2024 Illinois Annual Progress and Services Report (APSR)

Addendum C

HEALTHCARE OVERSIGHT AND COORDINATION PLAN

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

HEALTHCARE OVERSIGHT AND COORDINATION PLAN

Health Care Oversight and Coordination Plan: In the 2024 APSR:

- *Describe the progress and accomplishments in implementing the state's Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care.*
- *Indicate in the 2024 APSR if there are any changes or additions needed to the plan, including any changes informed by the state's experience during the public health emergency. In a separate document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.*

The Department of Children and Family Services (DCFS) and the Department of Healthcare and Family Services (HFS) aim to promote and maintain the normal growth, development, health, and well-being of every child placed in substitute care. DCFS and Child Welfare Contributing Agencies (CWCA) caseworkers ensure that caregivers of youth in care seek services from healthcare providers, practitioners, and related medical resources enrolled in the Medical Assistance Program, YouthCare. YouthCare is a specialized healthcare program chosen by HFS to administer medical, behavioral health, dental, vision, and pharmacy coverage for current and former youth in care aged birth through 21. YouthCare began administering benefits for youth in care on September 1, 2020.

Caseworker Responsibilities and Health Records

DCFS and CWCA caseworkers are responsible for emphasizing to caregivers and youth in care the importance of keeping all health appointments, including dental and vision appointments. Caregivers cannot refuse health services, including immunizations, for any child in DCFS custody or guardianship. The power to consent or to refuse to consent to any health services, including immunizations, rests with the child's parent or legal guardian. When gathering health records, caseworkers can present a copy of the court order granting temporary custody or guardianship if necessary to obtain a youth's medical records from health providers. Furthermore, caseworkers work with Regional Counsel to obtain administrative subpoenas for health records if required. YouthCare utilizes a portal that contains healthcare information. This portal is shared with DCFS. In addition, foster parents/guardians have access to a portal as well with health information. YouthCare works closely with the DCFS caseworkers and shares information as appropriate.

Selecting Providers

DCFS youth in care receive medical case management services through contracted Healthworks Lead Agencies (HWLA) and YouthCare. YouthCare and HWLA work together to ensure a qualified primary care physician; who serves as the child's 'Medical Home', is selected upon case opening for all youth in care. For the safety and protection of children, DCFS requires that healthcare providers be licensed and in good standing in their respective fields. A healthcare provider may only perform services authorized by their current license. Internal medicine physicians shall not provide services to or be the primary care physician for children under the age of 16. To avoid a potential conflict of interest, DCFS prohibits foster parents and relative caregivers or their immediate family members who are health care providers (e.g., medical, dental, nursing, behavioral, etc.) from treating or examining children in their care who are in DCFS custody or guardianship.

Every youth enrolled in YouthCare has a dedicated "Care Coordinator" who assists with:

- Obtaining the youth's medical history.
- Finding new providers or specialists.
- Getting medication approved at the pharmacy.

- Providing education about youth's medical conditions, and
- Tracking, monitoring, and confirming Immunizations and routine healthcare visits occur

The YouthCare Coordinator remains connected to the youth's case and has direct contact with the caseworker, caregiver, and youth to meet the youth's healthcare needs.

For youth in care under 18 years of age, the DCFS guardianship administrator can choose an alternate health plan if it is determined that the youth can be better served that way.

Youth in care over 18 years of age are auto assigned to remain with Youthcare. They can choose their own HealthChoice Illinois Health Plan. This would be a decision made in conjunctions with the DCFS Caseworker and the young person. The topic of health care is covered per the CFS2032 Youth Driven Transition Plan. The caseworker and Life Skills Coordinator also review healthcare options when conducting the Casey Life Skills Assessment (for youth ages 14-21 years.). Youth over 18 discuss the switch to Meridian health care at the countdown to 21 meeting. The YouthCare Coordinator is no longer assigned to the case if the youth is enrolled in an alternate health plan.

YouthCare continues to support former youth in care who were previously under the guardianship of DCFS before reunification with their families, adoption, or subsidized guardianship; or youth whose juvenile court cases have closed, and they are no longer under the legal custody of DCFS. These include the categories of 'Adoption Assistance', 'KinGAP', 'Continuing Eligibility' (CE) coverage without legal and with legal (12 months of coverage).

The topic of healthcare options is reviewed with older youth in care at the countdown to 21 meeting per the CFS2032 Youth Driven Transition Plan. The caseworker and Life Skills Coordinator also review healthcare options when conducting the Casey Life Skills Assessment (for youth ages 14-21 years.). YouthCare's specialized "adolescence to Adulthood" (a2A) program is tailored to preparing and supporting youth towards independence. YouthCare Care Coordinators complete an a2A assessment annually with all members starting at age 17. This assessment reviews the physical health, behavioral health, substance use, sexual health needs of the youth as well as Social Determinant of Health needs including education, employment, housing, and criminal justice involvement. This assessment is used as a tool to develop a tailored care plan for that youth to support their successful transition to independence, not only in regard to their healthcare but overall psychosocial needs.

YouthCare also provides information to young adults on the process of transitioning Medicaid coverage, transitioning from pediatric to adult providers, and tools to learn how to independently schedule healthcare appointments and navigate these systems. YouthCare partners with the DCFS Casework team to hold Child and Family Team Meetings/Countdown to 21 meetings to support a successful transition.

Interpreters and additional assistance are provided as necessary for youth or caregivers who are limited/non-English speaking or deaf, hard of hearing, blind, or have vision loss to assist in communicating with health care professionals.

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

Initial Health Screen (IHS)

When youth enter substitute care, the caseworker ensures they receive an Initial Health Screening within 24 hours of the Department assuming legal custody and before placement. However, in some cases PC is allowed to lapse by DCFS and/or the court (e.g., in the case of some lockouts). In cases in which children come into care through temporary custody (TC) by the court (and NOT PC), an IHS must still be completed within 24 hours of placement by the placing worker. The IHS is required regardless of the type of custody (protective custody, temporary custody, guardianship, or voluntary placement agreement) and regardless of whether

a youth had been living in a relative's home prior to protective custody and may be placed in the same home after protective custody is taken.

