

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: SERVICE DELIVERY

PART 316
ADMINISTRATIVE CASE REVIEWS AND COURT HEARINGS

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AUTHORITY: Implementing and authorized by Section 5 of the Children and Family Services Act [20 ILCS 505], Section 7.1 of the Abused and Neglected Child Reporting Act [325 ILCS 5], the Adoption Assistance and Child Welfare Act of 1980, amending Section 475 of the Social Security Act (42 U.S.C. 675), Article II of the Juvenile Court Act of 1987 [705 ILCS 405], and Section 1 of the Adoption Act [750 ILCS 50].

SOURCE: Adopted at 23 Ill. Reg. 2528, effective February 1, 1999; amended at 26 Ill. Reg. 16909, effective November 1, 2002; amended at 35 Ill. Reg. 14942, effective September 1, 2011; amended at 36 Ill. Reg. 4082, effective March 5, 2012; amended at 40 Ill. Reg. 767, effective December 31, 2015; amended at 40 Ill. Reg. 7764, effective May 16, 2016; amended at 42 Ill. Reg. 2215, effective January 17, 2018; amended at 48 Ill. Reg. 12195, effective August 1, 2024; amended at 50 Ill. Reg.1021, effective January 7, 2026.

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Section 316.10 Purpose

The purpose of this Part is to describe the independent review processes required by federal and State law for the purpose of ensuring that children and families who receive services from the Department or its child welfare contributing agencies have participation and periodic review of their case plan to determine and ensure safety, well-being, and permanency. This Part also includes a description of the caseworkers' roles and responsibilities in juvenile court hearings.

(Source: Amended at 48 Ill. Reg. 12195, effective August 1, 2024)

Section 316.20 Definitions

"Abusive or inappropriate language" for the purposes of this Part, means the use of harsh, violent, profane, or derogatory remarks intended to demean, humiliate, mock, insult, or belittle an individual. The remarks can include, but are not limited to, name calling, or slurs based on an individual's actual or perceived race, religion, sex, age, disability, national origin, sexual orientation, or gender identity.

"Administrative case review" or "ACR" means a review of permanency planning open to the participation of the parents of the youth in care, conducted by a person who is not responsible for the case management of, or the delivery of services to, either the youth in care or the parents who are the subjects of the review. (See 42 U.S.C. 675(6)). The administrative case review is also open to the participation of other professionals involved in assessing or treating the youth in care, any legal representative of the parent or youth in care, and the foster parents as specified in this Part.

"Administrative case reviewer" or "Reviewer" means a trained professional who is not responsible for the case management of, or delivery of services to, either the youth in care or the parents who are the subjects of the review.

"Caregiver" for the purposes of this Part, means a foster parent or relative caregiver who provides care for a youth in care, or a designated official employed by and present at the licensed childcare facility in which a youth in care is placed.

"Case plan" means a written plan on a form prescribed by the Department that guides all participants in the plan toward the permanency goals for children and youth in Department custody.

"Child welfare contributing agency" or "contributing agency" means a public or private entity that, by contract or agreement with the Department, which provides placement or child welfare case management (or any combination of these) to children and families.

"Children for whom the Department is legally responsible" means children for whom the Department has temporary protective custody, custody or guardianship via court order, or children whose parents have signed an adoptive surrender or voluntary placement agreement with the Department.

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"Contact between siblings" means contact between or among siblings who are residing apart from one another and may include, but is not limited to: telephone calls; video conferencing; in person visitation; sending and receiving cards, letters, emails, text messages, gifts, etc.; sharing photographs or information; use of any approved social media (e.g., Facebook); and any other agreed upon forms of communication.

"Culturally competent haircare" for purposes of the Part means the ability to understand and provide appropriate haircare for children based on knowledge of the norms, traditions, and experiences of a child's ethnic background.

""Department" means the Department of Children and Family Services.

"Family" means one or more adults and children, related by blood, marriage, civil union, or adoption and residing in the same household.

"Fictive kin" means a person who is, unrelated to a child by birth, marriage, tribal custom or adoption who is shown to have significant and close personal or emotional ties with the child or the child's family. [20 ILCS 505/4d]

"Haircare" means all care and practices related to the maintenance, health, and expression of hair, including, but not limited to, the daily maintenance routine, cutting, styling, or dying of hair as well as culturally specific practices, products, and techniques that reflect and respect diverse identities of youth in care as well as promote dignity and self-worth. [20 ILCS 505/7.3b (b)(1)]

"Normalcy parenting" means empowering a caregiver to approve or not approve a child's participation in appropriate extracurricular enrichment, cultural and social activities based on the caregiver's assessment using the reasonable and prudent parent standard, without prior approval of the Department, the caseworkers, or the court. The purpose of normalcy parenting and the reasonable and prudent parent standard is to allow the child's participation in extracurricular, enrichment, cultural and social activities that are appropriate for the child's normal growth and development. (See 20 ILCS 505/7.3a)

"Parents" means the child's legal parents, whose rights have not been terminated. Biological fathers are considered legal parents when paternity has been established as required by **89 Ill. Adm. Code 315 (Permanency Planning)**.

"Permanency goal" means the desired outcome of intervention and service, that is determined to be consistent with the health, safety, well-being, and best interests of the child. A permanent legal status is usually a component of the permanency goal.

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"Permanent connection" means a family-like relationship, consistent with a child's best interests, health, safety, and well-being, that provides safe, stable, and committed parenting; unconditional love and lifelong support; and a permanent legal status between child and family. For a child for whom the Department is legally responsible, a permanent connection may be the child's parents or another caregiver in the child's home of origin. When the child cannot be safely returned home, a permanent connection may be the current or former foster parent or relative caregiver, an individual identified as an adoptive or legal guardianship placement resource, or another individual from among the child's or family's lifelong connections with whom a child has developed a familial relationship.

"Qualified Residential Treatment Program" or "QRTP" means a program that has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the independent assessment of the child required under 42 U.S.C. 675a(c);

has registered or licensed nursing staff and other licensed clinical staff who:

provide care within the scope of their practice as defined by state law;

are on-site according to a trauma informed treatment model; and

are available 24 hours a day and seven days a week;

to the extent appropriate, and in accordance with the child's best interests, facilitates participation of family members in the child's treatment program;

facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child;

documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;

provides discharge planning and family-based aftercare support for at least six months post-discharge; and

is licensed in accordance with 42 U.S.C. 671(a)(10) and is accredited by any of the following independent, not-for-profit organizations:

The Commission on Accreditation of Rehabilitation Facilities (CARF);

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The Joint Commission on Accreditation of Healthcare Organizations (JCAHO);

The Council on Accreditation (COA); and

Any other independent, not-for-profit accrediting organization approved by the Secretary of Health and Human Services. (42 U.S.C. 672(k)(1)-(4)) [225 ILCS 10/2.35]

"Reasonable and prudent parent standard" means the standard, characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests while at the same time supporting the child's emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in out-of-home care to participate in extracurricular, enrichment, cultural, and social activities. [20 ILCS 505/7.3a(b)]

"Relative", for purposes of placement of children for whom the Department is legally responsible, means a person who is:

related to a child by blood, marriage, tribal custom, adoption, or civil union; or

is related to a child's sibling in any of the foregoing ways even though the person is not related to the child when the child and the child's sibling are placed together with that person or fictive kin as defined in this Part. For children who have been in the guardianship of the Department following the termination of their parents' parental rights, been adopted, or placed in subsidized or unsubsidized guardianship and are subsequently returned to the temporary custody or guardianship of the Department, "relative" includes any person who would have qualified as a relative under this definition prior to the termination of the parents' parental rights if the Department determines and documents, or the court finds that it would be in the child's best interests to consider this person a relative based upon the factors for determining best interests set forth in subsection (4.05) of Section 1-3 of the Juvenile Court Act of 1987. [20 ILCS 505/4d]

"Siblings" means children who have at least one parent in common. Children continue to be considered siblings after parental rights are terminated, if parental rights were terminated while a petition under Article II of the Juvenile Court Act of 1987 was pending. Children continue to be considered siblings after one or more of the children are adopted or placed in private guardianship if they were in the custody or guardianship of the Department pursuant to the Juvenile Court Act of 1987 [705 ILCS 405] immediately prior to the adoption or guardianship. Step-siblings may be considered "siblings" when the children enter into substitute care together, have a positive relationship and share at least one parent in common.

