



**Illinois Department of  
Children and Family Services (DCFS)  
2026 Annual Progress and Services Report  
(Update to the 2025-2029 Child and Family Services Plan)**

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## **Update for June 30, 2025:**

### **Introduction:**

The original content of the 2025-2029 Child and Family Services Plan has been revised to be in compliance with ACF-ACYF-CB-PI-25-01 and specifically Executive Order 14151 and Executive Order 14168. Therefore, some inconsistencies may be noted between this document and the original 2025-2029 CFSP or other agency communications that also cover similar content as to what is included here.

## Chapter 1: Vision and Collaboration

### *State agency administering programs*

The Illinois Department of Children and Family Services (DCFS) is the state agency designated to administer and supervise the administration of child welfare services, title IV-B, subpart 1 and 2 and the title IV-E of the Social Security Act. In addition, DCFS is designated to administer the Chafee Foster Care Independence program and the Child Abuse Prevention Treatment Act. DCFS consists of a central office and four regions, Cook County, Northern, Central, and Southern regions. Each region is divided into field service areas. The general statewide management and support functions of the agency are currently performed at the central office level. The State Central Register (which includes the child abuse hotline) is also a central office function.

Unique to Illinois is the volume of care provided by Child Welfare Contributing Agencies (CWCA). Typically, 75% to 85% of the care and services offered to Illinois children and families through Intact Family Services and Foster Care Services are provided by CWCA's. All child protection investigations are conducted by DCFS staff.

DCFS and its private agency partners provide a continuum of services for children and families including case management services, family preservation and support services, family foster care, kinship care, adoption, respite care, institutional care, group care, independent living skills and transitional living skills. This arrangement allows voluntary agencies to assume the traditional responsibilities of the state, while keeping ultimate responsibility and oversight with DCFS and the Illinois General Assembly.

DCFS experienced frequent leadership changes with 12 DCFS Directors in the ten years preceding the COVID-19 pandemic. Leadership stabilized with the appointment of Director Marc Smith as Acting Director in April 2019. Director Smith was confirmed in June 2021 and remained in the role until January 31, 2024. Heidi Mueller was appointed as Acting Director on February 1, 2024 and was confirmed as Director by unanimous vote of the Senate March 22, 2024. Director Mueller is a proven leader who has demonstrated success in Illinois state government administration.

DCFS Organizational Chart: [dcfs-orgchart.pdf \(illinois.gov\)](#)

### *Vision Statement*

DCFS, under the leadership of Director Heidi Mueller, and in partnership with stakeholders throughout the Illinois Child Welfare System, is currently working to set forward a shared vision and mission and to define the core values driving the agency's work. Because of this, it is anticipated that the below will be updated over the course of the coming year, although will continue to be aligned with the service principals found in federal regulations at 45 CFR 1355.25. In the meantime, the existing mission, vision, and values are presented here.

#### **Mission**

Protecting children and strengthening families by offering preventative

and supportive services in homes in neighborhoods and communities across Illinois.

By focusing on safety first, prevention, permanency and the well-being of the children and families we serve, we will create a child and family welfare agency that improves access and outcomes for children and families served.

#### **Vision**

A child welfare system that supports the safety and well-being of children and families through a streamlined system of care that results in positive outcomes for families and children of Illinois.

#### **Values**

Safety First, Safety Always

Responsive Interactions

Empathy

Respect

Trust

Accountability

#### *Collaboration*

Over the next five years, DCFS intends to build upon current efforts to increase collaboration and partnership with a broad array of child welfare stakeholders. (These efforts are related to Goal 4 in chapter 3 which states “Strengthen the structure and process for Continuous Quality Improvement to engage relevant stakeholders in the Plan/Do/Study/Act improvement cycles.”) In April 2024 DCFS conducted a Stakeholder Joint Planning meeting and invited a group of participants to learn about our current performance and participate in planning activities for performance improvement. Although the event drew more than 150 participants, it was planned on short notice and did not include all categories of stakeholders impacted by the child welfare system. DCFS took additional steps to expand collaboration with stakeholders through other means, such as attending regional youth advisory board meetings in each region of the state and attending the Stakeholder Collaborative to engage representatives from the advisory groups. DCFS plans to hold semi-annual Stakeholder Joint planning meetings in the spring and fall to build stronger partnerships with a core group of stakeholders. The participants are being asked to commit to participation for multiple sessions over time, such as a 1 to 2year commitment as a “core” CFSP/APSR stakeholder. If the same stakeholders come to the planning meetings over time, they will be familiar with the goals in the five-year plan and the performance data DCFS is monitoring to assess performance. Stakeholders represent different roles and thus different perspectives on evaluating performance, as well as different perspectives on conducting root cause analysis and strategic planning for performance improvements. Data provided to prompt discussion and collaboration will change over time and be influenced by feedback from stakeholders as we collaboratively identify priority areas for focus.

