



2024 Illinois Annual Progress and Services Report (APSR)

Addendum A-1

CITIZEN REVIEW PANELS' REPORTS

FISCAL YEAR 2023

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

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CITIZEN REVIEW PANELS REPORT
FISCAL YEAR 2023

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FY23 CITIZEN REVIEW PANELS
ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Introduction

Citizen Review Panels (CRPs) are defined by the Child Abuse Prevention and Treatment Act (CAPTA), signed into law in 1974. The CAPTA federal legislation guides child protection and is detailed in U.S. Code (42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et. seq.). It was reauthorized with significant amendments and additions in 1978, 1984, 1988, 1992, 1996, 2003, and 2010. CRPs were first introduced in the CAPTA amendments of 1996, were further delineated in the Keeping Children and Families Safe Act of 2003 and were modified by additions to the CAPTA Reauthorization Act of 2010, P.L. 111-320.

The Illinois Department of Children and Family Services (IDCFS) is the Illinois designated agency to implement the provisions of CAPTA regarding CRPs. Illinois maintains three CRPs:

- Child Death Review Teams Executive Council
- Children's Justice Task Force
- Statewide Citizen's Committee on Child Abuse and Neglect

Purpose of Citizen Review Panels

Section 106 [42 U.S.C. 5106a] of CAPTA defines CRPs:

- Each State to which a grant is made under this section shall establish not less than 3 citizen review panels.
- A State may designate as panels one or more existing entities established under State or Federal law, such as child fatality panels or foster care review panels, if such entities have the capacity to satisfy the requirements under this Section and the State ensures that such entities will satisfy such requirements.
- Each panel shall be composed of volunteer members who are broadly representative of the community in which such panel is established, including members who have expertise in the prevention and treatment of child abuse and neglect, and may include adult former victims of child abuse or neglect.
- Each panel established shall, by examining the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, evaluate the extent to which State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with:
 - the Illinois State plan;
 - the child protection standards set forth in Section 106; and
 - any other criteria that the panel considers important to ensure the protection of children
- Each panel shall provide for public outreach and comment to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations under Section 106 of CAPTA.

Development of Citizen Review Panels in Illinois

IDCFS established CRPs to examine the policies and procedures of state and local child protective service agencies. Authorizing legislation for the Illinois Citizen Review Panels amended the Illinois Children and Family Services Act (20 ILCS 505/5) effective June 1999. In accordance with the provisions of CAPTA, Illinois has (1) designated three entities to satisfy the citizen review panel requirements; and (2) the IDCFS Director appoints volunteer members who are broadly representative of the community, including members who have expertise in the prevention and treatment of child abuse and neglect.

In forming the CRPs, IDCFS invited existing advisory committees to take on citizen review activities in addition to their other interests and statutory responsibilities. Currently the three Illinois CRPs are comprised of a variety of members who have experience in working with children and

families. The SCAN Committee has members representing professional organizations, child welfare agencies, volunteer associations, and concerned citizens. The Children's Justice Task Force and Child Death Review Team Executive Council have members from numerous disciplines including medicine, medical examiners and coroners, mental health, law, criminal justice, public health, education, social work, child abuse prevention, parent advocacy and child advocacy.

Citizen Review Panels' Report Process

According to Section 106 of CAPTA, each CRP shall prepare and make available to the State and the public, on an annual basis, a report containing a summary of the activities of the panel and recommendations to improve the child protection services system at the State and local levels. Not later than 6 months after the date on which a report is submitted by the panel to the State, the appropriate State agency shall submit a written response to State and local child protection systems and the citizen review panel that describes whether or how the State will incorporate the recommendations of such panel (where appropriate) to make measurable progress in improving the State and local child protection system.

Annual Citizen's Review Conference

There was no annual conference this year and moving forward the structure of the CRP Annual Meeting will change, per the communication below that was sent to all participating CRPs from the hosting agency

CRP Community and Colleagues:

As you may be aware, the National Citizens Review Panel (NCRP) Advisory Board has historically collaborated with a CRP program and their state agency to host a national conference annually for the CRP community. This unique 2-2½ day event has been a CRP community-directed, self-funded learning and networking event highlighting the host states' program, while providing CRP Coordinators, Chairpersons, members, and their state partners the opportunity to get together, share their successes and challenges, and hear from experts on CAPTA and child welfare topics relevant to their CRP work. After a brief interruption, due to Covid-19, in 2022, an in-person conference was hosted by the California CRP program. The conference was a great success.

Although the NCRP Advisory Board had hoped to continue the annual in-person format in 2023, we were not able to secure commitment from a host state early enough to ensure sufficient planning time to support a successful conference. **However, we have received commitment from Minnesota to host the 2024 conference. So, mark your calendars for May 20-22, 2024!** The Minnesota planning committee is already hard at work putting together a great program.

The NCRP Advisory is exploring the possibility of alternating the in-person conference format with a virtual event format for the years in between. This would help to sustain peer learning, provide opportunities for networking, as well as facilitate state planning and budget forecasting. More to come on this as plans unfold. If your state would like to learn more about hosting a national CRP conference (in 2025 and beyond), or getting involved on the NCRP Advisory Board, please email: debfarrell@caresolutions.com. This year, we encourage CRP members to take advantage of the virtual 23rd National Conference Child Abuse and Neglect which takes place April 11-13 and April 18-20, 2023.