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"Substitute care" means the care of children who require placement away from their families. Substitute care includes: foster family care; care provided in a relative home placement (**89 Ill. Adm. Code 301.80 (Relative Home Placement)**); care provided in a group home; care provided in a maternity center or a childcare, mental health or other institution, licensed by the Department and care provided in an independent living arrangement.

"Visitation" means face-to-face contact:

between parents and their children who are in substitute care;

between siblings in substitute care who are placed apart from one another;
or

between siblings in substitute care with siblings who are not in substitute care (e.g., emancipated, case closed due to independence, adopted, placed in private guardianship, living in home of parent, etc.).

"Waiting room" for the purposes of this Part, means a virtual location on online video conferencing platforms where review participants can be temporarily placed until the reviewer allows them into the virtual meeting room.

"Youth in care" for the purposes of this Part, means a *person placed in the temporary custody or guardianship of the Department pursuant to the Juvenile Court Act of 1987*. The Department is legally responsible for the youth; a youth in care includes children for whom the Department has temporary protective custody, custody or guardianship via court order, or children whose parents have signed an adoptive surrender or voluntary placement agreement with the Department. [20 ILCS 505/4d]

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.30 Administrative Case Review System

- a) The Department has an administrative case review system for all the youth in care in placement and their families. Administrative case reviews are conducted for youth in care living in foster family homes, relative homes, group homes, childcare institutions, youth emergency shelters, or detention, correctional, mental, or physical health related facilities. In addition, the Department may elect to conduct administrative case reviews on other groups of children as fiscal and staffing resources permit.
- b) Case reviews are conducted in order to:
 - 1) assure that parents and the youth in care (if participating in the planning) are involved in and collaborating with developing the case plan, understand and discuss the plan, and know what is expected of them;

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- 2) review sibling placement by ensuring:
 - A) siblings are being placed together whenever possible;
 - B) when siblings are placed apart, efforts continue to locate a placement that will accept all of the youth in care;
 - C) contact and visitation between siblings is taking place as required and occurring in accordance with the Visitation and Contact Plan;
 - D) efforts are made to support contact between siblings in substitute care with siblings who are not in substitute care (e.g., because of adoption, legal guardianship, emancipation, or adulthood);
- 3) review whether the Department's continuing intervention is necessary;
- 4) review whether services, including placement services, are necessary, relevant, coordinated, and appropriate and address the health and safety needs of the youth in care;
- 5) identify services needed that are not being provided to the youth in care, family or foster parents and the reasons why they are not being provided;
- 6) review the disability status of a youth in care to determine the need for and appropriateness of specialized services;
- 7) review the appropriateness of the youth in care's educational placement and the youth in care's educational progress and recommend changes to the caseworker;
- 8) review health information regarding the youth in care and family;
- 9) review any special physical, psychological, educational, medical, emotional, or other needs of the youth in care or the family that are relevant to a permanency or placement determination;
- 10) review, for any youth in care age 16 or over, programs or services that will enable the youth in care to prepare for independent living;
- 11) review whether the Department, the contributing agencies, the family, the substitute care provider, if any, and the youth in care are complying with the case plan and, if they are not complying, whether changes in the case plan or goals are needed;
- 12) review whether there is progress in resolving the youth in care's and family's issues, whether the progress is satisfactory, and whether the youth in care can safely return home;

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- 13) review whether the projected month for achieving the permanency goal should be changed;
 - 14) review the appropriateness of the permanency goal and recommend changes to the goal (if appropriate);
 - 15) review and finalize the case plan for the next period, including an analysis of:
 - A) the appropriateness of the services contained in the case plan and whether those services have been provided and, if not, why;
 - B) whether reasonable efforts by the Department, and reasonable progress by the family, have been made to achieve the goal;
 - C) whether the plan and goal have been achieved;
 - 16) refer the case for a child and family team meeting when one has not been conducted. **(See 89 Ill. Adm. Code 315.120 (Family Meetings))**; and
 - 17) report findings and make recommendations.
- c) The Department shall provide training for all Administrative Case Reviewers, supervisors, and managers regarding the importance of maintaining sibling relationships and the youth in care's sense of attachment to the siblings, the importance of maintaining sibling relationships over the youth in care's lifespan, and the impact on the youth in care if those relationships are severed.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.40 Frequency of Administrative Case Reviews

- a) The first administrative case review shall be conducted within six months after the temporary custody hearing.
- b) Following the six-month administrative case review, administrative case reviews shall be conducted every six months.
- c) Additional Administrative Case Reviews
 - 1) The Office of Administrative Case Review may schedule more frequent case reviews for the following reasons:
 - A) the case requires more than the scheduled six-month review. Such cases may be ones in which it is important that follow-up on the recommendations made at the last administrative case review is monitored; or

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- B) the biological family requests an administrative case review prior to the first six-month review; or
 - C) cases of workers, teams, offices, and contributing agencies are selected for special reviews because those workers, teams, offices, and contributing agencies are shown to be non-compliant with mandated requirements. Non-compliance of mandated requirements may include, but is not limited to:
 - i) failure to establish and implement procedures for assessment and case planning;
 - ii) failure to set and conduct family meetings;
 - iii) failure to establish or fully implement a Sibling Visitation and Contact Plan that is in the best interests of the siblings in foster care; and
 - iv) failure to comply with current and ongoing consent decrees; or
 - D) as requested by the juvenile court overseeing the case.
- 2) The caseworker and supervisor shall attend all administrative case reviews scheduled by the Office of Administrative Case Review in accordance with this subsection (c).

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.50 Conduct and Participation at Administrative Case Reviews

Administrative case reviews shall:

- a) be convened by a professional staff member from the Office of Administrative Case Review;
- b) include the caseworker or supervisor from the Department or the contributing agency that has case responsibility for both the youth in care and the family; other service providers who are associated with the case;
- c) be open to the participation of the youth in care's parents and their representatives.
 - 1) If parents are known to be violent and potentially dangerous to other participants in the review, they will be excluded from any scheduled in-person review.

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- 2) If a parent exhibits disruptive or inappropriate conduct toward the reviewer or other participants on a telephonic or video review, the Department reserves the right to terminate the parent from the review. Conduct that may result in termination from the review includes, but is not limited to:
 - A) Abusive or inappropriate language toward the reviewer or other review participants;
 - B) Threats of physical harm toward the reviewer or other review participants;
 - C) Disruptions and interruptions that prevent the review from being able to move or forward such as excessive noise making or not allowing the reviewer or other participants to speak.
 - 3) Before a parent is terminated from a telephonic or video review, the reviewer shall follow the discipline procedures in the order outlined below:
 - A) verbal warning;
 - B) temporary removal to the waiting room of the review;
 - C) after consultation with the ACR Program Manager, termination from the review.
 - 4) If inappropriate conduct is directed repeatedly towards a specific participant on the review, the reviewer shall consider conducting a separate review with the parent who was terminated from the review.
 - 5) When a parent is terminated from a review, the reviewer shall document the actions of the parent that led to termination and the steps the reviewer took to maintain order on the review prior to termination.
 - 6) A parent terminated from a review shall be allowed to attend the next review. Discipline procedures shall start from the beginning if disruptive or inappropriate conduct occurs.
 - 7) If a petition seeking the termination of parental rights has been filed, these parents will be invited to the review until a final decision has been made on the petition;
- d) be open to the participation of children 12 years of age or older with consideration given to the material in the review and the benefits of having the youth in care present. Younger youth in care may attend if the caseworker and supervisor determine the youth in care can benefit from participation in the review process;
 - e) be open to the participation of the substitute caregivers in the section of the review for the youth in care in their care. Substitute caregivers may be able to participate in other segments of the review involving the youth in care's family provided that