Department of Children & Family Services
Initial Health Screen (IHS) Statistical Report
Annual Summary of All Cases
Start Date: 7/1/2022 - End Date: 6/30/2023

HWCA	Cases Opened	IHS Completed	IHS w/I 24 Hours	% IHS Completed	% IHS Completed w/i 24 Hours
Adams County Health Department	182	157	149	86.26%	81.87%
Aunt Martha's Youth Center	507	303	264	59.76%	52.07%
Champaign-Urbana PHD//HealthWorks	264	206	198	78.03%	75.00%
DuPage County Health Department	279	197	184	70.61%	65.95%
Effingham County Health Department	309	267	255	86.41%	82.52%
Kankakee Health Department	44	26	23	59.09%	52.27%
Lake County Health Department	139	96	89	69.06%	64.03%
LaSalle County Health Department	72	65	61	88.89%	84.72%
Logan County Department of Public Health	702	624	600	88.89%	85.47%
Macon County Health Department	363	292	284	80.44%	78.24%
McHenry County Department of Health	76	12	12	15.79%	15.79%
McLean County Health Department	153	137	133	89.54%	86.93%
Rock Island County Health Department	211	197	193	93.36%	91.47%
Southern Illinois Healthcare Foundation	583	301	277	51.63%	47.51%
Southern Seven Health Department	93	87	85	93.55%	91.40%
TASC South	224	203	167	90.63%	74.55%
TASC, Inc.	225	191	184	84.89%	81.78%
Will County Health Department	245	152	147	62.04%	60.00%
Winnebago County Health Department	378	303	295	80.16%	78.04%
(blank)	723	426	370	58.92%	51.18%
Grand Total	**5772**	**4242**	**3970**	73.49%	68.78%

Cases Opened - Count of youth coming into foster care for whom the department has legal
IHS Completed - Count of Initial Health Screenings completed for youth coming into foster c
IHS w/I 24 Hours - Count of Initial Health Screenings completed within 24 hours of the later of case opening or legal custody
% IHS Completed - The % of IHS completed for youth coming into care
% IHS Completed w/I 24 Hours - The % of Initial Health Screenings that were completed within 24 hours of case opening or legal custody
*Note: All percentages use the Cases Opened count as the denominator

The IHS is conducted by a qualified health care provider in accordance with Early and Periodic Screening Diagnosis and Treatment (EPSDT) standards and is of sufficient scope to permit DCFS or the CWCA to ascertain enough information to identify any health needs or communicable disease requiring immediate attention, and any health information needed to make an informed, appropriate placement decision. If a youth is in the hospital when the Department takes protective custody, the hospital discharge examination serves as the IHS.

Comprehensive Health Evaluation (CHE)

Youth entering substitute care receive a comprehensive health evaluation completed by a physician that meets the national 'Healthy Kids' EPSDT Program requirements. The CHE is completed within 21 days of the Department receiving temporary custody of the youth. This is the responsibility of the Healthworks Lead Agency. Those entering substitute care through a voluntary placement agreement must receive a CHE within 21 days of the date the Department accepted custody of a child via the voluntary placement agreement. The YouthCare Care Coordinator, HWLA, and the caseworker communicate with the foster parent to ensure the CHE occurs in a timely manner. The caregiver and/or the caseworker accompany the youth to the exam and follow up on all recommendations made by the doctor performing the CHE.

Information obtained from the IHS and the CHE are incorporated into the youth's DCFS integrated assessment and service plan. The HWLA inputs the IHS and CHE information into the DCFS

SACWIS landing page which populates into the youth's health passport. Additionally, HWLA's enter the IHS and CHE results including all medical, immunizations, and dental into the YouthCare involve portal for youth ages 0-5.

Department of Children & Family Services

Comprehensive Health Exam (CHE) Cumulative Statistical Report

Annual Summary of All Cases

Start Date: 7/1/2022 - End Date: 6/30/2023

HWCA	Cases Opened	CHE Held	CHE Held w/I 21 days of Open	% CHE Completed	% CHE Completed w/I 21 days
Adams County Health Department	19	16	15	84.21%	78.95%
Aunt Martha's Youth Center	280	207	54	73.93%	19.29%
Champaign-Urbana PHD//HealthWorks	49	45	35	91.84%	71.43%
Dupage County Health Department	84	58	15	69.05%	17.86%
Effingham County Health Department	67	56	37	83.58%	55.22%
Kankakee Health Department	20	18	7	90.00%	35.00%
Lake County Health Department	29	25	11	86.21%	37.93%
LaSalle County Health Department	27	19	4	70.37%	14.81%
Logan County Department of Public Health	144	107	37	74.31%	25.69%
Macon County Health Department	107	77	32	71.96%	29.91%
McHenry County Department of Health	13	9	1	69.23%	7.69%
McLean County Health Department	65	56	33	86.15%	50.77%
Rock Island County Health Department	29	25	10	86.21%	34.48%
Southern Illinois Healthcare Foundation	100	63	34	63.00%	34.00%
Southern Seven Health Department	20	18	13	90.00%	65.00%
TASC South	65	46	26	70.77%	40.00%
TASC, Inc.	53	43	19	81.13%	35.85%
Will County Health Department	63	38	11	60.32%	17.46%
Winnebago County Health Department	99	84	47	84.85%	47.47%
(blank)	4439	3002	1627	67.63%	36.65%
Grand Total	**5772**	**4012**	**2068**	**69.51%**	**35.83%**

Cases Opened - Count of youth coming into foster care for whom the department has legal custody

CHE Held - Count of Comprehensive Health Exams held for youth coming into foster care