**RESPONSE OF THE
ILLINOS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
TO THE
ILLINOIS CITIZEN REVIEW PANELS
COMBINED RECOMMENDATIONS 2022**

To: The Illinois Citizen Review Panels
From: Marc D. Smith, Director
Date: February 23, 2023

The Illinois Department of Children and Family Services (DCFS) appreciates your dedicated service, and we thank you for your efforts on behalf of Illinois children. We have reviewed the 2022 recommendations from each of your respective panels and our responses are provided as follows (recommendation in **bold**, followed by non-bolded response):

**CHILDREN’S JUSTICE TASK FORCE
FY22 RECOMMENDATIONS AND DIRECTOR RESPONSES**

- A. The Children’s Justice Task Force joins the Department of Children and Family Services in its concern for the safety of those involved in the investigatory process and the direct link that it has to the safety of children and families. To increase safety, it is imperative to first identify those critical inflection points in the process (from initial report to disposition) where decisions are made, the impact of which could expose workers or children to harm.**
- 1. The Task Force fully supports DCFS’s current review of worker safety recommendations and training. We recommend that this review continues.**
 - 2. The Department and the Task Force should collaborate further to identify critical decision points where potentially unsafe conditions exist during the investigation or family support phases of serving the families and children of Illinois.**
 - 3. The Task Force would like to see data related to those investigations that result in harm during the investigations, case worker visits, or during critical incidents to identify themes and trends for cases that may result in harm to any person or child present at the time of the interaction.**
 - 4. As a long-term goal, the Task Force would like to see law enforcement, as part of the MDT, receive supportive training for mental health and in order to respond in a trauma informed way to families in crisis. We believe there may be “partner programs” with law enforcement and social workers that may be informative to balance the safety of the DCFS staff and agents and the families we serve.¹**

The Department appreciates the support of the Task Force in the work we are doing to support worker safety. The Department is engaged in the development and implementation of a

¹ Links to examples of such programs:

- [Reference Sources for Police-Based Embedded Mental Health Co-Responder Programs \(mn.gov\)](#);
- [Improving Law Enforcement and Mental Health Sector Collaborations - National Policing Institute](#);
- [SW Logic Models.pdf \(villagegreennj.com\)](#)
- [ICJIA | Illinois Criminal Justice Information Authority](#)
- https://www.researchgate.net/publication/7760976_Police_Involvement_in_Child_Protective_Services_Investigations_Literature_Review_and_Secondary_Data_Analysis

multitude of efforts directly supporting the safety of our child protection specialists as well as all our staff. These efforts include:

1. DCFS pilot program to provide delegated sheriff deputies at field offices launched in Jefferson County (southern region) on March 7, 2022. The collaboration has been very positive, and we are fortunate to have their support and cooperation. We have added four more sheriff deputies (Macon Sangamon, Madison and Peoria counties) to the program. We currently are in conversations with 12 other counties with the goal of securing six more deputies before the end of June. The Iroquois and Jackson counties contract are in the final stages of County Board approval and is expected to launch by February 2023. Once finalized, deputies will work from a local field office and provide daily support to staff, including accompanying and assisting frontline staff when they conduct home visits, safety assessments, safety and well-being checks and take youth into protective custody. DCFS currently have armed guards in our field office in northern, Cook, central and southern region field offices.
2. DCFS currently has five social service aides assigned to the central region field offices. The aides help to prepare and deliver paperwork related to court; transport youth; transport and accompany youth to initial health evaluations; and for safety reasons, when requested, accompany investigators during the initiation of an investigation. DCFS is currently in the process onboarding additional social service aides.
3. The Panic Devices Pilot program is forthcoming. We received the devices and we have identified five teams in different regions to pilot the program. Panic Device training is being scheduled and will be held before the panic devices will be issued.
4. DCFS is hosting an in-person instructor-led Oleoresin Capsicum aka "OC-Pepper Spray" training and certification course at various locations twice a month throughout the state. The half day in-person trainings focus on ensuring staff learn about the safe and effective use, the different levels of contamination and how to properly decontaminate after exposure. Students are required to be directly expose to OC-Pepper Spray sprayed (level 1 contamination) in order to be certified.
This new personal protective equipment offers a level of protection against injury to staff while on duty. It is one of the tools DCFS is utilizing to help keep front line workers safe. Additional OC Pepper Spray training and certifications will be offered in the future.
5. DCFS is hosting an in-person wearable personal protective equipment fitting and ordering event. This new wearable personal protective equipment, sometimes referred to as a bullet resistant shirt or t-shirt armor, offers a level of protection against injury to staff while on duty. This is one of the tools DCFS is utilizing help keep front line workers safe. In order to receive wearable personal protective equipment, employees must attend a wearable personal protective equipment fitting.
6. DCFS staff participated in three self-defense classes suitable for men and women of all levels. The training session was conducted by the Illinois State Police and taught everything from basic level de-escalation skills to full, physical combat techniques. The OC Pepper Spray training course covered the proper storage and maintenance, deployment techniques and finished up with the law and legal applications to less lethal. Over 30 participants were exposed to a Level 1 contamination.
7. Finally, regarding the Task Force request to see data related to investigations that result in harm to any person or child present (Recommendation 3 above). This data is provided to the General Assembly each year and we welcome the Task Force to review this publicly shared information.

B. Additionally, as part of the Task Force's ongoing recommendation of better data sharing between MDT members, additional consideration of sharing of information related to prior criminal history, police reports, additional family information, and

incident information (that is not redacted) would be helpful in identifying increased risks related to safety in the home. Current challenges for DCFS workforce related to the LEADS history include, data only related to the child, incomplete or incorrect information at intake.

The Department welcomes the support of MDT members sharing information with us as we inform ourselves on the safety of the subjects of our investigation as well as our child protection specialists. Additionally, DCFS workforce receive LEADS information on every member of the household age 13 and older. When investigators add information to the report after the commencement of the investigation, newly added participants aged 13 and older are submitted for LEADS history.