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the information being presented at the review is essential for understanding the needs of and providing care to the youth in care. When a positive relationship exists between the substitute caregiver and the youth in care's family, the youth in care's family may consent to disclosure of additional information in accordance with the consent provisions of **89 Ill. Adm. Code 431 (Confidentiality of Personal Information of Persons Served by the Department)**. Disclosure of information concerning the youth in care's family shall be limited to information that is essential for understanding the needs of and providing care to the youth in care in order to protect the rights of the youth in care's family;

- f) be open to the participation of the youth in care's guardian ad litem, legal representative, and court appointed special advocate;
- g) be conducted via teleconferencing or video conferencing. If the reviewer agrees that an in-person review is necessary, the review will be conducted in the office serving the county of residence of either the parent or youth in care depending on the goal. However, the parent may agree to travel to another office that is within the State of Illinois;
- h) focus on the issues described in **Section 316.30** of this Part; and
- i) be recorded by a written feedback report of the findings.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.60 Notice of Administrative Case Reviews

A written notice of the date, time, place, and purpose of the administrative case review shall be mailed via U.S. postal service within 21 calendar days prior to the review to ensure that the notice is received 14 days prior to the scheduled review to the following:

- a) the parents. The notice shall also inform the parents of their rights to bring a representative with them to the review. The incarcerated parent shall be notified of the administrative case review by mailing the notice to the facility where the parent is incarcerated and, when known, this notice shall include the name of the facility contact person;
- b) the youth in care, if participating in the review per **Section 316.50(d)** of this Part;
- c) the youth in care's substitute caregiver;
- d) the youth in care's guardian ad litem, legal representative, and any court appointed special advocate; and
- e) the contributing agency caseworker (if applicable) via electronic mail.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

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Section 316.70 Roles and Responsibilities of the Administrative Case Reviewer

- a) The administrative case reviewer has the responsibility and authority to manage the case review process, which includes:
 - 1) excluding or limiting participation, as needed, to those with a right to share in the process, or excluding or limiting participation of any individual when necessary to promote the achievement of the purposes of the review;
 - 2) convening and conducting a review in such a way as to encourage discussion and participation while respecting the rights and culture of all participants;
 - 3) maintaining the focus of the group on the case plan with good time management; and
 - 4) advising clients and other participants of their rights and providing an explanation of the purposes of the administrative case review process, assuring disclosure.

- b) The administrative case reviewer shall ensure the review: complies with this Part and Department procedures, is consistent with good child welfare practice, and is conducted in compliance with 42 U.S.C. 675 and any State or federal court consent decree affecting Department practice. This responsibility includes:
 - 1) ensuring that the purposes of the administrative case review are carried out;
 - 2) determining that the permanency goal and the evaluation of progress are consistent with the facts of the case as presented at the administrative case review, that the outcomes, tasks, and time frames are appropriate for the permanency goal, ensure caseworker and supervisor compliance with **89 III. Adm. Code 315 (Permanency Planning)** and Department procedures in developing the permanency goal and case plan, and amending or changing the case plan accordingly;
 - 3) recommending modification or change in the case plan, when in the reviewer's professional judgement, the case plan or permanency goal is insufficient based on information presented at the review. The reviewer, however, may not change a permanency goal established by the court;
 - 4) ensure the youth in care's foster parents, relative caregivers, or child care institution administrators are using normalcy parenting and the Reasonable and Prudent Parent Standard. At each ACR, reviewers shall ask whether children have regular ongoing opportunities to engage in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities (including by consulting with the youth in care in an age-appropriate manner about the opportunities of the youth in care to participate in such activities);

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- 5) review the Illinois Foster Child and Youth Bill of Rights at each review with the youth in care and their parents or legal guardians;
- 6) convening administrative case reviews sooner than the regularly scheduled case reviews when the facts of the case indicate the need for a review;
- 7) recommending a child and family team meeting; and
- 8) providing a written report of the findings through the Case Review Information Packet (CRIP) and ACR Feedback form.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.80 Caseworker Responsibilities at the Administrative Case Review

The assigned caseworker in accordance with **89 Ill. Adm. Code 315 (Permanency Planning)** and Department procedures shall:

- a) present a completed case plan, based on the assessment, and developed in collaboration with the family;
- b) present a recommendation regarding the permanency goal;
- c) report on the placement, best interests, health, safety, and well-being of the youth in care;
- d) present a copy of the Visitation and Contact Plan and report on the efforts made to encourage and maintain parental relationships (if applicable) and sibling relationships;
- e) present a copy of a Post-Permanency Sibling Contact Plan when one has been developed;
- f) report on the progress of the parent or parents to date toward changing the behaviors and conditions that require the youth in care to be in substitute care;
- g) provide a statement regarding the progress towards meeting the permanency goal and what the barriers are to achieving it;
- h) provide the casework rationale and supporting documentation for all decisions and recommendations;
- i) present a completed haircare plan that was *developed in consultation with the youth based on the youth's developmental abilities, as well as with the youth's parents or caregivers if not contrary to the youth's wishes, and that outlines any training or resources required by the caregiver to provide culturally competent haircare needs*

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of the youth, meeting the requirements of the Children and Family Services Act [20 ILCS 505/7.3b] and **89 Ill. Adm. Code 315.130 (Developing the Case Plan)**. [20 ILCS 505/7.3b (c)] Report on any compliance issues with the haircare plan; and

- j) provide all case specific documentation and verbal information relevant to the family, including, but not limited to: child and family team meetings; case planning; in-person case contacts; visitation (both parent and sibling);
 - 1) any mediation agreements in the case; and
 - 2) youth in care psychotropic medication and any pending requests for psychotropic medication approval and supervision.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.90 Decision Review

- a) When a contributing agency, substitute caregivers, or the youth in care's caseworker with supervisory approval, disagrees with any portion of the case plan, including any amendments made by the reviewer, the individual will be entitled to a review of the decision. Amendments that are the result of decisions made by the court at the permanency hearing or are the result of any other court order are not subject to a decision review.
- b) Requests for a decision review shall be made in writing and directed, within five working days after receiving the administrative case review report, to the Statewide ACR Administrator at 406 East Monroe, Mail Code #10, Springfield, Illinois 62701.
- c) A decision review conference shall be held within ten working days after the receipt of the request. The decision review conference may be held via video conferencing or teleconferencing. A final decision will be made by the Statewide ACR Administrator or designee, within ten working days after the conference.
- d) Except when an issue affects compliance with a court order or the residual rights of parents, implementation will be stayed until the Statewide ACR Administrator's final decision is issued. The residual rights of parents are defined in Section 1-3 of the Juvenile Court Act of 1987 [705 ILCS 405/1-3].
- e) If changes to the case plan are required by the decision review, copies of the changes will be sent to all those who are entitled to a copy of the case plan with a notice of the specific changes made, the reason for the changes, and a statement of the right to appeal any such changes.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

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Section 316.100 Appealability of Decisions

Foster parents and relative caregivers have the right to be heard by the Department on issues specified in **89 Ill. Adm. Code 316 (Administrative Case Reviews and Court Hearings)** and **316.90 (Decision Review)** that are not appealable under this Part. However, they will not be considered a party to a service appeal on issues that may affect residual parental rights and responsibilities. See **89 Ill. Adm. Code 337.70**.