CHE Held w/I 21 days of Open - Count of Comprehensive Health Exams held within 21 days of the later of case opening or legal custody

% CHE Completed - For all youth coming into care, the percentage of Comprehensive Health Exams completed after case opening

% CHE Completed w/I 21 days - For all youth coming into care, the percentage of Comprehensive Health Exams completed within 21 days of case opening

The YouthCare Care Coordinator and the Healthworks Lead Agency (HWLA) work collaboratively to provide interim medical case management services to all youth in care. HealthWorks contacts the caregiver, helps facilitate the scheduling of the CHE, and requests the healthcare documentation and enters it into SACWIS. After the initial 45 days, the Healthworks medical case management agencies provide ongoing case management services for youth ages 0-5. After the initial 45 days, the Healthworks medical case management agencies provide ongoing case management services for youth ages 0-5. This includes on-going preventative healthcare such as immunizations and scheduled well-childcare, EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) exams as well as all medically necessary remedial health care. During this time, YouthCare will contact the caregiver to welcome the youth to the Health Plan and inform them of all available health benefits. A Health Risk Screening is completed and assistance is provided for any medical needs identified at the time of the screening. In addition, transportation is scheduled to and from healthcare appointments as needed

Children in the guardianship of the Department who are placed in the home of a parent and who subsequently are placed by the Department in substitute care shall receive an IHS upon placement in substitute care. If the youth has not had a physical examination consistent with the relevant school health examination and immunization requirements while the children were still in DCFS custody or guardianship, the Permanency Worker will advise the Care Coordinator and the caregiver to schedule a CHE.

YouthCare partners with Healthworks Lead Agencies to provide interim medical case management services to all DCFS Youth in Care during the first forty-five days of the youth being in DCFS custody. The caseworker and the Health Works Lead Agency are to collaborate with the foster parent to ensure that the CHE occurs. HealthWorks is contracted to contact the foster parent, help facilitate the scheduling of the CHE, and to request the resulting healthcare documentation and enter it into SACWIS. The substitute caregiver should accompany the child to the exam. It is the responsibility of the caseworker to ensure that the substitute caregiver follows through with taking the child to the CHE and the exam is completed. Caseworkers shall follow-up with all recommendations for further evaluation made by the doctor performing the comprehensive health evaluation. After the initial 45 days, the Healthworks medical case management agencies provide ongoing case management services for youth ages 0-5 years old. After the initial 45 days, the Healthworks medical case management agencies provide ongoing case management services for youth ages 0-5. This includes on-going preventative healthcare such as immunizations and scheduled well-childcare, EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) exams as well as all medically necessary remedial health care. During this time, YouthCare will contact the caregiver to welcome the youth to the Health Plan and inform them of all available health benefits. A Health Risk Screening is completed, and assistance is provided for any medical needs identified at the time of the screening. In addition, transportation is scheduled to and from healthcare appointments as needed.

The caseworker continues to collaborate with the Care Coordinator to ensure youth receive ongoing immunizations, preventative well child examinations and health screenings, including preventative dental examinations and prophylaxis (Immunizations, Well Child, EPSDT, etc.).

Routine Healthcare for children in Care

Well Child Visits, Immunizations, Primary Care Physician Enrollments and Dental Visits

The following tables provide information on the delivery of healthcare services to children in the care of Illinois DCFS. *FY '23 data is incomplete and will be updated as it is available*

The first four tables are for all Cases **'IN'** care in SFY's 2021, 2022 and 2023.

- Well Child Visits have been '*steady'* all three years with a range of **96.60% to 97.3%** receiving necessary 'Well Child visits.
- Immunization Compliance has also been '*steady'* all three years with a range of **79.02% to 80.64%.** receiving all required immunizations
- Primary Care Physician Enrollment has similarly been '*steady'* over the three years with a range of **86.91% to 88.68%.**
- Dental Visits *declined* over the three years, from **63.29%** in SFY '21 to **56.97%** in SFY '23.

YouthCare has been diligently working on increasing the dental network, community resources and mobile opportunities. In addition to expanding the network YouthCare Care Coordinators review the status of annual dental visits during the completions of assessments to identify any barriers to care. YouthCare will make efforts to enter into a Single Case Agreement in the event an in network provider is unavailable for the youth. In addition to expanding the network YouthCare Care Coordinators review the status of annual dental visits during the completions of assessments to identify any barriers to care. YouthCare will make efforts to enter into a Single Case Agreement in the event an in network provider is unavailable for the youth.

The second four tables are for all Cases '**ENTERING**' care in SFY's 2021, 2022 or 2023 (essentially annual cohorts):

- Well Child Visits had a *slight decline* over the three years from **90.01%** in SFY '21 to **86.16%** in SFY '23.
- Immunization Compliance had a *significant decline* over the three years; falling from **75.57%** in SFY '21 to **55.09%** in SFY '23%.
- Primary Care Physician Enrollment had a *slight decline* over the three years from a high of **79.87%** in SFY '22 to a low of **71.52%** in SFY '23.
- Dental Visits *significantly declined* over the three years, from **54.77%** in SFY '21 to **21.86%** in SFY '23.

Illinois DCFS – All Cases in Care (FY '21, '22, '23)

Well Child Visits

Start Date: 7/1/2020 – End Date: 6/30/2023

Fiscal Year	Cases In Care	Well-Being Visits	% Well-Being
FY2021	28373	27440	96.71%
FY2022	27697	26948	97.30%
FY2023	26328	25434	96.60%
Grand Total	**82398**	**79822**	**96.87%**

Cases In Care – Count of youth in foster care during the Fiscal Year for whom the department has legal custody
Well-Being Visits – Child has at least one Well-Being visit held with the Primary Care Physician
% Well-Being – Percentage of children in care who have a Well-Being Visit in the past 18 months.

