant and an administrative assistant. Child Abuse Pediatrics is a boarded subspecialty that is dedicated to the care and treatment of abused and neglected children, and unique to this subspecialty child abuse pediatricians are medical experts in the diagnosis of child abuse- child abuse pediatricians are unique in that their training is in the discerning between manners of injuries.

**Terms of DCFS Contract:** This contract funds the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) and its activities to coordinate multidisciplinary investigations involving investigators from DCFS and law enforcement agencies and expert Child Abuse

Pediatricians (CAPS) for allegations of severe physical abuse of children who reside in Chicago, under the age of 36 months of age, who are reported for the following allegations:

- Head trauma (2/52)
- Bone fractures (9/59)
- Internal injuries (4/54)
- Burn injuries (5/55)-cases that present to MPEEC hospitals, **and** a child abuse consultant is requested by treating medical staff.
- Cuts, welts, bruises, and abrasions (11/61) –cases that present to MPEEC hospitals **and** a child abuse consultant is requested by treating medical staff.

**University of Illinois College of Medicine at Rockford.**

**County(ies) of Service:** Boone, Carroll, DeKalb, DuPage, Jo Daviess, Kane, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, Winnebago

**Program Name:** MERIT-Medical Evaluation Response Initiative Team Agreement

**CAPTA Funds:** \$43,096.00

The University of Illinois College of Medicine at Rockford developed the Medical Evaluation and Response Team (MERIT) program to improve the intake, assessment, screening, and investigations of reports of child abuse and neglect.

This program is jointly funded by the CAPTA Basic State Grant and the Children Justice Grant. The MERIT program provides medical advocacy for children (DCFS and non-DCFS clients) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect, including:

- Comprehensive medical assessment, evaluation and diagnosis;
- Appropriate and timely follow-up of targeted medical services for each child as it pertains to abuse and neglect;
- Documentation of findings and recommendations for follow-up to referral source;
- Data tracking of each child served;
- Medical expert consultation on difficult cases on when additional medical needs are identified;
- Parent education and support;
- Educational resource for physicians and other healthcare providers; and
- Training of MDT members on child maltreatment.

**Terms of DCFS Contract:** The MERIT program provides medical advocacy for children (DCFS and non-DCFS clients) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect.

This includes:

- Comprehensive medical services, evaluation and diagnosis;
- Appropriate and timely follow-up of targeted medical services for each child as it pertains to abuse and neglect;
- Documentation of findings and recommendations for follow-up to referral source; and
- Data tracking of each child served.

**University of Illinois Pediatric Resource Center.**

**County(ies) of Service:** Fulton, Henry, Knox, LaSalle, Macon, Mason, McLean, Peoria, Rock Island, Sangamon, Tazewell, Woodford, and other counties within the Central Region

**Program Name:** Pediatric Resource Center

**CAPTA Funds:** \$69,310.00

The PRC was developed to provide medical evaluations and social services to children under investigation for child abuse and neglect. It is a program of the University of Illinois, College of Medicine of Peoria, and serves 40 counties in the Central Region of Illinois. The program expanded when the DCFS Peoria Regional Administrator linked the PRC with the Central Child Protection Division of DCFS to provide education, training, and consultation to medical providers around the state. By providing specialized medical evaluations and case coordination services to children when concerns of physical or sexual abuse, as well as neglect have been raised, the PRC works to ensure that children are in a safe environment by working with DCFS. In addition, the medical evaluations ensure that the physical well-being of the children is addressed so that healthcare needs are met.

**Terms of DCFS Contract:** By providing specialized medical evaluations and case coordination services to children when concerns of physical or sexual abuse and neglect have been raised, the PRC works to ensure that children are in a safe environment by working with DCFS and/or other agencies/institutions. In addition, the medical evaluation ensures that the physical well-being of children is addressed so that healthcare needs can be met. In addition to direct services, the PRC will provide education, training, and outreach to healthcare professionals in the central region regarding child maltreatment. PRC will also provide training to DCFS, law enforcement and other professionals in the central region regarding abuse and neglect concerns.

**Vermilion County CAC**

**County(ies) of Service:** Vermilion

**Program Name:** Children’s Advocacy Center

**CAPTA Funds:** \$2,945.00

The Vermilion County Children’s Advocacy Center serves child victims of abuse and their non-offending caregivers by providing services through a comprehensive, child-focused approach in a safe, neutral, environment. By bridging the gaps between law enforcement, DCFS, prosecutors, and service providers during an investigation, VCCAC reduces the number of times a child must retell their story.

**Terms of DCFS Contract:** Services provided under the contracted agreement will include forensic interviewing, advocacy, mental health, and referrals to medical. Case review, peer review and all training that is pertinent to a well-developed and qualitative service provision for the staff and MDT partners.

**Will County CAC**

**County(ies) of Service:** Will

**Program Name:** Children’s Advocacy Center

**CAPTA Funds:** \$22,360.00

The Will County CAC was established to improve the way child abuse cases re investigated. The center's staff performs child-sensitive interviews when there are allegations of sexual or severe physical abuse. These interviews are conducted by training and caring professionals in a non-suggestive, child-friendly environment. The children's recorded statements have been used in the successful prosecution of hundreds of child predators.

**Terms of DCFS Contract:** The Will County Children's Advocacy Center's services ensure safety and well-being of children and prevents substitute care placement by providing a facility to coordinate and conduct multidisciplinary team child sexual and severe physical abuse forensic interviews, advocacy services, trauma-informed therapy services on-site, multi-disciplinary team case review, specialized medical exam referrals, mental health referrals, staff and multidisciplinary team member trainings, and community outreach and prevention education.

### **Williamson County CAC**

**County(ies) of Service:** Franklin, Williamson  
**Program Name:** Children's Advocacy Center  
**CAPTA Funds:** \$2,255.00

The Franklin-Williamson Child Advocacy Center works with DCFS, law enforcement, state's attorney's offices, social workers, advocates, medical and mental health professionals, and others to provide high-quality, specialized services for abused children and their families. Helping abused children and their families requires an approach that addresses the physical, emotional, and legal dimensions of abuse. And it requires a coordinated response from expert professionals to reduce stress throughout the investigation and intervention process. We work in partnership with all the necessary agencies to coordinate a plan of action. From the time a child makes an outcry of abuse until the end of a criminal trial can take months or even years. The program provides support and information to non-offending families involved with the multi-disciplinary team. This program was developed to provide a continuum of care for clients from the first day they come to the CAC until the child and family feel resolution. Providing a consistent person that clients can rely on to resolve concerns, provide information, and refer them to services eases the confusion and stress our clients endure throughout the investigative and judicial process.

**Terms of DCFS Contract:** Children's Advocacy Renewal and Enlightenment, Inc.; DBA: Franklin-Williamson Child Advocacy Center (FWCAC) services include:

- Coordinated Investigations
- Forensic Interviews
- Advocacy Services
- Court Support Services
- Crisis Intervention
- Mental Health Referral Services
- Specialized Medical Exam Support
- MDT case reviews
- Community Outreach

## **CONTACTING DCFS**

**Leslie S. Rice**

Chief Accountability Officer

Illinois Department of Children and Family Services

1911 South Indiana Avenue, 1051G

Chicago, Illinois 60616

Desk Phone: (312) 328-2953

State Cell: (312) 877-2947