(Source: Amended at 48 Ill. Reg. 12195, effective August 1, 2024)

Section 316.110 The Department's Role in the Juvenile Court

- a) The Department shall inform the Juvenile Court of the Department's permanency goal planning for the youth in care and families it serves and their progress toward those goals.
- b) When in the juvenile court, the Department shall provide information and recommendations to the court and the parties and shall recommend the court keep families together in all instances when it is consistent with the youth in care's best interests, health, safety, and well-being. In those instances when children or youth must be removed from their parent's care, the Department shall recommend that the court reunite youth in care with their families as soon as returning home is consistent with their best interests, health, safety, and well-being. Finally, when it is clear to the Department the youth in care's health and safety needs cannot be met by the parents and it is in the youth in care's best interests, the Department will provide that information to the court and recommend that the court establish other permanency goals.
- c) When the Department Guardianship Administrator is appointed as the temporary custodian of a youth in care whose siblings are in substitute care and the youth in care and all the siblings are not placed together, the Department shall file with the court and serve on the parties a Visitation and Contact Plan within 10 days, excluding weekends and holidays, after the appointment.
- d) When the Department has legal responsibility for a child, a representative of the Department or its contributing agency shall attend all hearings required by the court. At each hearing the Department or its contributing agency shall provide information relating to the youth in care's placement, best interests, health, safety, and well-being, and make any appropriate recommendations. Such hearings include:
 - 1) the temporary custody hearing;
 - 2) the adjudicatory hearing;
 - 3) the dispositional hearing;

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- 4) permanency hearings; and
- 5) all other hearings the court may require.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.120 Permanency Hearings

- a) The Department or its contributing agency will participate in permanency hearings conducted by the court at 12 months following the temporary custody hearing and every six months thereafter to assist the court in:
 - 1) selecting the permanency goal;
 - 2) reviewing the appropriateness of the services contained in the plan and whether those services, including sibling visitation and contact, have been provided as specified; and
 - 3) determining whether reasonable efforts have been made by all parties to the case plan to achieve the goal; and
 - 4) evaluating whether the case plan and permanency goal have been achieved.
- b) The Department or its contributing agency shall provide, no later than 14 days in advance of the hearing, a copy of the most recent case plan and Visitation and Contact Plan, prepared within the prior six months, to the court and all parties to the permanency hearings.
- c) If not contained in the case plan, the Department or its contributing agency shall also include a report setting forth:
 - 1) any special physical, psychological, educational, medical, emotional, or other needs of the youth in care or the family that are relevant to a permanency or placement determination; and
 - 2) for any youth in care age 16 or over, a written description of the programs or services that will enable the youth in care to prepare for independent living.
- d) The Department's or its provider agency's written report shall indicate the reasons the permanency goal was selected and the reason the other goals were inappropriate and not in the youth in care's best interest.

ADMINISTRATIVE CASE REVIEWS AND COURT HEARINGS
February 4, 2026 – PT 2026.02

- e) If the goal for the youth in care is continuing substitute care the Department's or its provider agency's written report shall indicate the reasons the goal of continuing substitute care is appropriate and the other permanency goals are inappropriate based on the youth in care's best interest.
- f) The Department's or its contributing agency's caseworker is required to appear and testify (if called to do so) at the hearing and prepare a written report for the court, as outlined in this Section.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

Section 316.130 Caseworker Responsibilities at the Permanency Hearing

- a) The caseworker's responsibilities at the permanency hearing will be to:
 - 1) present a recommendation regarding the permanency goal, time frame for achievement, clinical intervention, social services, and Visitation and Contact Plans;
 - 2) report on the placement, best interests, health, safety and well-being of the youth in care;
 - 3) report on the progress of the parent or parents to date toward compliance with the case plan and progress toward correcting the conditions that require the youth in care to be in care; and
 - 4) provide the basis for all decisions and recommendations.
- b) Within 10 working days after the permanency hearing, the caseworker will:
 - 1) amend the case plan to conform to the court order, if necessary;
 - 2) attach a copy of the permanency order to the amended case plan (as well as ensuring that a copy of the order is in the case record);
 - 3) engage the family to ensure that the family understands the recommendations and decisions made at the permanency hearing and obtain the family's signature on the case plan;
 - 4) file six copies of the case plan with the court, or electronically file the case plan with the court and electronically distribute it to all parties when the parties have consented to electronic service. If a party does not consent to electronic service, then the case plan will be distributed by U.S. mail; and
 - 5) send a copy of the case plan to the Administrative Case Review Office Administrator and Scheduler in the region where the next administrative case review will be held.

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

ADMINISTRATIVE CASE REVIEWS AND COURT HEARINGS
February 4, 2026 – PT 2026.02

Section 316.140 Compliance with the Client Case Planning Requirements

- a) The Department shall develop a monitoring and reporting mechanism to evaluate the extent of compliance with its client case planning requirements. At minimum, the Department shall monitor:
 - 1) the permanency goal for each youth in care;
 - 2) the planned date of achievement of the permanency goal;
 - 3) the extent of progress toward the permanency goal; and
 - 4) the actual date the permanency goal was achieved.

- b) In the case of any youth in care who is placed in a qualified residential treatment program for more than 12 consecutive months or 18 nonconsecutive months (or, in the case of a youth in care who has not attained age 13, for more than 6 consecutive or nonconsecutive months), the Department shall maintain the following documentation in the youth in care's case plan and make it available for State or federal inspection or review:
 - 1) the most recent version of the evidence and documentation specified in paragraph 4 of 42 U.S.C. 675(c)(4), which was reviewed at the most recent ACR or circuit court permanency hearing and supports the continuing need for the QRTP, treatment or services, the preparation for return home or another placement; and
 - 2) the signed approval of the head of the Department for the continued placement of the child in that setting (42 U.S.C. 675a(c)(5)).

(Source: Amended at 50 Ill. Reg. 1021, effective January 7, 2026)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, and C-3

POLICY GUIDE 2001.01

**PERMANENCY COMMITMENT BY FOSTER PARENT/RELATIVE
CAREGIVER**

January 15, 2001

Prior to the first Permanency Hearing form **CFS 1443, Permanency Commitment by Foster Parent/Relative Caregiver**, is to be completed in accordance with Policy Guide 2001.01, which can be found in Rule **Section 309.80, Termination of Parental Rights**.

Do not complete this form, however, if the recommended permanency goal is return home.

Filing Instructions: File this page in Rule Section 316.120, Permanency Hearings

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2002.12

Distribution: X and Z

**FEDERAL TITLE IV-E REQUIREMENTS
SIX MONTH TRIAL HOME VISITS AND PERMANENCY HEARINGS**

DATE: October 22, 2002

TO: All DCFS and Purchase Of Service Agency Child Welfare Staff and
All Rules and Procedures Bookholders

FROM: Jess McDonald

EFFECTIVE: Immediately

I. Purpose

The purpose of this Policy Guide is to incorporate two Federal Title IV-E requirements into Department Permanency Planning policy. Title IV-E requires annual court findings of “reasonable efforts towards the permanency goal” and new findings of “contrary to the welfare of the child” and court findings of “reasonable efforts to prevent placement” when reunification (Trial Home Visit) fails. The phrase, “trial home visit” is federal terminology that describes a predominately downstate practice of sending children home while the Department retains legal custody of the child.

II. Primary Users

The primary users of this Policy Guide are Permanency Staff of DCFS and purchase of service agencies.

III. Trial Home Visits

A new court finding of “reasonable efforts to prevent placement” and “contrary to the welfare of the child” are necessary when the child returns to care after an extended “trial home visit” of more than six months, even if the court continued DCFS guardianship of the child during the trial home visit period.

“Trial home visit” is the term used in federal regulations for situations in which DCFS wards are returned home to their parents with DCFS guardianship continuing. If the “trial home visit” lasts for more than 6 months without a court order specifically indicating the trial home visit is to last longer, Federal regulations require that new findings must be made if those children re-enter care. The child’s removal must be treated as a new entry into foster care and eligibility for IV-E funds must be re-established, i.e. a court hearing must be held to determine that reasonable efforts have been made to eliminate the necessity of **this** removal and that remaining in the home any longer is contrary to the child’s welfare. Additionally, initial eligibility documents must be completed. The eligibility determination unit will need financial and deprivation information for the family as of the new entry date. Complete the Eligibility I & II upon request. If the appropriate



findings are not made when the child returns to care, that child will no longer be eligible for Title IV-E funds.

For example, if a child is placed in the home of parent (HMP) and after six months an issue arises in the home prompting the worker to remove the child, the case must be brought before the court for new findings of reasonable efforts and "contrary to the welfare of the child" even, though the Department retained legal custody. A new determination of Title IV-E eligibility will need to be made with new financial and removal information. Workers may be asked to complete the Eligibility I and II forms.

IV. Permanency Hearings

For title IV-E claiming, reasonable efforts towards achievement of the permanency goal must be documented at a permanency hearing at least annually after the initial reasonable efforts finding is made at the shelter care hearing. The finding concerning reasonable efforts to achieve permanency must be made as part of the permanency hearing order signed and dated by the judge. A copy of the order must be obtained and filed in Section IV of the case record, per Administrative Procedure #5, Appendix C – Case Record Organization. Illinois law and Department Rule Section 316.120, Permanency Hearings requires these hearings every 6 months .