- C. The Task Force is concerned that the CACs are not being utilized to the full benefit of an MDT for child investigations. DCFS and law enforcement should continue to use and expand the MDT process for coordination of child abuse investigations. Cases, including serious harms, and serious physical abuse, in addition to sexual abuse should be referred to a CAC. The Task Force also recommends that DCFS and other MDTs continue to share allegation data with CACs on a quarterly and annual basis, to determine gaps in services.**

The Department continues its commitment to working diligently with the multidisciplinary approach utilizing the CAC on all applicable cases.

- D. Invite community partners (elected officials, schools, law enforcement, etc.) to ensure the safety of DCFS staff and agents while they are serving the families and children of Illinois.**

The Department agrees and works diligently at the regional and subregional level to develop these critical relationships.

- E. Given the continued pandemic, and challenges related to caring for and serving our families, the Task Force is aware that the impact of vicarious trauma, compassion fatigue and burnout is significant. The Task Force would like to know how DCFS is currently addressing these issues and provide systems to support workers.**

The Department is currently working to implement an agency Office of Resilience to address these very concerns we share for our staff.

CHILD DEATH REVIEW TEAMS EXECUTIVE COUNCIL FY22 RECOMMENDATIONS AND DIRECTOR RESPONSES

- 1. DCFS should use their existing “undetermined” category in situations when a family or necessary witness cannot be located, when needed records are unavailable, when the passage of time would have allowed injuries to heal or witness coaching to occur, or when the investigator otherwise cannot gather enough evidence to truly make an “unfounded” determination. DCFS has previously indicated that they cannot keep an investigation open indefinitely. Therefore, they should utilize the “Undetermined” category in a 2nd manner which would be used in situations like this where there is unverified information. This would be an Undetermined/Closed rather than the current Undetermined category where extensions are granted, and the case is kept open to gather additional information.**

The Department and CDRT are in the process of developing a workgroup to address this recommendation.

- 2. Many of our recommendations were case specific in that DCFS should review the case and how it was handled with the involved staff.**
- 3. Many of our recommendations this fiscal year were commendations for the workers excellent presentation and work on these difficult cases.**

STATEWIDE CITIZEN'S COMMITTEE
ON
CHILD ABUSE AND NEGLECT
FY22 RECOMMENDATIONS AND DIRECTOR RESPONSES

A. General

1. DCFS will more intentionally monitor and improve the thoroughness and timeliness of needs, supporting placement, and services documentation.

In Child & Clinical Services new processes and procedures are being implemented that with impact both timeliness and effectiveness of services to youth. There is currently a new Clinical Staffing model along with an updated referral form being rolled out that will (1) allow for better responsiveness by clinical team (2) uniform assessment of youth and family needs (3) more comprehensive supports to implement clinical recommendations. In Child Service / Placement Administration there continues to be a reorganization of resources that (1) more effectively works with Clinical Practice to support service and support recommendations (2) targets Providers to be responsive in referrals resulting in better clinical matches to placements as well as getting youth in placements in no more than 21 days from referral. There is a small group that is updating the Congregate Care Matching Checklist which will allow for better program and youth matching that will be part of the FY23 contracts.

B. Welcome Centers File Review Recommendations

DCFS must be responsive, creative, and intentional when addressing the needs of children placed in Welcome Centers. Viable placement options for children with high service needs have been difficult to secure. Children with high needs require intensive services to stabilize and maintain appropriate care and improve their quality of life. As a result of completing our Welcome Center virtual file review, the Committee submits these recommendations.

2. Research shows that historically LGBTQ youth experience varying degrees of family rejection, exploitation, and hostility. Every child in child welfare should be supported and affirmed, inclusive of LGBTQ and those having non-conforming gender expression or identity.

• DCFS shall continue developing and or enhancing programs for LGBTQ children using an equity lens.

DCFS is currently developing programs for LGBTQI+ Youth in Care. DCFS has LGBTQI+ Affinity Groups and Ambassadors that provide recommendations. DCFS is also working with various community agencies to enhance programs and work on safe housing. Right now, there are 3 Agencies working on providing LGBTQI+ Group Homes, Shelters, Transitional Living Programs, and Independent Living Programs.

• DCFS will work with the families of LGBTQ children to resolve family conflicts related to gender identity and sexual orientation.

DEI has worked to enhance trainings for employees so that they can assist families and Foster Parents in resolving conflicts with SOGIE populations and Foster Parents.

3. Welcome Centers currently receive high-need youth. Appropriate housing, continued education, and access to clinical care must be readily available during placement disruption. SCAN supports

- That a child's first placement should be the best regardless of the need,**
- DCFS' continued outreach across systems to find solutions for the best stability placement.**

The DCFS system is currently relying much less on a Welcome Center environment. To date, we sporadically utilize the Norman Sleezer site for female youth as our only

active welcome center site. We have and continue to expand our emergency network of foster home and shelter placements.

In the interim,

- **DCFS shall ensure high-need youth and their caretakers have access to a rapid-service team providing care coordination and warm linkages to needed resources and support services, including mental health services. The initial rapid-services team meeting is 24 hours after arrival at the Welcome Center and every 72 hours until departure.**

The Department only has one Welcome Center now and we use it sparingly (Norman Sleezer for girls). We have evolved from the previous use of four sites (Allendale, UCAN, Aunt Martha's, and Norman Sleezer). We also have two shelter openings underway. Nevertheless, we agree that we have and shall use IPS for assessment and mental health support while in a WC arrangement and facilitate all needs for the youth use the assigned caseworker and overtime staff.

- **DCFS will increase the availability of family-based placement options by contacting family or fictive kinship when considering placements for high-need children. Four (4) denials from family or fictive kinship contacts must be received before placing a child in a Welcome Center.**

Home of Relative (HMR) and Fictive Kin is currently the primary placement resource for youth. Approximately 65% of youth are placed in these arrangements.