Immunization Compliance

Start Date: 7/1/2020 – End Date: 6/30/2023

Fiscal Year	Cases In Care	Immunizations Compliant	% Compliant
FY2021	28373	22880	80.64%
FY2022	27697	22301	80.52%
FY2023	26328	20805	79.02%
Grand Total	**82398**	**65986**	**80.08%**

Cases In Care – Count of youth in foster care during the Fiscal Year for whom the department has legal custody
Immunizations Compliant – Count of youth in foster care receiving all required immunizations
% Compliant – Percentage of youth in foster care who received all required immunizations

Primary Care Physician Enrollments

Start Date: 7/1/2020 – End Date: 6/30/2023

Fiscal Year	Cases In Care	Youth with PCP	% Youth with PCP
FY2021	28373	24895	87.74%
FY2022	27697	24562	88.68%
FY2023	26328	22882	86.91%
Grand Total	**82398**	**72339**	**87.79%**

Cases In Care – Count of youth in foster care during the Fiscal Year for whom the department has legal custody
Youth with PCP – Count of youth in foster care with an assigned Primary Care Physician
% Youth with PCP – Percentage of youth in foster care with an assigned Primary Care Physician

Dental Visits

Start Date: 7/1/2020 – End Date: 6/30/2023

Fiscal Year	Cases In Care	Dental Visits	% Dental Visits
FY2021	28373	17958	63.29%
FY2022	27697	17549	63.36%
FY2023	26328	15000	56.97%
Grand Total	**82398**	**58459**	**61.30%**

Cases In Care – Count of youth in foster care for whom the department has legal custody
Dental Visits – Count of youth in foster care who had a dental visit of any kind
% Dental Visits – Percentage of youth in foster care with a dental visit on past 18 months

Illinois DCFS – All Cases Entering Care (FY '21, '22, '23)

Well Child Visits

Start Date: 7/1/2020 – End Date: 6/30/2023

Fiscal Year	Cases Opened	Well-Being Visits	% Well-Being
FY2021	8297	7468	90.01%
FY2022	6606	5938	89.89%
FY2023	5772	4973	86.16%
Grand Total	**20675**	**18379**	**88.89%**

Cases Opened – Count of youth coming into foster care for whom the department has legal custody
Well-Being Visits – Child has at least one Well-Being visit held with the Primary Care Physician
% Well-Being – Percentage of children entering care who have a Well-Being Visit during foster care case

Immunization Compliance

Start Date: 7/1/2020 – End Date: 6/30/2023

Fiscal Year	Cases Opened	Immunizations Compliant	% Compliant
FY2021	8297	6104	73.57%
FY2022	6606	4545	68.80%
FY2023	5772	3180	55.09%
Grand Total	**20675**	**13829**	**66.89%**

Cases Opened – Count of youth coming into foster care for whom the department has legal custody
Immunizations Compliant – Count of youth coming into foster care receiving all required immunizations
% Compliant – Percentage of youth coming into foster care who received all required immunizations

Primary Care Physician Enrollments

Start Date: 7/1/2020 – End Date: 6/30/2023

Fiscal Year	Cases Opened	Youth with PCP	% Youth with PCP
FY2021	8297	6357	76.62%
FY2022	6606	5276	79.87%
FY2023	5772	4128	71.52%
Grand Total	**20675**	**15761**	**76.23%**

Cases Opened – Count of youth coming into foster care for whom the department has legal custody
Youth with PCP – Count of youth coming into foster care with an assigned Primary Care Physician
% Youth with PCP – Percentage of youth coming into foster care with an assigned Primary Care Physician

Dental Visits

Start Date: 7/1/2020 - End Date: 6/30/2023

Fiscal Year	Cases Opened	Dental Visits	% Dental Visits
FY2021	8297	4544	54.77%
FY2022	6606	3234	48.96%
FY2023	5772	1262	21.86%
Grand Total	**20675**	**9040**	**43.72%**

Cases Opened - Count of youth coming into foster care for whom the department has legal custody
Dental Visits - Count of youth coming into foster care who had a dental visit of any kind
% Dental Visits - Percentage of youth coming into foster care with a dental visit of any kind

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

Treating and Monitoring Healthcare Needs

YouthCare Contractors developed and maintain a health risk screening tool, which includes behavioral health risks. The contractor identifies high-risk conditions requiring immediate care management. DCFS youth in care are assigned to one of four risk levels of care management: low risk, moderate risk, high risk, or complex risk. The risk level is assigned within the first 15 days of enrollment, with a Care Coordinator assigned subsequent risk level determination. YouthCare uses a predictive modeling system that utilizes data from claims information, assessment data, supplemental data, and demographics to determine the initial acuity. That acuity is then re-evaluated monthly.

YouthCare provides a health risk screening and, if needed, a health risk assessment within sixty days of enrollment. The information gathered along with other existing health evaluations will be used to complete the Individual Plan of Care (IPOC). The IPOC is an enrollee centered, goal-oriented, and culturally relevant plan, which reflects the full range of an enrollee's physical and behavioral health services needs (including dental health needs) and include both Medicaid and non-Medicaid services, along with the informal supports necessary to address those needs. The IPOC shall include all goals and services that are necessary to support the permanency goal established in the DCFS service plan. As risk levels change, assessments and reassessment will be completed as necessary and IPOCs created or updated. Care Coordinators shall maintain contact as frequently as required to meet the DCFS youth enrollee's needs.

YouthCare Care Coordinators are in routine contact with youth and caregivers to assist in managing their healthcare needs, assess and evaluate the youth's health conditions, develop care plans setting short and long-term goals, and coordinate services to provide necessary and efficient care. YouthCare includes specialized care coordination for youth with specific health conditions. The disease/health education management programs include a Diabetes Program, Heart Disease Program, Asthma Program, Other Healthcare Needs consisting of medical professionals trained to help members with many other complex special needs and serious health conditions and Start Smart for Your Baby (Start Smart) offering pregnant youth education throughout their pregnancy.