V. Questions

Questions about this Policy Guide should be directed Kris Carter at 217-557-1725.

VI. Filing Instructions

File this Policy Guide behind page Rule 316 – (10) of Rule 316, Administrative Case Reviews and Court Hearings

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, C-3

Policy Guide 99.05

**Cook County Juvenile Court Substance Abuse Assessment Project For DCFS -
Involved Parents**

RELEASE DATE: March 29, 1999

TO: Rules and Procedures Bookholders
All DCFS and Private Agency Child Welfare Staff and Supervisors
All DCFS Child Protection Investigation Staff and Supervisors

FROM: Jess McDonald, Director

EFFECTIVE DATE: IMMEDIATELY

I. PURPOSE

This is to advise staff regarding a new project which has been developed in response to the concerns raised by judges at the Cook County Juvenile Court. The project will provide a substance abuse assessment, including a determination of the level of care needed and a same-day referral to a treatment provider offering that level of care.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS child welfare and child protection investigation staff and staff of purchase of service provider agencies.

III. KEY WORDS

Service Plans, Substance Abuse Assessment, Substance Abuse Treatment, DCFS Wards of the Cook County Juvenile Court

IV. GENERAL INFORMATION

Presently, DCFS has contracted with Interventions, Inc. to develop the court assessment project. **This project is for new temporary custody cases, in Cook County only, where the parent(s), or other significant adult household members, have substance abuse issues.** The project may be expanded in the future. Only those individuals referred by the Cook County Juvenile Court Child Protection Judges are eligible for this project. Caseworkers may request that the Court make a referral, but the Court must be the referral source. Interventions has an office at the Cook County Juvenile Court in order to serve adults referred to them through this project.



For existing cases, caseworkers are responsible for making referrals to the Office of Alcoholism and Substance Abuse Initiative and performing Alcoholism and Other Drug Abuse (AODA) screenings.

The referral and feedback process for the Cook County Juvenile Court Substance Abuse Assessment Project is outlined below. The party responsible for implementing each step is also identified.

- a) The court will identify parents, or other significant adult household members, at temporary custody hearings in order to refer them to Interventions to receive a substance abuse assessment.

Any parent, or other significant adult household member, involved in the DCFS case is eligible to be referred for a substance abuse assessment

- b) Court personnel will complete the top section of the Referral/Status Report form (see Attachment A). One copy will be kept in the court file. Another copy will be given to the DCFS or POS caseworker. In addition, court personnel will fax the form to the Interventions' office.

Forms will be available in each courtroom. **This form is not available through Central Stores.**

- c) The DCFS or POS caseworker will complete the middle section of the form and will take the form when escorting the parent, or other significant adult household member, to the Interventions' office for the assessment.

Substance abuse assessment staff are located at the Cook County Juvenile Court building daily between the hours of 8:00AM-4:30PM. The office is located on the Concourse Level in Room CO63 (Calendar 49).

- d) Interventions staff will conduct the substance abuse assessment and determine the appropriate level of care.

The caseworker will receive feedback on the results of the assessment and referral within 24 hours. Interventions will notify the DCFS or POS caseworker if a parent, or other significant adult household member, for whom a court referral is received, fails to appear for the assessment.

- e) A treatment appointment will be scheduled for the parent, or other significant adult household member, as part of the assessment process. The assessment forms and the parent's, or other significant adult household member's, consent for treatment are sent to the treatment provider with the referral.

A Substance Abuse Screening/Assessment Summary and Recommendation form 11 will be completed by Interventions and returned to the DCFS Juvenile Court Unit and the assigned DCFS or POS caseworker listed on the Referral/Status Report Form within 7 - 14 calendar days. This document provides written notice of the assessment's findings.

- f) Interventions will follow up with the treatment provider the next day to ensure that the parent, or other significant adult household member, kept his/her appointment. Interventions will notify the DCFS or POS caseworker and the treatment agency outreach staff if the parent, or other significant adult household member, fails to keep the treatment appointment. The caseworker and treatment agency staff will follow up with the parent, or other significant adult household member, and attempt to re-engage him/her in the treatment process.
- g) The substance abuse treatment agency will send monthly progress reports to the DCFS or POS caseworker.
- h) The DCFS or POS caseworker will attach the Substance Abuse Screening/Assessment Summary and Recommendation form and the monthly treatment progress reports to the initial service plan and submit them when the plan is filed with the Court through the DCFS Service Plan Distribution Unit.
- i) At the Court Family Conference or other court date designated by the court, the DCFS or POS caseworker will present information to the court regarding the status of the parent's, or other significant adult household member's, assessment.
- j) The substance abuse treatment agency will continue to send monthly reports to the DCFS or POS caseworker as the parent, or other significant adult household member, progresses in treatment and the case moves toward a permanency decision.
- k) The DCFS or POS caseworker is responsible for ensuring that the documentation is placed in the child's case file. In the event the case is transferred to a new caseworker, the caseworker at the time the services began is responsible for transferring all documentation to the new caseworker.

V. QUESTIONS

If there are any questions regarding the on-site assessment service, please contact the Interventions Office at (312) 492-8785. Other questions regarding this project can be directed to Nancy Roncancio, DCFS Office of Health Policy, at (217) 524-2030.

VI. FILING INSTRUCTIONS

File this Policy Guide directly behind Rule 316 in your volume of Rules and Procedures.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2025.01

Clinical Staffing and Consultation Process
CFS 399-1, Clinical Referral Form

DATE: February 24, 2025
TO: All DCFS/Child Welfare Contributing Agency (Contributing Agency) Staff
FROM: Heidi E. Mueller, Director
EFFECTIVE: Immediately

I. PURPOSE

This Policy Guide provides updated and detailed instructions for Department and Child Welfare Contributing Agency (Contributing Agency or CWCA) staff on the updated Clinical Staffing or Consultation process, now utilizing the combined/revised **CFS 399-1, Clinical Referral Form**. It also facilitates the transition from the **Clinical Intervention for Placement Preservation (CIPP)** model to the new **Clinical Staffing** approach and to change the role title from **CIPP facilitator** to **Clinical Support Specialist (CSS)**.

Effective immediately, Policy Guide 2025.01 supersedes the following previous policies:

- Policy Guide 2010.03: Consultations or Clinical Staffings by Regional Clinical Units;
- Policy Guide 2012.03: Division of Clinical Practice Consultations by Specialty Services Program Specialist; and
- Policy Guide 2013.03: Clinical Intervention for Placement Preservation (CIPP).

All Clinical referrals will now be initiated using the standardized form **CFS 399-1**.

The **CFS 399-1** form has been revised to combine **CFS 399-6** and **CFS 1452-1** into **CFS 399-1**. By combining these three (3) forms into one (1), the **CFS 399-6, Specialty Services Case Consultation Referral Form**, and **CFS 1452-1, Clinical Intervention for Placement Preservation (CIPP) Meeting Referral Form**, are obsolete. Now, when any staffing or consultation is needed, form **CFS 399-1, Clinical Referral Form**, should be used.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and Child Welfare Contributing Agency (Contributing Agency or CWCA) staff.



III. BACKGROUND

This Policy Guide introduces the Clinical Division's new process for requesting the following Clinical Staffings and Clinical Consultations:

- Linkage to Specialty Services and Expert Clinical Team Members, for youth in any placement type or treatment setting;
- Best Interest Decisions;
- 14-Day Notice/Risk of Placement Disruption;
- Level of Care/Treatment Assessment;
- Priority Clinical Staffings - urgent need to staff youth who do not have a discharge plan/placement from a hospital, detention, or emergency placement setting;
- Director's Waivers: Expanded Capacity Assessments or Post Adoption Funding;
- Clinical Placement Reviews; and
- Specialized Assessment (Egregious Acts) and Staffing Process (in conjunction with Integrated Assessment and DCFS Regional Counsel), **per Procedures 315 Appendix F.**

Note: When there are questions about the appropriateness of requesting a Clinical Staffing, or a Consultation, the request should be made by forwarding a **CFS 399-1, Clinical Referral Form**, to DCFS.Clinicalref@illinois.gov. A regional clinical manager or another clinical team member can consult with the referral source.