- **DCFS will look for family and fictive kinship outside the state if placement cannot be secured within the state.**

Home of Relative (HMR)/Fictive searches also include contacting any known relatives who live out of state. These placements require an approved interstate compact agreement that includes a home assessment and agreement to manage the out of state placement.

- **DCFS shall improve data collection and analyses to inform practices, ensure better outcomes, and plan for future needs.**

We have taken a step in that direction 1/22, as we now are better able to better track these youth (previous placement, exiting placement type, age, etc.).

- **DCFS shall raise public awareness about placement stabilization for high-needs youth and the vital role of fictive and relative care.**

Agreed. This is something the Department can investigate further.

- **DCFS shall have two (2) designated Welcome Centers in each region and increase therapeutic foster care statewide.**

DCFS has focused on meeting the comprehensive need by building licensed, staffed and quality emergency services. We have done some outreach in that regard in Central region and a Welcome Center was not deemed as viable. We have increased our Emergency Foster home capacity; added two Shelters in July 2022; a 6-bed shelter accepting kids on March 1 and targeting an April 1 opening for a 10-bed co-ed shelter; and have a shelter proposed for Northern region (10-12 boys) and another shelter proposed for the Southern region (5 boys and 5 girls) for the latter part of the Spring 2023. Additionally, we have been recruiting for DCFS contracted Emergency Foster Care (EFC) homes and have two candidates in the contract stages. Finally, we are developing an EFC provider into becoming a Child Care agency that will allow for a dual model that has 3 foster parent EFC placements homes and youth in a shelter status in the remaining homes manage by staff. This should be completed by mid-summer 2023.

- **DCFS shall improve its capacity to expand services to avoid removal and support the safe return to home.**

In addition to what was previously stated; there is a " pipeline" of resource development activities managed by Chief Deputy Clinical Services with new resources in various stages of development. Between January 2022 – January 2023, the Department has added 64 therapeutic congregate care beds and continue to be in various development stages with other programs.

(Technology increases an organization's capacity and can be used to document a process. This form of documentation provides consistency, simplifies training, and improves engagement.)

4. **SCAN encourages DCFS to produce a short video educational series about Welcome Centers that explains the policy, processes, and procedures for staff, families, and the community.**

We have drafted a series of draft guidance documents for staff to utilize whenever a youth is in a Welcome Center/Office setting. We are completing a final review based on feedback we received and plan to deploy this guidance very soon

C. SCAN Communication Recommendations - SCAN recommends and requests the following to provide equity across committees and access to knowledge and information.

5. **DCFS shall notify and seek input from SCAN when proposing changes to Procedures 300-Reports of Child Abuse and Neglect and all child abuse and neglect prevention policies and procedures.**

The Department appreciates the child welfare expertise of the members of SCAN and welcomes SCAN to participate in the invaluable 45-day public comment period (Public Policy Review "PPR") which begins when the proposed changes are posted to the Illinois Register.

6. **DCFS shall design an accessible, user-friendly process for SCAN virtual file reviews with written documentation. Documentation provides continuity for new SCAN Liaisons, and Committee work continues uninterrupted**

Regarding file review, the Department suggests setting up a meeting between SCAN and applicable divisional Department leaders to address file review requests.

D. Social Determinants of Health Recommendations - Social determinants of health directly impact families, especially those involved in DCFS

7. **DCFS will continue to expand collaboration with its system partner, Federally Qualified Health Centers (FQHC). This ally proactively supports children and families with its current infrastructure**

The Department agrees and is committed to finds ways to partner with FQHC to better serve the children and families we are engaged with.

8. **DCFS will encourage local area networks and Purchase of Service Organizations to build partnerships with FQHCs.**

The Department agrees that FQHCs can be a resource for our partners in child welfare and the Department will continue to encourage them to expand their partnerships with FQHCs in the communities they serve.

E. Implicit Bias Training Recommendation

National studies have shown that disproportionality in child welfare can occur due to ineffective service delivery, cultural misunderstanding, workforce issues, and systemic racism. Currently, the Department requires staff and purchase service organization staff to complete Implicit Bias training.

9. **DCFS shall intensify its efforts of building a culture of inclusion by requiring all DCFS Committees to complete the Implicit Bias Training Module Series.**

The State DEI (Diversity, Equity, and Inclusion) training offers an Implicit Bias training module. We require all board members to take the Diversity, Equity, and Inclusion (DEI) training along with Ethics and Harassment/Discrimination and prevention training.

F. De-escalation Training Recommendation

tactics create a supportive environment.

10. DCFS shall ensure that all non-therapeutic staff who encounter high-needs youth have the training to remediate problematic behaviors.

In the development of service providers, DCFS is working with its partners to assure that all staff interacting with youth, “clinical” and non-clinical, are conducting their work from a trauma informed framework. This includes an understanding of the impact that trauma has on our youth and families, what that may look like in behaviors and or interacting with youth and families.

FY23 REPORT OF THE CHILDREN'S JUSTICE TASK FORCE

The ***Children's Justice Task Force (CJTF)*** is a multidisciplinary, legislatively mandated advisory group that makes recommendations to IDCFS for improving the investigative, administrative, and judicial handling of child abuse cases, particularly cases of child sexual abuse/exploitation and cases involving a combination of jurisdictions. The Task Force was organized in 1989 according to guidelines in the federal Child Abuse Prevention and Treatment Act (CAPTA), and it became one of the Illinois Citizen Review Panels in 1999. Recommendations from this panel are focused on reducing child trauma, enhancing the effectiveness of judicial and administrative actions in child abuse cases, and reforming state laws and regulations for child protection and child welfare while ensuring fairness to all affected persons.