The Department offers health education and consultation through the DCFS Chief of Nursing Services Unit. DCFS and CWCA staff submit referrals for nursing services/consultation for children who have or are suspected of having special health care needs. Children with special health care needs are those who have chronic or acute health conditions that require ongoing medical supervision or intervention. A list of such conditions is available in Procedures 302, Appendix O, and includes behavioral/psychological problems and medical conditions. YouthCare collaborates with the Nursing Service units through ICT meetings.

In addition to nursing services, the DCFS Integrated Assessment (IA) provides detailed steps to address emotional trauma associated with a youth's maltreatment and removal from their home. A description of the youth's physical, developmental, educational, and mental disability, and the healthcare and mental healthcare to be provided, is included in the DCFS service plan. The service plan shall incorporate health records, including a description of the youth's immunizations, known medical problems, and list of medications. The information provided in the family and youth's IA and service plan, including documentation of ongoing medical care, and identified health care needs, is reviewed at the DCFS Administrative Case Review (ACR) occurring every six months. It is the case manager's responsibility to continue monitoring the youth's health needs. ACR also monitors the health needs by providing alerts and critical alerts to the case management team as well as DCFS Health Services, Nursing Services, and other

departments depending on the identified need of the youth. YouthCare collaborates with the Nursing Service units through ICT meetings.

The Illinois Child Welfare Core Practice Model includes the practice principles of family-centered, child-focused, strengths-based, and trauma-informed practice. The vision of the practice model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children entering protective care or currently living in a substitute care placement. The need for placement as a safety intervention must be balanced against the trauma of removal and prolonged separation from the family with whom the youth shares membership, tradition, and identity. The youth's attachment to their family, even in the face of maltreatment, is critical to their emotional security. This vision also continues with efforts to reduce, if not alleviate, secondary trauma experienced by children while living in out-of-home care.

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record

Managing Health Records

The Department maintains an electronic Health Passport containing a summary of health information for each youth in DCFS custody or guardianship. The Health Passport includes the youth's health history (including the IHS and CHE), current healthcare, and medical conditions; it is intended to be a partial medical record for the youth. The Health Passport is updated regularly by entering information directly into SACWIS and via a weekly electronic interface between SACWIS and HFS' Medicaid claims database. In addition to the Health Passport, DCFS utilizes the YouthCare Portal, which captures the selected PCP, Well Child Visit information, Hearing/Vision/Dental Screenings, Immunizations, and Pre/Post Natal Screenings. The portal also stores all assessments, notes, and care plans created by YouthCare Care Coordinators, and the case management team can access and review this information anytime. All DCFS/CWCA Caseworkers and their Supervisors are expected to set up access to the Youthcare Portal.

Caseworkers and supervisors ensure that caregivers receive a copy of the youth's Health Passport containing all available health information necessary for proper care. This includes ensuring a new caregiver receives the youth's Health Passport when there is a planned change in placement or a placement disruption. The Health Passport is to be provided to a facility director when a youth is placed in a group home or institution, is held in detention, or is placed in a Department of Juvenile Justice facility. The Health Passport is shared with the birth parent(s) or legal guardian upon family reunification, in accordance with the Mental Health and Developmental Disabilities Confidentiality Act and any applicable statutes (mainly as it may pertain to youth ages 12 and older). Additionally, the Health Passport is provided to a prospective adoptive parent at least ten days prior to the adoptive placement or a prospective guardian upon approval for subsidized guardianship. The caseworker instructs caregivers to take the Health Passport to all medical appointments, and Healthcare providers are asked to make a copy of the child's Health Passport for the child's medical record. DCFS recently hired a quality assurance manager who will assist the DCFS Health Services program in monitoring the Health Passports.

DCFS has implemented a system to grant foster parents access to their youth's electronic medical record patient portal (e.g., MyChart) when appropriate. A foster parent or caseworker may contact the DCFS guardian administrator to request portal access. The case is reviewed, and access is granted or denied by the guardian administrator. Access is approved for a limited time frame, requiring re-determination to remove portal access if a youth changes placement.

The DCFS guardian administrator and medical director are working with Deloitte to develop a user-friendly portal within the new child welfare data system, CCWIS (Illinois Connects), to store medical information for each youth in care. This project aims to link medical data from I-Care (vaccine data system), YouthCare, and potentially the electronic medical record and Illinois State

Board of Education system. DCFS is also working with Cordata's Identity platform that links electronic medical records to child welfare data systems in a HIPAA-compliant fashion. Rush University Children's Hospital and DCFS have approved a pilot project for this platform and are awaiting funding approval.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

Continuity of Care

YouthCare is a specialized healthcare program built to improve access, continuity of care, and healthcare outcomes for DCFS youth in care and former foster care children.

Youth in care receive health care coverage through YouthCare, which includes the assignment of a personal YouthCare Health Care Coordinator for each youth in care. The Health Care Coordinator assists in linking the youth with a Primary Care Physician and identifying other needed healthcare services or resources to ensure continuity of care. Health Works Lead Agencies (HWLA) also ensure continuity of care is a priority as referenced throughout this report. YouthCare Care Coordinators complete an annual screening/assessment which reviews the youth's medical and behavioral health needs. The Care Coordinator also reviews HEDIS CareGaps for annual physical, dental and immunizations. In the event a youth is not established with a PCP, vision or dental provider the Care Coordinator will assist with locating a provider. The Care Coordinator will also ensure the youth is connected with any required/needed specialist. The Care Coordinator will make outreach based on the youth's level of medical/behavioral needs.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

Oversight and Monitoring of Medication

DCFS and CWCA caseworkers obtain and document information about potential medical and mental health issues, medical equipment, and prescribed and over-the-counter medications for all youth entering substitute care. Upon taking protective custody, the Child Protection Specialists identify potential medical and mental health issues through contact with the youth's parents, relatives, schools, current and previous physicians, and observation of the youth's behaviors. The Child Protection Specialist obtains information on all medications and medical equipment the youth needs. If a youth takes psychotropic medication, the Child Protection Specialist ensures appropriate consent from the parent or legal guardian when possible. Upon case transfer, the child protection specialist shares this information with the assigned caseworker.