IV. DEFINITIONS

“Clinical Intake Process” means a baseline summary of a client's medical and social needs collected by the **CFS 399-1**. This information enables the clinical staff to determine if the referral is appropriate for the Division of Clinical Practice and the appropriate team of staff for the Consultation or Clinical Staffing. The purpose of the intake is to gather information that allows the professionals to learn about the child/youth's needs and develop a plan that is tailored to them.

“Clinical Support Specialist” or “CSS” (formerly known as CIPP facilitator) means a clinical team member who provides clinical guidance, an action plan, psychoeducation, and follow-up to caregivers and the case management team after the Clinical Staffing.

“Clinical Staffing” means the following:

a facilitator-guided, team decision-making process to improve placement preservation and increase placement stability and a structured multi-disciplinary meeting convened to analyze a case situation. The focus may include a review of the service needs of the client(s), safety concerns, progress toward the permanency goal or well-being, problem-solving, making a case decision, or practice recommendations. Clinical specialists may be invited including staff from the Clinical Division's Behavioral Health Specialty Services. Staffings are convened to view a case in a new way, which may provide the casework staff with new clinical insight or information. Staffings may also disclose old information that wasn't previously considered.

Clinical Staffing is conducted to determine the array and intensity of services needed for a child or youth:

- whose current placement is threatened with disruption;
- whose care cannot be provided for in his/her current placement;
- who is enduring emotional/behavioral dysregulation and instability; or
- whose placement has already been disrupted.

a meeting where key people in the child's life come together with the assistance of a clinical staff member who leads a discussion sensitive to the individual needs, motivation, and capabilities of the child/youth. Participants are encouraged to offer their assessment of the child/youth's wishes, needs, and strengths and to generate ideas on how those wishes, needs, and strengths can be best addressed, ideally in the child/youth's current placement.

The formal staffing process consists of three phases:

- pre-staffing review of the case and clinical materials;
- the Staffing Meeting(s); and
- report writing and sharing of findings and recommendations.

“Consultation” means a supportive clinical activity where cases are reviewed and analyzed to provide guidance and insight. This may include the consideration of various practice alternatives that will enhance the determination of a course of action. Consultation is **not meant to replace supervisory decision-making** or existing DCFS or Contributing Agencies' clinical processes. Consultation may consist of, but is not limited to:

- Client advocacy and empowerment;
- Diagnostic clarification and treatment/service recommendations;
- Procedural and policy clarification;
- Resource and service linkage;
- Education in clinical specialty areas; or
- Systems facilitation and coordination of collateral providers.

V. OVERVIEW OF CLINICAL PRACTICE

a) Regional Clinical Services Program

The Regional Clinical Services Program provides support to the field through the provision of Clinical Consultations or the convening of Clinical Staffings. The Regional Clinical Services Program focuses on the safety of children and families, prevention of maltreatment, permanency for children, and ensuring the well-being of children, through an enhanced trauma attuned lens. The Regional Clinical Services Program consists of the Clinical Managers and Clinical Service Coordinators. The Clinical Services Coordinator (CSC) gathers clinical assessment information to make a determination about the appropriate level of treatment and services. As a part of the consolidation process, the CSC works as a team with the

Clinical Services Specialist to lead the Clinical Staffing process, when assessing the level of treatment and service needs.

Types of Clinical Staffings and Clinical Consultations:

- Linkage to Specialty Services and Expert Clinical Team Members, for youth in any placement type or treatment setting;
- Best Interest Decisions;
- 14-Day Notice/Risk of Placement Disruption;
- Level of Care/Treatment Assessment;
- Priority Clinical Staffings - urgent need to staff youth that needs a discharge plan from a hospital, detention (managed by CSS and Dually Involved Specialist when available), or emergency placement setting;
- Director's Waivers: Expanded Capacity Assessments or Post Adoption Funding;
- Clinical Placement Reviews; and
- Specialized Assessment (Egregious Acts) and Staffing Process (in conjunction with Integrated Assessment and DCFS Regional Counsel), per **Procedures 315 Appendix F**.

For Priority Clinical Staffing, 14-Day Notice/Risk of Placement Disruption, Level of Care/Treatment Assessment Referrals: Submit the completed **CFS 399-1, Clinical Referral Form**, via Outlook to DCFS.ClinicalIntake@illinois.gov.

For Director's Waivers, Clinical Placement Reviews, and Specialty/Behavioral Health Referrals or Other Consultations: Submit the completed **CFS 399-1, Clinical Referral Form**, via Outlook to DCFS.ClinicalRef@illinois.gov.

b) Clinical Support Specialist Program

This program is managed by a child welfare contributing agency (CWCA), that helps to emphasize early intervention and follow-up work to improve placement and relationship stabilization, by preserving youth and family social connections and relationships and minimizing changes in placement. The Clinical Support Specialist (CSS) is a clinical team member who provides clinical guidance, an action plan, psychoeducation, and follow-up to caregivers and the case management team after the Clinical Staffing. As a part of the consolidation process, the CSS works as a team with the Regional Clinical Services Coordinator to lead the Clinical Staffing process, when assessing the level of treatment and service needs.

c) Sexual Behavior Problems Program

The Sexual Behavior Problems Program (SBP) provides Clinical Consultation and assessments for the Illinois Department of Children and Family Services (DCFS) and CWCA staff so that youth (and associated adults) who are in DCFS's care and who present with sexually problematic behaviors can be identified, treated, and

monitored effectively and efficiently through the system. To make a referral, complete and submit the **CFS 399-1, Clinical Referral Form**, and supporting documentation to DCFS.ClinicalRef@illinois.gov.

d) Nursing Services Program

The DCFS Child Welfare Nurse Specialist (CWNS) performs duties as a health services consultant, provides consultative services for health-related concerns for children with special health care needs, including children with health-related issues who are the subject of investigations of child abuse or neglect.

DCFS nurses also provide interpretation of medical and clinical information by performing a review of the client's record in order to provide accurate assessments and recommendations regarding nursing interventions relative to the individual client's needs. DCFS nurse consulting expertise focuses on health/safety related issues/concerns and recommendations to ensure optimal health care delivery for children who require care and treatment beyond what children in general may require. To make a referral complete and submit the **CFS 399-1, Clinical Referral Form**, to DCFS.ClinicalRef@illinois.gov and a **CFS 531, DCFS Regional Nurse Referral Form**, to DCFS.nurseref@illinois.gov.

e) Psychology and Psychiatry Program

The DCFS Psychology & Psychiatry Program supports the Department's mission of promoting prevention, child safety, permanency, and well-being by providing expert Clinical Consultation grounded in experience, knowledge, and skills as psychologists.

Our Consulting Psychologists:

- Provide in-depth analysis and discussions regarding developmental, social, educational, psychological, and psychiatric needs;
- Manage requests for secure care assessments; and
- Work to ensure that DCFS involved children and family members receive appropriate assessments, accurate diagnoses, and relevant recommendations and treatments.

To make a referral for a Clinical Consultation with a consulting psychologist, complete and submit the **CFS 399-1, Clinical Referral form**, and supporting documents to DCFS.ClinicalRef@illinois.gov.

Note: For questions and referrals for **psychological evaluations, neuropsychological evaluations, and parenting capacity assessments**, please follow the instructions provided on the **CFS 417, Psychology Department Testing Referral Form**, or visit the D-net and select/navigate to Clinical Practice>Psychology & Psychiatry for more information.

f) Behavioral Health Specialty Services Program

The Clinical Behavioral Health Specialty Services (BHSS) program focuses on enhancing the behavioral health support and resources available to staff working with youth and families. The BHSS program provides high-quality clinical recommendations, educational resources, and guidance to effectively address the behavioral health needs of youth and families, ensuring a comprehensive approach to care.