The CJTF members represent professionals in the fields of child protection, law enforcement, medical and mental health, attorneys for the prosecution and defense, criminal and civil court judges, education, children with disabilities, child advocates, and parent advocates. The Task Force currently includes 20 members appointed by IDCFS to staggered 4-year terms. In FY23, four members resigned (due to other responsibilities) and two new members were added to the Task Force.

In addition to the two-subcommittee structure (MDT Subcommittee and the Membership Committee that explores enhancements to the task force based upon diversity, equity, and inclusion), the Task Force revitalized the previous subcommittee structure of the three areas of focus as detailed in the CAPTA Statute rather than operate as a committee of the whole on those topics. This year the Task Force focused on detailing at least one recommendation from each of the specified areas:

- A. Investigative, administrative, and judicial handling of cases of child abuse and neglect;
- B. Experimental, model and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings; and
- C. Reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children from abuse.

As the impacts of Covid are subsiding, challenges remain in identifying and receiving commitments from volunteers to the Task Force. A significant portion of the year was spent marketing and outreach to invite members to join us. In so doing, the membership committee continues to focus on implementing a staggered recruitment strategy to maintain expertise of various disciplines on the task force, and continued utilization of the demographics matrix created and discussed in the last report of the Task Force, continuing to cast a wide net for purposes of diversity, equity and inclusion in keeping assembled a team with the greatest diversity possible regarding age, gender, ethnicity, expertise, and state geographical location. The Task Force remains a leading force in recommendations concerning child protection services in the state of Illinois, while remaining transparent, diverse, and engaged with all Illinois communities.

FY23 Task Force Meeting Dates²

August 10, 2022
December 7, 2022

February 8, 2023
May 10, 2023

² Through May 11, 2023 (and except for May 10, 2023), due to the pandemic, the shelter-at-home order currently in place by the Governor's Office and the non-essential travel ban in place by DCFS, the quarterly meetings were conducted virtually. The May 10, 2023, was a blending meeting, held virtually and hosted by the Madison County CAC in Wood River, Illinois.

Grantees Annual Meeting

On May 23 and 24, 2023, the Children's Justice Act Grantee Meeting, virtual since 2021, returned to live status in Baltimore, Maryland. In attendance were the Task Force Chair, and the DCFS Liaison to the Task Force. The meeting was a power-packed two days, with updates from the Children's Bureau, as well as CJA workshops covering the Child and Family Service Review (and the potential for Task Force involvement), CJA Jeopardy (IL was on the Jeopardy Board for Medical Fields for \$290,000 – the amount of Children's Justice funds given to fund trainings through Southern Illinois University!), Safety Science and the National Partnership for Child Safety, , Evaluating CJA-Fund Activities, and Addressing Disproportionality, Disparity and Equity (DDE) Throughout Child Welfare. The Chair and Liaison returned to Illinois excited, full of programming and funding dialog for FY24, and a new approach to the completion of the FY23 3-Year Assessment. Much networking was accomplished, with support and ideas coming from (amongst others): Alabama, Alaska, California, Georgia, Michigan, Wisconsin, and Wyoming.

Child Protection and Legislative Education Impacting Task Force Decision Making

The Task Force continues to receive updates and reports from IDCFS, including standard presentations from the General Counsel/Ethics Officer, the Deputy Director for External Communications and Advisory Groups, and the Deputy Director of Child Protection Services.

Task Force Compliance with Opening Meeting Act

This Illinois Act is designed to ensure that public business is conducted in public view and allows both public servants and private citizens to attend any public business meetings held in public forum. Prior to each meeting, posting of the meeting is placed on the DCFS internet, and agenda time is allotted for introductions of all visitors to the meeting and for any visitors to speak on the agenda.

CJTF Coordination with Other Advisory Groups

CJTF continues to work collaboratively with several other public and private advisory groups with similar agendas related to multidisciplinary involvement in areas of child welfare and child safety. Many of these groups have partnered closely with the task force to achieve common goals for improving the safety and well-being of children. These groups include:

- ICASA, the Illinois Court Appointed Special Advocates;
- The Children's Advocacy Centers of Illinois, a chapter of the National Children's Alliance;
- Child Death Review Teams; and
- Statewide Citizen's Committee on Child Abuse and Neglect

FY23 REPORT OF THE CHILD DEATH REVIEW TEAMS EXECUTIVE COUNCIL

Illinois established multidisciplinary and multi-agency child death review teams throughout the state with the Illinois Child Death Review Team Act (P.A. 88-614), which was signed into law on September 7, 1994. The Child Death Review Team Act has been amended several times since 1994 including August 2001, June and August 2008, August 2009, June and July 2010 and November 2018. The primary goals of the Child Death Review Team (CDRT) are to:

1. Review the circumstances of child fatalities in order to gain a better understanding of their causes.
2. Recommend changes in practice and policy that will prevent future injuries and deaths.

The Child Death Review Team Executive Council is the coordinating and oversight body for the CDRTs' activities in Illinois.

Pursuant to the Act CDRTs are to be made up of at least one member from the following disciplines:

- Pediatrician or other physician knowledgeable about child abuse and neglect;
- Representative of the IDCFS;
- State's Attorney or State's Attorney's representative;
- Representative of a local law enforcement agency;
- Psychologist or psychiatrist;
- Representative of a local health department;
- Representative of a school district or other education or child care interests;
- Coroner or forensic pathologist;
- Representative of a child welfare agency or child advocacy organization;
- Representative of local hospital, trauma center, provider of emergency medical services; and
- Representative of the Department of State Police.

Each CDRT elects a chairperson and vice chairperson to represent the team on the CDRT Executive Council. The CDRT Executive Council includes these 18 members and an employee with the Inspector General of IDCFS as an Ex-Officio member for a total of 19 members.