DCFS and CWCA caseworkers inquire about medications and any known or suspected medical or mental health problems by speaking to the youth's parents, relatives, and foster parents (or confirm that the information in the SACWIS Person Management Health Summary is correct and complete). The caseworker obtains identified mental health documents (or confirms that this information is in the youth's care record) and ensures that all medications and medical equipment the youth needs have been obtained. When a youth is taking psychotropic medication, the caseworker ensures appropriate consent is provided from the parent or legal guardian to continue administering that medication.

The consent for psychotropic medications requires specific review and approval by the psychiatric consultant of the Office of Guardianship Administrator. (Rules 325; CFS 431-A, Rev. 8/2006) Prescription medications for psychiatric disorders are written by psychiatrists, with oversight by an Oversight Treatment Team appointed by the Agency Director: Medical Director, Chief Psychiatric Consultant, Chief Nurse, representatives of the Division of Guardian and Advocacy, and the Division of Clinical Services. An initiative for children under six on psychotropic medication requires that they be evaluated by a child psychiatrist when entering custody.

Additionally, the YouthCare team informs providers and caregivers when a medication prior authorization is expected to expire, allowing time for the provider to submit a renewal. YouthCare stays connected to ensure the prior authorization renewal goes through while informing the caregiver of progress.

The DCFS guardian's office is working to implement a more efficient turnaround of psychotropic medication requests with a start date near the beginning of FY24. This new process will utilize robotics to streamline and reduce the opportunities for human error.

For youth in substitute care, the caseworker will do the following:

- Ensure that a signed psychotropic medication consent form is in the youth's record for each psychotropic medication administered to the youth; list this medication in the SACWIS Person Management Health Summary and indicate that consent was obtained.
- Give a copy of the signed psychotropic medication consent form to the youth's current caregiver.
- Attach a consent for the release of information form to the SACWIS Family Service Plan for a youth aged 18 and older to sign at the Administrative Case Review
- Attach a copy of the signed psychotropic medication consent form as an exhibit to the Service Plan for each psychotropic medication administered to the youth.

For intact cases, the caseworker will do the following:

- Ensure that the parent or legal guardian gives appropriate consent for each psychotropic medication being administered to the youth and shall document this information in the youth's record.

When a youth in care is prescribed medication, the caseworker ensures that the youth is advised of the purposes and effects of the medication and the potential side effects. At least every 90 days, the licensed prescriber must assess and document the status of the youth for any adverse reactions, and at least annually, evaluate and document the continued need for the medication. The caseworker shall document these assessments in the youth's case in SACWIS and the hard file. The caseworker shall document these assessments in the youth's case record. The case manager and supervisor review and monitor medications ongoing during supervisions and medications are a reviewed every six months at the Administrative Case Review. (Additional requirements regarding psychotropic medication can be found in Procedures 325, Administration of Psychotropic Medications to Children for Whom DCFS is Legally Responsible.)

The DCFS Guardian's Office is working with the University of Illinois at Chicago (UIC) to develop and maintain a program related to overseeing psychotropic medications for DCFS youth, including providing the DCFS Centralized Psychotropic Medication Consent Program.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;

The Department's office of Nursing Services includes a Medical Director who is available for consultation. Staff are encouraged to make referrals for consultation with DCFS Nursing Specialists for any youth with medical conditions or concerns, as outlined in a prior section of this plan. DCFS collaborates with nurses and a physician from YouthCare weekly to conduct physical health rounds for youth with serious health conditions. Internal consultation resources are in addition to Health Care Coordinators assigned through YouthCare for every youth in foster care. A YouthCare Health Care Coordinator is a resource person that:

- Answers questions about treatment,
- Helps youth meet their health needs by using their knowledge of the healthcare system,
- Helps youth consider options and choices,
- Helps with referrals for treatment at healthcare facilities,

- Acts as a link between youth and YouthCare,
- Identifies covered benefits and assists with referrals to specialists,
- Helps plan a transition for youth out of the hospital,
- Helps connect youth with community resources.

Also noted in this plan is a brief explanation of disease management/health education programs available for youth in care through YouthCare.

When youth are not enrolled in YouthCare, the department consults with the DCFS Medical Director, DCFS Nursing Services, Healthworks, and the caseworker and supervisor are responsible for consulting with medical and non-medical professionals to assess the health, well-being, and to determine the appropriate medical treatment of children in care.

Mobile Crisis Response Services are also available through a 24-hour Crisis and Referral Entry Services (CARES) line connecting to a behavioral health professional who assesses and manage mental health crises.

The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses

The Department uses a staffing process where staff and clinical professionals review cases with significant emotional, behavioral, developmental, and medical diagnoses. The purpose is to ensure needs are matched with the appropriate levels of care. This clinical staffing process includes significant adults and professionals involved in the care and treatment of the youth. It includes subject matter experts from the Department's Specialty Services Unit, DCFS Nursing, and DCFS Psychologists. Clinical assessments are reviewed, and if there is a need for diagnostic clarification, this is accomplished, or additional evaluations are recommended for completion. Licensed clinical psychologists participate in the clinical staffing's as subject matter experts. They review requests for psychological and neuropsychological evaluations and parenting assessments, and review completed assessments and evaluations to provide feedback to the casework staff concerning results and recommendations.

Children with specific illnesses are referred to DCFS nursing department and the DCFS Medical Director for consultation.
YouthCare members receive a Health Risk Screening (HRS) within 60 days of enrollment and annually thereafter. The HRS identifies behavioral health diagnoses, psychotropic medications, Mobile Crisis Response (MCR) events, and behavioral health treatments youth have received. The Care Coordination team uses this information to tailor the care plan to meet that youth's individual behavioral health needs, which may include a higher level of care coordination outreach, connection with appropriate level of behavioral health care, and engagement in Interdisciplinary Care Team (ICT)/Child and Family Team (CFTM) meetings. In addition, YouthCare provides evidence-based psychoeducational materials for youth and caregivers regarding specific mental health diagnoses.