The Behavioral Health Specialty Services Coordinators offer an array of services to all DCFS/CWCA staff for the following types of case situations:

- Substance Use and Recovery (SUR);
- Health Services, Acute/Chronic Health Condition, Home/Vehicle modifications, medical equipment, funding for out of ordinary medical, dental, vision expenses;
- Deaf or Hard of Hearing;
- Blind or Vision Loss;
- Intellectual or Developmental Disabilities (ID/DD), Transition to Adult Services;
- Domestic Violence;
- Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex, and Asexual (LGBTQIA+) youth; and
- Severe Mental Health (please see D-net clinical tab for diagnoses).

To make a referral complete and submit the **CFS 399-1, Clinical Referral Form**, and supporting documentation to DCFS.ClinicalRef@illinois.gov. For more information, please see **Procedures 302 Appendices**.

g) Human Trafficking

This program addresses concerns regarding Commercial Sexual Exploitation of a Child (CSEC)/Human Trafficking (labor and sex). A Clinical Consultation can be requested to provide support to investigative and casework personnel in planning and obtaining clinical services for youth that are beyond the ability of the existing array of services. A Consultation is a supportive clinical activity where a youth's case is reviewed and analyzed to provide guidance and insight. This may include the consideration of various practice alternatives that will enhance the determination of a course of action.

The worker and supervisor should discuss the need for a Clinical Consultation before completing the **CFS 399-1, Clinical Referral Form**, and emailing it to the Outlook mailbox "DCFS.clinicalref@illinois.gov".

h) Psychiatric Hospital Program

Psychiatric Hospital Program (PHP) Liaisons/Specialists monitor and assess psychiatric hospital care programs statewide to ensure compliance with regulations and best practice care, as well as compliance with standards regarding appropriate clinical capacity, admission requirements, and overall performance. The Specialist provides consultation and oversight to placement staff regarding services delivered to youth and young adults in care in psychiatric hospital settings. The Specialist monitors psychiatric treatment to ensure progress is being made toward treatment goals and conducts on-site reviews as assigned. The Specialist provides input into Priority Clinical Staffings and hospital Staffings to collect information and to advocate for services such as Intensive Placement Stabilization and other identified needs. All youth in care are tracked automatically by the PHP. Visit the D-net and select/navigate to Clinical Practice>Psychiatric Hospital Program for more information and the PHP Specialist Hospital Assignment List.

VI) THE REFERRAL AND INTAKE PROCESS

Clinical Staffing and Consultation requests may be made by, but not limited to, DCFS/CWCA staff such as Child Protection Specialists, Child Welfare Specialists, Licensing Workers, Resource Workers, and their supervisors. Court personnel acting on behalf of DCFS youth in care can also make referrals.

a) Making the Referral

Requests for **Clinical Staffings and Consultation** are made by completing the **CFS 399-1, Clinical Referral Form**, and emailing it to the corresponding Outlook mailbox:

- For Priority Clinical Staffing, 14-Day Notice/Risk of Placement Disruption, Level of Care/Treatment Assessment Referrals: Submit the completed **CFS 399-1, Clinical Referral Form**, via Outlook to DCFS.ClinicalIntake@illinois.gov.
- For Director's Waivers, Clinical Placement Reviews, and Specialty/Behavioral Health Referrals or Other Consultations: Submit the completed **CFS 399-1, Clinical Referral Form**, via Outlook to DCFS.ClinicalRef@illinois.gov.

Exceptions for the use of the **CFS 399-1** are:

- When seeking to make a referral for a psychological evaluation, neuropsychological evaluation, or parenting capacity assessment, follow instructions on the **CFS 417, Psychology Department Testing Referral Form**.
- When making a referral for the Nursing Division services, submit both a **CFS 399-1, Clinical Referral Form**, to DCFS.ClinicalRef@illinois.gov **AND** a **CFS 531, DCFS Regional Nurse Referral Form**, to DCFS.nurseref@illinois.gov.

- If the youth is currently in a setting such as a group home or QRTP (Qualified Residential Treatment Program) the Clinical Staffing happens with the provider team, the permanency team, and the Child/Family Team. The permanency team may invite a DCFS clinical team member to join the Therapeutic Residential Clinical Staffing if there is a need for additional clinical support by completing a **CFS 399-1, Clinical Referral Form**, and forwarding it to the DCFS.Clinicalref@illinois.gov mailbox.

Note: When there are questions about the appropriateness of requesting a Clinical Staffing, or a Consultation, the request should be made by forwarding a **CFS 399-1, Clinical Referral Form**, to DCFS.Clinicalref@illinois.gov. A regional clinical manager or another clinical team member can consult with the referral source.

b) Clinical Intake/Processing of the Referral

Referrals will be screened, and a determination of its appropriateness will be made within two (2) working days of receipt. Appropriate referrals will be assigned to the Regional Clinical staff, Clinical Support Specialist, Behavioral Health Specialty Services Coordinators, or other appropriate clinical staff for Clinical Staffing or Consultation.

1) Clinical Consultations

- A) The Clinical Consultation will be initiated by the assigned specialist or other clinical staff, who will contact the referral source (DCP, caseworker, etc.). The Clinical Consultation may occur via telephone, in person, through document review, virtual meetings, or by email correspondence (as specified by the corresponding program).
- B) The Consultation will be considered completed once the Clinical Supervisor approves the Consultation note on the final page of the **CFS 399-1**. A copy of the Consultation note will be provided to the referral source and will be stored electronically. A copy may also be entered into a Department System of Record case note.

Note: Prior to the **Consultation** the caseworker and supervisor will be responsible for providing all requested supporting documentation to the clinical team. If all documentation requested by the Consultant is not provided within 10 days of the Consultant's request for information, the referral may be administratively closed.

2) Clinical Staffings

- A) When referrals are received through **DCFS.Clinicalref@illinois.gov** or **ClinicalIntake@Illinois.gov** mailbox they are screened and prioritized in terms of urgency required.

- Youth in a psychiatric hospital, emergency placement setting, or detention facility, ready for discharge/release without a discharge resource are examples of a Priority Clinical Staffing (PCS) and these must be scheduled with immediacy.
 - Placement instability/14-day notices are considered urgent circumstances and may be scheduled on an emergency basis.
 - Other types of staffings will be conducted within **21 working days** from the date the case is assigned to the Regional Clinical Staff or Clinical Support Specialist. Extensions beyond this time frame will be documented via e-mail to the casework staff and the Clinical Assignment Administrator.
- B) To initiate the Clinical Staffing the convener will send an e-mail to the caseworker and supervisor, to begin the Clinical Staffing process, within 2 working days of the assignment. The email will request the clinical material needed for the staffing not found in the System of Record case file. The caseworker and supervisor are responsible for providing all requested supporting documentation not in the System of Record at least one (1) week before the Clinical Staffing. The caseworker and supervisor should also provide any other names of appropriate people who should be included in the staffing, to discuss the youth's needs, functioning, and well-being.
- C) Pre-staffing – the clinical staff assigned will review all documents received in order to be prepared for the staffing meeting.

Note: A lack of timely response from the referral source may result in the closure of the referral. A timely response is considered to be 10 working days from the date the casework staff is e-mailed by the Convener to begin the staffing process. This determination will be at the discretion of the Clinical Manager or the assignment Administrator.

VII. THE CLINICAL STAFFING PROCESS AND OUTCOMES

- a) The Clinical Staffing meeting will be scheduled according to the urgency of need. The clinical staff coordinating the meeting will contact all parties by email, to notify them of the meeting date and time. The confirmation email will indicate which parties need to attend (e.g., worker, supervisor, youth (if 12 and over and clinically appropriate)). Staffings will be held via a web-based meeting unless the team decides an in-person meeting is necessary.
- b) The Clinical Staffing will be a structured, multi-disciplinary, facilitator-guided meeting convened to analyze the case situation. It will be a team decision-making process to improve placement preservation and increase placement stability. The focus may include a review of the service needs of the client(s), safety concerns,

progress toward the permanency goal or well-being, problem-solving, making a case decision, or practice recommendations. Clinical specialists may be invited including staff from the Clinical Division's Behavioral Health Specialty Services. Staffings are convened to view a case in a new way, which may provide the casework staff with new clinical insight or information. Staffings may also disclose old information that wasn't previously considered.