The CDRT Executive Council operates according to the following objectives:

- to serve as the voice of child death review teams in Illinois;
- to oversee the regional teams in order to ensure that the teams' work is coordinated and in compliance with the statutes and operating protocol and best practices;
- to ensure that the data, results, findings, and recommendations of the teams are adequately used to make changes in policies, procedures, and statutes to protect children in a timely manner;
- to collaborate with the General Assembly, IDCFS, and others to develop legislation needed to prevent child fatalities and to protect children;
- to ensure that the review process for the regional teams is standardized in order to convey data, findings, and recommendations in a usable format;
- to serve as a link with CDRT's throughout the country and participate in the National Child Death Review Team activities;
- to develop an annual statewide training symposium to update knowledge and skills of CDRT members and promote the exchange of information between teams;
- to provide the teams with the most current information and practices concerning child death review and related topics; and
- to perform any other functions necessary to enhance the capability of CDRT to reduce and prevent child injuries and fatalities.

Daniel Cuneo from the East St. Louis team is the CDRT Executive Council Chairperson. Mary Joly Stein is the CDRT Executive Council Vice Chairperson. John Schweitzer is the IDCFS CDRT Manager, and Tamara Skube is the CDRT Executive Director contracted through IDCFS.

FY23 Meeting Dates (virtual unless otherwise noted)

| | |
|------------------------------|----------------------------|
| July 15, 2022 | February 17, 2023 |
| August 19, 2022 | March 17, 2023 |
| September 16, 2022 | April 21, 2023 (in-person) |
| October 21, 2022 | May 19, 2023 |
| November 18, 2022 | June 16, 2023 |
| January 20, 2023 (in-person) | |

Meetings with the Director of DCFS

| | |
|------------------|------------------|
| August 4, 2022 | February 2, 2023 |
| October 6, 2022 | June 1, 2023 |
| December 1, 2022 | |

Focus Areas of Interest

Annual Symposium Training and Annual Report

The 26th Annual Child Death Review Teams Symposium is currently being planned for October 2023.

Tamara Skube is currently working on the *Illinois Child Death Review Teams Annual Report 2021*. This report provides detailed information and statistics on numerous categories of child death. It also presents charts of CDRT recommendations and IDCFS responses regarding: 1) primary prevention; 2) IDCFS systems; and 3) other systems.

FY23 REPORT OF THE STATEWIDE CITIZEN'S COMMITTEE ON CHILD ABUSE AND NEGLECT

The Statewide Advisory Committee on Child Abuse and Neglect (SCAN) of the Illinois Department of Children and Family Services “*is created with the object of advising and consulting with the Director of the Department on setting priorities for the administration of child abuse prevention, shelter, and service programs in Illinois.*”

Purpose

The Statewide Citizen's Committee on Child Abuse and Neglect (SCAN) is a legislative statutory advisory group established under the Abuse and Neglect Child Reporting Act (ANCRA, 325 ILCS 5/11.7). Their responsibilities as a committee have remained the same since its conception in 1998. SCAN advises the Department on child abuse and neglect prevention services that promote children's health, safety, and well-being throughout the state. The Director approves the SCAN members for three-year terms. The SCAN member's experience varies across all disciplines, impacting child welfare. Their expertise in law, social work, mental health, law enforcement, education, criminal and juvenile court, family assessments, the well-being of children and families, etc., brings focused and direct recommendations to ensure the Department is operating as the statute requires. They also seek committee members without career backgrounds who can provide highlighted opinions around the above issues.

Goals Established in Fiscal Year 2023

SCAN is updating its governance procedures to include a vision and core values statement. It has approved an MOU, which is currently being reviewed by legal.

The SCAN committee has been kept apprised of legislation that impacts child welfare issues through presentations by DCFS legal staff. The committee will remain abreast of House and Senate bills that affect the Department or child welfare services, including:

- **HB3267** – created an Advisory Commission to reduce the disproportionate representation of African American/Black children in foster care.
- **HB3281** – established a task force to examine Illinois Child Welfare's racial disproportionality for two years. The task force will begin on August 25, 2022, with no sunset or end date.

SCAN performed its annual goal of selecting an allegation, performing a file review, or selecting a policy to evaluate. This year the committee conducted file reviews on five cases of substance-involved newborns. The committee will review these five cases within a year to examine the service supports accessed and evaluate the Plan of Care.

SCAN continues identifying Human Trafficking as a prevention issue. The statewide program manager for DCFS Human Trafficking and private contract agency partners provided overviews of their programs (Cherish House, Halo Mentoring Program, the Power Project, and Selah Freedom Program). The committee has committed to distributing electronic program information when finalized.

Accomplishments

All SCAN committee members completed the mandatory training in Ethics, Sexual Harassment, Diversity, Equity, and Inclusion. The Chair completed the Open Meetings Act training. SCAN passed the DCFS internal compliance review, which looks at governance compliance.

Two members attended the 2022 Prevent Child Abuse Conference. Roy Harley, a retired SCAN member, received recognition for his dedication to the child welfare profession and Illinois children and families.

Two committee members participated in the Illinois DCFS Family First Act Summit titled Strengthening Illinois through Child and Family Well-Being. The event partners were the Casey Family Programs, the University of Illinois School of Social Work at Urbana-Champaign, and the

Illinois DCFS. Stakeholders from across the child welfare system participated in conversations sharing ideas on leveraging resources to serve families and children better.

Two committee members have become members of the Family First Planning Committee, which meets monthly.

The Chair or her designee has been invited to attend all DCFS Committee Citizen's Board Monthly meetings and asked to participate in the Children's Justice Task Force Quarterly meetings. A Children's Justice Task Force member and a Child Death Review member will be invited to attend SCAN meetings in the upcoming year.

A new departmental liaison has been appointed to SCAN, and SCAN passed the Illinois DCFS Citizen's Committee Audit.