YouthCare Care Coordinators also provide youth/caregivers with the 24/7 CARES crisis line and reviews MCR services. This information is also available on YouthCare's website and the Member Handbook. YouthCare has a dedicated team of Crisis Care Coordinators that provides an additional layer of care coordination when a youth has experienced an MCR event. YouthCare also has a specialized program, Choose Tomorrow, for young adults identified at most risk for suicidality. Choose Tomorrow uses data, including claims, to identify youth at risk. Care Coordinators then make dedicated outreach to assess that young adult's mental health needs, develops a safety plan, and connect member with behavioral health services as needed.

A Care Oversight Committee composed of the DCFS Medical Director, Child Psychiatry, Child Psychology, Chief RN, and DCFS guardian meets monthly with the University of Illinois/Chicago (UIC) to review complex behavior/psychiatric cases and makes recommendations regarding evaluation, treatment, and placement for these youth. Every month during these meetings, youth are identified for review and further recommendations. In addition, every quarter, statistics are shared related to this process. This data is incorporated into an annual report submitted to the Illinois General Assembly by the end of each calendar year.

The Health Integration Committee is a multidisciplinary group that meets monthly to discuss current issues regarding Healthcare for DCFS Youth and reviews cases of youth in care with complex medical and behavioral problems. This committee is also utilized to evaluate the decision to pursue or not pursue service appeals when in-home nursing hours are being reduced.

Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

Topics including health insurance, power of attorney, and health proxy are covered per the CFS2032 Youth Driven Transition Plan at ages 17, 19, and within 90 days of discharge from DCFS. The caseworker and Life Skills Coordinator also review healthcare options (for youth ages 14-21 years.)

The Health Passport is an efficient and convenient way to provide youth with a summary of their health information (required by Procedure 302, Appendix M, Transition Planning for Adolescents). The Permanency Worker shall give an updated Health Passport to each youth:

- For youth ages 16 or older, at least annually (The American Academy of Pediatrics recommends that health care transitioning begin with youth at age 12 and continue through adolescence to the youth's emancipation. By age 16, there should be specific plans for transition to adult health care in which youth take increased responsibility for their health care).
- For youth at age 17 ½, as part of the Youth-Driven Transition Plan.
- When youth age out of foster care, attains independence, or is emancipated, and
- When youth enter a transitional or independent living arrangement.

Procedure 302, Appendix M, d): 6) Youth Leave Care with Medicaid Coverage outlines the following steps and procedures with youth aging out of foster care:

Through a joint agreement between Departments, Medicaid coverage is seamlessly continued for youth over the age of 19 with a planned discharge from care. DCFS generates a monthly list of youth whose cases are closed at 21, or earlier if identified through the C21 process. The list is shared with DHS and eligibility determinations are made by DHS. Almost all former foster care youth qualify for coverage. Coverage continues uninterrupted under the same RIN# as when the youth was in care. Within two months of leaving care, qualifying youth are mailed a new card at the address listed as their Final Living Arrangement. Medicaid for former foster care youth is not means tested. Changes in relationship status do not impact eligibility. Young adults must complete an annual renewal application that indicates that they are a former foster care youth; with this, eligibility continues until the young adult's 26th birthday. Medicaid coverage is limited to Illinois (although a few States are testing reciprocity and may accept it). Medicaid accounts must not be co-mingled with other family members including a parent, spouse, or children.

Information regarding power of attorney, and health proxy are covered per the CFS2032 Youth Driven Transition Plan at ages 17, 19, and within 90 days of discharge from DCFS.

For additional information pertaining to the healthcare needs of former foster care children, see APSR chapter 5-part E and DCFS Procedures 302 appendix M.

Project Updates:

Project 1: DCFS is in development of a secured Web Portal for the use by primary care and other physicians caring for children in foster care so that these healthcare professionals have on-line access to health information to ensure continuity of care and to eliminate duplication of services provided to the child. The secured Web Portal would also serve the needs of foster parents and relative caregivers to ensure easy access to health information for the child in their care. The same access would be extended to youth ages 16 years and over who are taking over responsibility for their own health care and transitioning to independence. The secured Web Portal access would be to an on-line version of the Health Passport.

Project 1 update and 2020-2024 activities, FY24:

The Department has implemented a system to grant foster parents access to their youth's electronic medical record patient portal (e.g., MyChart) when appropriate. A foster parent or caseworker may contact the DCFS guardian administrator with requests for portal access. The case is reviewed, and access is granted or denied by the guardian administrator. Access is approved for a limited time frame, requiring re-determination, to remove portal access if a youth changes placement. The DCFS guardian administrator and medical director are working with Deloitte to develop a user-friendly portal within the new child welfare data system, CCWIS (Illinois Connects) to store medical information for each youth in care. Goals of this project are to link medical data from I-Care (vaccine data system), YouthCare and potentially the electronic medical record and Illinois State Board of Education system. Work continues with Cordata regarding their Identity platform that links electronic medical records in a HIPAA compliant fashion, to child welfare data systems. A pilot project for this platform has been approved between Rush University Children's Hospital and IL-DCFS and is awaiting funding approval.

Project 2: Utilization of health care services by children in foster care will continue to be monitored in FY 24.

Project 2 update and 2020-2024 activities, FY24: The Utilization of health care services for children in foster care was previously monitored through use of the nationally recognized quality health care measures for children; CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009). The decision by the State of Illinois to contract with Youthcare Health Services led to a decision to use HEDIS (Healthcare Effectiveness Data and Information Set). HEDIS measures compare outcomes in various critical health markers against recipients of a wide variety of Healthcare plans across the nation. Youthcare's parent organization (Centene Corporation) makes use of these measures nationwide. Both Youth in Care (YIC) and Former Youth in Care (FYIC) are reported on against HEDIS measures and percentile rankings. The percentile ranks are preliminary for 2022 and not yet fully official at the time of this report.