- c) During the Clinical Staffing, the gathered team will make recommendations to address the identified needs of the DCFS involved or youth in care. Depending on the type of staffing, this may involve a referral to services or a referral to a higher or specialized level of care or treatment.
- d) When the services needed cannot be provided in the current placement, staffing participants will determine the type of treatment/setting best suited to meet the child/youth's individual needs; the Clinical Placement Administration Team may be invited to the Clinical Staffing to support the discussion around services and placement resources. Additionally, when appropriate, caregivers will be encouraged to participate in the child/youth's treatment and to remain a placement and/or visiting resource for the youth when residential/group home care, transitional living, or independent living program is warranted.
- e) The type of staffing or purpose of the staffing determines the type of clinical reports shared. A Priority Clinical Staffing includes a CANS 2.0, Clinical Summary Formulation, and Clinical Action Plan. For other types of Staffings or Consultations, the applicable Clinical Summary or a Clinical Consultation note with recommendations will be shared.
 - The **CFS 399-3, Clinical Action Plan**, will be copied into the Department's System of Record case note and shared with participants within 24-48 hours after the Clinical Staffing is held whether a match to a higher level of treatment is required or not.
 - If the clinical team determines that a higher level of treatment is warranted and provider matches are required, the clinical team has five (5) business days to complete the Clinical Summary Formulation, to be forwarded to the matching team, so that the matching process can begin. The Clinical Summary Formulation will be copied into the Department's System of Record case note, by the clinical team.
 - If no match is required, the clinical team will complete the Clinical Summary within 7-10 business days after the completion of the Clinical Staffing and share the Clinical Summary with staffing participants. The Clinical Summary will be copied into the Department's System of Record case note by the clinical team.
- f) Whenever a referral to Placement Administration is needed for matching services, at the end of the Clinical Staffing the clinical staff will discuss the next steps with the casework team, including familiarizing them with the **CFS 1452-3, Placement Referral Packet Documentation Checklist**, identifying which documents will be

sent by clinical staff to Placement Administration and what documents from the checklist the casework team should be collecting and preparing to send, via the matching stream email.

- g) If the youth needs a higher level of care, the CSS team will forward the core documents (at minimum the Clinical Summary/Formulation, Clinical Action Plan, and CANS) to the Placement Administration and alert them of the need to initiate placement matching services. They will also forward any additional important referral documents already obtained (e.g., psychological, IEP, or Integrated Assessment).
- h) It will be important for the case management team to look out for the matching stream email and immediately utilize the stream to send the rest of the referral packet documents, answer any questions, and ensure preplacement interviews are scheduled when requested by providers. The **CFS 1452-3, Referral Packet Documentation Checklist**, should be utilized to ensure the collection and distribution of all necessary documents.
- i) If the clinical recommendations are different from those currently in the System of Record Client Case Plan, the caseworker/supervisor should transfer the updated recommendations into the Client Case Plan. If no Client Case Plan exists because it is a new case to DCFS/CWCA, the clinical recommendations must be included in the initial System of Record Client Case Plan. If the caseworker or supervisor disagrees with the recommendations, they may first consult with their chain of command and then the Clinical Staffing team's chain of command by sending a new referral to DCFS.clinicalref@illinois.gov, to discuss further changes to the recommendations.

VIII. DEVELOPMENT OF THE CLINICAL SUMMARY FORMULATION AND ACTION PLAN

- a) The Clinical Summary Formulation is completed for any staffings considered a Priority Clinical Staffing (youth in a hospital – detention or emergency placement setting). It is a summary of clinical assessment information gathered through the life domains in the CANS 2.0. The Clinical Summary Formulation includes the following sections, purpose of the staffing, diagnoses, medication, developmental, intellectual/cognitive, and adaptive functioning. In addition, it includes clinical impressions of the youth, along with recommendations for the level of treatment/services, recommendations for caregiver support, and recommendations for follow-up.
- b) The **CFS 399-3, Clinical Action Plan**, developed during the Clinical Staffing shall focus on concerns identified during the meeting. The **CFS 399-3, Clinical Action Plan**, will include the youth's strengths and needs, the participants invited to/attended the Staffing, a description of services and supports needed, identification of those involved in the action, and a time frame. The **CFS 399-3, Clinical Action Plan**, shall be drafted by the CSS and distributed to all staffing participants within 48 hours of the Clinical Staffing meeting. The casework team is responsible for ensuring the parent(s) receive a copy. The CSS may provide follow-up, regarding the action steps 30 days after the Staffing.

- c) The casework supervisor shall monitor and ensure the implementation of all tasks identified in the **CFS 399-3, Clinical Action Plan**, within 30 days of the Clinical Staffing meeting. The caseworker and supervisor shall review the **CFS 399-3, Clinical Action Plan**, in ongoing casework supervision, and the supervisor shall document that review in a supervisory note. The caseworker shall invite the Clinical Staffing participants to ongoing Child and Family Team Meetings to review the implementation of the **CFS 399-3, Clinical Action Plan**. The **CFS 399-3, Clinical Action Plan**, shall be reviewed at each Administrative Case Review.
- d) When the current caregiver or child/youth age 12 or older is not able to attend the Clinical Staffing meeting by phone or in person, the Clinical Staffing meeting and **CFS 399-3, Clinical Action Plan**, shall address urgent safety needs and include steps to be taken to engage the absent required participants in future staffing/meetings. Decisions involving placement changes for an absent child/youth shall only be considered when CSS staff verify (prior to the meeting) the child/youth or caregiver's refusal to participate in the meeting. In these situations, the **CFS 399-3, Clinical Action Plan**, shall address steps needed to communicate with and engage the caregiver or youth when a placement move is pending.
- e) When a child/youth age 12 or older is unable to participate in the Clinical Staffing either in-person or by phone, the caseworker shall ensure that the youth receives a copy of the **CFS 399-3, Clinical Action Plan**, within 7 business days.

IX. PROPOSED AMENDMENTS AND REASON FOR PROPOSED FORM CHANGE

1. Revisions to CFS 399-1 will render CFS 399-6 and CFS 1452-1 as obsolete)

To reduce redundancy, the Clinical Practice Division is now using the CFS 399-1 for all Clinical Referrals. Also, terminology and instructions have been updated.

2. Revisions to CFS 1452-2 includes:

- The CFS form number has changed to 399-3;
- The title of the form now is Clinical Action Plan;
- The acronym "CIPP" is deleted (on page 1); and
- Terminology and formatting have been updated.

3. Revisions to CFS 1452-3 includes:

- The acronyms "CIPP" has been deleted (on page 1 of 6) and replaced with "Clinical Staffing"; and
- Terminology and formatting have been updated to streamline the process.

X. FORMS (Revised or Obsolete)

CFS 399-1, Clinical Referral Form (**Revised 2/2025**).

CFS 399-6, Specialty Services Case Consultation Referral Form (**Rendered Obsolete**).

CFS 1452-1, Clinical Intervention for Placement Preservation (CIPP) Meeting Referral Form (**Rendered Obsolete**).

CFS 1452-2, CIPP Action Plan (**Rendered Obsolete**).

CFS 399-3, Clinical Action Plan (**Revised 2/2025**).

CFS 1452-3, Referral Packet Documentation Checklist (**Revised 2/2025**)

All revised forms above are available on the DCFS Website and Template (T) Drive.

XI. QUESTIONS

Questions regarding this Policy Transmittal may be directed to the chain of command in the Division of Child Protection, the Division of Intact Services, the Division of Permanency, or the Contributing Agency Intact/Permanency Division. All other questions may be directed to the Office of Child and Family Policy at DCFS.Policy@illinois.gov.

XII. FILING INSTRUCTIONS

Please remove and discard Policy Guide 2010.03 from behind Rules 316, Administrative Case Reviews and Court Hearings and replace with this new Policy Guide 2025.01.

Please remove and discard Policy Guide 2012.03 from behind Procedures 302, Subpart C, Section 302.320 and replace with this new Policy Guide 2025.01.

Please remove and discard Policy Guide 2013.03 from behind Procedures 301.60 and from behind Procedures 302.320 and replace with this new Policy Guide 2025.01.

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