Membership

Several committee members retired, and we actively recruit around the state. SCAN has acquired several specialty knowledge experts:

- A Neonatal Specialist,
- A Family Court Judge,
- A Substance-use Specialist,
- A Pharm-D

We created a Welcome Packet for all new members that contains essential DCFS and SCAN Background information.

Annual Policy Review

The SCAN committee elected to review investigations of neonates exposed to substances with indicated findings of Allegation 60, Environment Injurious to Health and Welfare (neglect), and/or Allegation 65, Substantial Risk of Harm. Case selection was random from around the state. The case selection breakdown is as follows:

- **Target Area:** Cases were identified from around the state - one from Chicago, one from Central, one from Southern, and two from Northern Illinois.
- **Case Outcome Disposition:** Four cases were indicated, which means DCFS had enough evidence to support an abuse or neglect of a child allegation, and 1 case was unfounded, which means there was not sufficient evidence to support an allegation of child abuse or neglect.
- **SCAN members were divided into five groups, each with an investigator lead.**

Illinois requires mandated reporters to report when they suspect that pregnant women are involved with using substances so that the mother can be referred for treatment. The state doesn't have laws that outline which infants should receive testing for substance exposure. Hospitals located in Illinois determine how they individually address which infants to screen for exposure. Some hospitals routinely test every child; others may only test babies showing signs of drug toxicity or withdrawal. A sample of urine or meconium is collected to test a child, to run a panel of tests for controlled substances.

The state requires reporting to the Department of Public Health and DCFS for infants screened and tested positive for substances. Reports to DCFS will trigger an investigation which could range in outcome from removing the infant or other interventions put in place.

DCFS Policy/Practice Dictates:

- Anytime DCFS is made aware of a newborn with a controlled substance in their system, DCFS must notify the State's Attorney immediately.
- Fetal Alcohol System, alcohol/drug withdrawal, or any controlled system in blood, urine, umbilical cord, or meconium is considered neglect.
- Calls are made to the hotline when the mother/infant has a controlled substance in the system at birth; the hotline staff determines if this instance meets the criteria for abuse/neglect.

- After a report, the assigned worker goes to assess the safety needs of the infant.
- Options are protective custody, or intact services can be utilized.

During the file review, the advisory group panel noted the following areas present in the cases selected:

- The intake process was performed timely, including contacts with key collaterals and service needs identified.
- A deeper look into the parent's substance involvement is needed.
- While prior history was discussed and documented, the committee felt workers needed to capture more comprehensive parental drug and alcohol background and use before pregnancy information.
- It is essential for the Department to identify and vet at minimal two fictive care individuals for an infant.
- Ambiguity exists around defining the community resources the family was referred to/for. There was usually a statement of "referred for community-based resources." However, no indication of what program or organization would receive the referral exists.
- Documentation should distinguish between
 - alcohol use and alcohol misuse
 - suspension and verification of use or misuse.

While the investigators often provide clients with recommendations for services in the community, their notes need to reflect their interaction. When Investigators provide these significant services, the information must become part of the file. It is essential to demonstrate that DCFS provides community referrals to assist families during the investigative process and in the future.

Often DCFS staff provide phone numbers and locations but do not assist families with connecting to the service provider. Some of our families need support to make these connections. DCFS staff should support these recommendations by calling the agency with the client while still in the client's presence and, if necessary, assist them with obtaining transportation to access the recommended services (i.e., food, housing, etc.)

Family program support should be identified. All collateral contacts should be interviewed and thoroughly documented. Questions regarding children-caretakers' interactions should be relevant and part of the collateral contact interviews. Referrals should be listed in each area of need, and linkage noted.

SCAN Activities During the Fiscal Year 2023

This year SCAN met with DCFS personnel and 4 Contract Service Providers as part of a learning session initiative to become familiar with DCFS operations. The learning session allows SCAN to collect information about the programs' purpose, priorities, and strategic goals. These sessions give SCAN insight to generate better recommendations for change within DCFS.

SCAN had a budget briefing this year, and budget priorities and challenges were identified. Additionally, speakers presented information regarding system enhancements and support services.

System Improvements

The DCFS Chief Information Officer discussed the benefits of the new Comprehensive Child Welfare Information System (CCWIS) designed to replace the current Statewide Automated Child Welfare Information System (SACWIS). This collaboration used system knowledge experts in formulating the design. SCAN supports this effort knowing informed decisions rely on accurate, unbiased, and meaningful data.

The Action 4 Child Protection CEO discussed replacing the existing CERAP with the SAFE model. The SAFE model is considered the first comprehensive safety and intervention decision-making model focusing on Child safety. Currently, 26 States use this model. Data shows that the SAFE model reduces the number of children in care and addresses present and impending danger while considering caregiver protective capacities (emotional, cognitive, and behavioral). The SAFE practice model will be an integral part of CCWIS.

DCFS General Counsel provided background and the current impact of the BH decree on DCFS's past and current policy and practice. For example, in September 2020, DCFS changed the youth-care health service provider in concert with Health and Family Services.

Services and Supports

DCFS Administrator for the Advocacy Office provided a chronology from 1973. Today, the office handles various complaints, concerns, inquiries, and complaints from the entire state. A valuable but not well-known free child welfare resource for children, families, and caregivers even though they receive over 3,000 calls/month.

Procedure 300 Update now requires an initial background check before all investigations and initial contact with a family.

Family First Staff provided program updates and collaborative child welfare system efforts. Staff shared highlights from the Family First Summit with feedback received.

The Home Visiting Clinical Supervisor discussed the following:

1. Resources in the community that are available to families, regardless of involvement with child welfare service involvement.
2. Programs available to families during different stages of growth and development.
3. Support to aid pregnant mothers and ensure prenatal care.
4. All programs and services are voluntary. The program adapted to the pandemic by providing teleconference capacity for families unable to have face-to-face appointments.