Measurements at the 75th Percentile include:

- Annual Dental Visit
- 30 Day Follow Up After Hospitalization
- Well Care Visits

Measurements at the 90th Percentile Include:

- Metabolic Monitoring for Youth on Antipsychotics
- Follow Up for Youth Prescribed ADHD Medication: Initiation
- Follow Up for Youth Prescribed ADHD Medication: Continuation
- 7 Day Follow Up After Emergency Department Visit
- 30 Day Follow Up After Emergency Department Visit

The DCFS Health Services department sends reports to Healthworks lead agencies and congregate care facilities, sharing areas needing improvement. The responsibility of program improvement plans has moved to the YouthCare Managed Care organization.

Health Services continues to work with YouthCare to support the transition and the changes in process.

Project 3: A Screening program for in utero Alcohol Exposure for youth entering care in Cook County was implemented in early 2018. This project helped to ensure those identified children receive the services and programming necessary to help them reach their full potential. The program continues to be on hold.
Project 3 update and 2020-2024 activities, FY24: The Fetal Alcohol Spectrum Disorder project was interrupted by several personnel changes and the loss of the DCFS Health Services Administrator and Quality Assurance Manager. The Department is in the process of filling these positions and is evaluating how to move forward.

Project 4: Since January 2015, Quarterly Congregate Care health compliance reports are sent to CEO's of agencies identifying deficient healthcare for our youth in their settings.
Project 4 update and 2020-2024 activities, FY24: DCFS continues to produce Congregate Care reports. These reports identify areas of compliance for yearly EPSDT, yearly preventive dental, yearly seasonal flu shot, Tdap, meningococcal and HPV compliance.

Project 5: Since February 2016, quarterly teen health compliance reports that identify deficient immunizations and basic preventive health care for our youth are sent to agencies and the field. Health Services staff assist agencies with the follow up and recording of updated information and completing any immunizations out of compliance for the youth.
Project 5 update and 2020-2024 activities, FY24: This project was interrupted by several personnel changes and the loss of the DCFS Health Services Administrator and Quality Assurance Manager. The Department is in the process of filling these positions and is developing a system with the Office of Technical Support to ensure reports are produced and disseminated. Previous planning to implement program improvement plans for agencies needing improvement was put on hold due to staffing changes. The department's efforts to standardize program improvement activities continue during bi-weekly conversations with the Health Works Lead Agencies and YouthCare.

Project 6: A Health Services Sharepoint Dashboard has been developed which contains cumulative aggregate health compliance stats for youth placed in Congregate Care facilities, as well as teens being monitored by DCFS and Child Welfare Contributing Agency (CWCA) partner agencies. This dashboard continues to provide current, accurate congregate care data.
Project 6 update and 2020-2024 activities, FY24: The DCFS Health Services Department and Office of Information and Technology are meeting biweekly to develop a system within Power BI to replace the current system. Development of the new system is part of the transition to the new IL Connect/CWISS system.

Project 7: An Asthma Project has been implemented which identifies youth aged 6 and over, with hospitalization or emergency room visits in the last 6 months and provides a DCFS Nurse to do a home visit for education and training to the caregiver and child. A follow up is conducted 3 months following the initial home visit.
Project 7 update and 2020-2024 activities, FY24: The IL-DCFS Asthma Program has continued to grow. This joint project of the DCFS medical director and the Northwestern University Department of Preventative Medicine currently employs a part-time community health worker who administers the virtual asthma education intervention to youth with asthma and their caregivers. A monthly data pull from Medicaid billing of all youth that have been seen in primary care, specialty provider, emergency department or hospitalization related to asthma, identifies youth eligible for the asthma intervention. After the 30-minute educational session, the community health worker contacts the foster parent quarterly to monitor asthma control and will provide additional training and resources as needed. An abstract summarizing the evolution of this program was recently presented at the Pediatric Academic Societies meeting in Washington D.C. A manuscript of the findings is in its final stages of authorship.

YouthCare implemented an Asthma Project which identifies youth aged 6 and over, with hospitalization or emergency room visits in the last 6 months and provides a DCFS Nurse to do a home visit for education and training to the caregiver and child. A follow up is conducted 3 months following the initial home visit.

Project 8: The Department continues to engage other State agencies in expanded data sharing agreements to ensure the accuracy and timeliness of critical information for our children and youth.

Project 8 update and 2020-2024 activities, FY24: The Cornerstone system was replaced by the YouthCare Envolve Portal on July 1, 2022. The YouthCare Portal captures the selected PCP, Well Child Visit information, Hearing/Vision/Dental Screenings, Immunizations, Pre/Post Natal Screenings, as documented in the SACWIS system. Individual Plans of Care (IPoC's) are also documented in the Portal.

Project 9: The Department has put a hold on the project to identify Failure to Thrive among children under the legal custody of DCFS. This project was designed to identify and implement interventions to those identified children to ensure issues were addressed and the child thrives while in the care of the Department. The hiring of a Health Services Coordinator will support this project.

Project 9 update and 2020-2024 activities, FY24:

This project was interrupted by several personnel changes and loss of the DCFS Health Services Administrator and of the Quality Assurance Manager. The Department is currently evaluating how to move forward.

Project 10: The Department conducted a survey of foster parents designed to identify strengths and areas needing improvement regarding accessibility and quality of health services for our children/youth. It should be noted that the overall response of the survey is that children do have primary care physicians and they are generally available. A second survey will be conducted following the implementation of managed care.

Project 10 update and 2020-2024 activities, FY 24: This project was interrupted by several personnel changes and loss of the DCFS Health Services Administrator and Quality Assurance Manager. The Department is currently evaluating how to move forward.