SCAN FY23 Meeting dates

August 17, 2022
October 19, 2022
December 14, 2022
March 1, 2023
April 19, 2023
June 21, 2023

SCAN FY24 Meeting dates

August 16, 2023
October 18, 2023
December 20, 2023
February 21, 2024
April 17, 2024
June 26, 2024

FY23 RECOMMENDATIONS
CHILDREN'S JUSTICE TASK FORCE FY23 RECOMMENDATIONS

Medical and Mental Health Working Group Recommendations:

- DCFS administration will assign liaisons to contracted child abuse mental health and medical service providers. Liaisons must have experience and dedicated time for this role and be accessible for emergent case management questions.
- Liaisons will participate in interdisciplinary case reviews to facilitate case management and identify barriers to interagency collaboration and communication. Liaisons will be charged with the responsibility to compose a summary of challenges to the interagency process and submit recommendations to the DCP administration and to CJTF prior to CJTF quarterly meetings. CJTF will review liaison's summaries and establish a meeting between DCFS administration and CJTF to formulate protocol and policy changes towards improving the MDT response.

Judicial:

- Safety plans and intact family services – practical and effective coordination between intact family agency and VDCFS investigator: A regional divide exists regarding case process from investigations to intact, including the use of safety plans as cases transition from investigations to intact family services. We recommended that DCFS facilitate the safety plans and care plans for a family until the intact family agency initiates services. Further, we recommend DCFS standardize practice state-wide to facilitate communication and manage the transition between investigations and intact agency services to enhance and improve information sharing regarding safety plans and care plans.

Investigative

- Sharing of known full child and family information upon initial referral to the MDT via unredacted CANTS form with confidentiality at the forefront. Providing the MDT with a fuller assessment of family history and dynamics that can inform decisions about how to proceed in the investigative process, including detailed information about prior maltreatment, key risk factors (e.g., domestic violence, mental health issues, substance abuse, housing instability, previous removal of any child in the household), participation in recommended/needed services, and patterns and changes in who is caring for children and household composition.
- Detailed data sharing agreements put in place to track initial *eligible referrals, case-level activities, and unit-based MDT outcomes across disciplines. An illustration of the importance and utility of linking databases across organizations for evaluation and quality improvement is provided in Appendix O.

*Eligible DCFS reports to MDT

| | |
|--------------|-----------------------------------|
| 1/51 | Death |
| 2/52 | Head Injuries |
| 4/54 | Internal Injuries |
| 5 | Burns |
| 9 | Bone Fractures |
| 12/62 | Human Bites |
| 16 | Torture |
| 18 | Sexually Transmitted Diseases |
| 19 | Sexual Penetration |
| 20 | Sexual Exploitation |
| 21 | Sexual Molestation |
| 22a, b, c, d | Substantial Risk of Sexual Injury |
| 40/90 | Human Trafficking |

- Re-enforce the use of MDT response for eligible allegations for children 0-3 years old or those children who are non-verbal or those children with limited verbal skills, for investigations and case review, especially for children with cuts, bruises, welts, abrasions, and oral Injuries (#11)

CHILD DEATH REVIEW TEAMS EXECUTIVE COUNCIL
FY23 RECOMMENDATIONS

- DCFS should use their existing “undetermined” category in situations when a family or necessary witnesses cannot be located, when needed records are unavailable, when the passage of time would have allowed injuries to heal or witness coaching to occur, or when the investigator otherwise cannot gather enough evidence to truly make an “unfounded” determination. DCFS has previously indicated that they cannot keep an investigation open indefinitely. Therefore, they should utilize the “Undetermined” category in a 2nd manner which would be used in situations like this where there is unverified information. This would be an Undetermined/Closed rather than the current Undetermined category where extensions are granted, and the case is kept open to gather additional information.
- DCFS to discuss the enforceability of administrative subpoenas with the Attorney General to require agencies to comply with such subpoenas.
- Many of our recommendations were case specific in that DCFS should review the case and how it was handled with the involved staff.
- Many of our recommendations this fiscal year were commendations for the workers excellent presentation and work on these difficult cases.

STATEWIDE CITIZEN’S COMMITTEE
ON
CHILD ABUSE AND NEGLECT
FY23 RECOMMENDATIONS

- It is estimated that at least 50% of cases in the child welfare system involve prenatal substance use (Osterling & Austin, 2008). Substance use is often long-term, DCFS needs to prioritize fetal drug exposure education as a child and family well-being effort.
- Enhance the Placement Clearance Process to reduce placement delays. SCAN requests that DCFS expand access to needed family assessment data in the automated court information system. If both Child Protective Service and Guardian ad Litem had access to the same information, pre-trial hearing extensions would be reduced for some cases.
- DCFS ensure clear documentation regarding client service recommendations in investigations. Particular attention should be given to documenting the following:
 - Background information and service referrals
 - Observations regarding the home environment, including proposed sleeping arrangements and interactions between family supports
 - Investigator interviews should consist of collaterals regarding dads and paramours, follow paramour policy, and assess the quality of the relationships between the mother, father/paramour, and children when possible
 - Social determinants of health resource needs and providing warm hand-offs for food, shelter, education, health, and well-being support services
- SCAN commends DCFS for ensuring that needed resources and outstanding programs are available to Illinois children and families. DCFS needs to highlight and promote these remarkable resources and educational programs with the media. SCAN further suggests that DCFS enhance its health and well-being outreach and engagement strategies to better inform children, parents, families, the community, and service providers. Examples of enhancements would include, but is not limited to, the following:
 - Expand outreach/partnerships within communities to non-traditional child welfare partners
 - Increase efforts highlighting program and system success stories
 - Develop and implement creative prevention and well-being educational material (print, online, social media, billboards)