DCFS is in the process of developing a Comprehensive Child Welfare Information System (CCWIS) and intends to leverage available technology to improve two-way communication with stakeholders on an ongoing basis. In addition, DCFS is seeking better ways to communicate performance on various measures to various stakeholders and is seeking better ways to get feedback from those stakeholders on strategies for improvement.

DCFS staff in the Strategy and Performance and Quality Assurance teams have given presentations to stakeholders at the Stakeholder Joint Planning meeting, Stakeholder Collaborative meeting, regional youth advisory board meetings, statewide parent advisory council (SPAC), the Court Improvement Program (CIP), the Statewide Citizen's Committee on Abuse/Neglect (SCAN), the Child Welfare Advisory Committee (CWAC), and internal DCFS leadership meetings. These presentations included discussions of agency strengths and areas needing improvement with encouragement to identify root causes and strategize for improvement. Representatives from these and other stakeholder groups will be invited to participate in our semi-annual joint planning meetings to help identify goals and monitor progress on achieving equitable outcomes for the families we serve.

DCFS has also partnered with the state courts and members of the legal and judicial communities to strategize for improved outcomes, with a specific emphasis on shorter lengths of stay and increased permanency performance.

Cross-cutting themes from stakeholder feedback include:

- Well-being as a central focus in working with children and families.
- Investment in primary prevention as a priority:
- Safety and permanency planning to uplift children and family well-being.
- Investment in employee recruitment and retention as a priority.
- Centering the expertise of children, youth, and family members while creating supportive mechanisms for connection.
- Open and transparent communication, knowledge-building, and awareness to guide authentic, well-informed decision-making.

However, subsets of children remain who have needs beyond the capacity of traditional foster family care. . Using placement data, Illinois DCFS has identified youth with special needs, such as emotional/behavioral health needs), sibling sets, youth with language and communication needs, and pregnant or parenting teens or other special needs as those having needs beyond traditional foster and adoptive homes. The RRU is working diligently with all DCFS divisions to improve expedient placement of youth. It is important to note that per the BH Consent report, placement with siblings improved by 12% between 2020-2021.

Feedback from the Collective Stakeholder Input Meetings indicated concern that youth are sometimes placed with foster parents who are not supportive of their well-being, underscoring the need for capable foster homes from a variety of different communities.

- Collaborative and coordinated approaches to services; and
- Generate positive, proactive public awareness of needs and strengths of the child welfare system.

These themes are aligned with the service principles found in federal regulations at 45 CFR 1355.25 and will guide our improvement efforts throughout implementation of this five-year plan. The importance of investment in employee recruitment and retention cannot be emphasized enough. Without investing in the child welfare workforce, DCFS will not be able to accomplish improvements in child welfare practice and improved outcomes for children and families.

During the next five years, DCFS is building and implementing a CCWIS system named IllinoisConnect. The system is being developed with the goal of meeting all documentation and data requirements while also easing the workload for staff. The IllinoisConnect system is also being developed and designed to fit the Safety Assessment Family Evaluation (SAFE) Practice

Model that Illinois is adopting. The SAFE Practice Model implementation will be supported by practice coaches who will support supervisors and their teams. The collective impact of these changes are intended to result in improved job satisfaction for direct service staff. From April 2023 to June 2024 DCFS participated in a Breakthrough Series Collaborative (BSC) on Cultivating a Sustainable Workforce through the National Child Welfare Workforce Institute. As an extension of the collaborative, DCFS is working to expand the small tests of change that were introduced in two child protection teams. Under the leadership of Director Mueller, DCFS has created an Employee Wellness committee, which is building on the foundation created during participation in the BSC. The Employee Wellness committee is being facilitated by staff and is supported by agency leadership to ensure the committee is driven by the needs of staff at all levels. (These efforts are related to Goal 5 in Chapter 3 which states “Cultivation of a sustainable child welfare workforce.”)

### **Update for June 30, 2025:**

Under the guidance and leadership of Director Heidi Mueller, DCFS has updated the agency mission, vision, and values. The new mission, vision, and values are accompanied by five “pillars” that the agency upholds as priorities in the work moving forward. Director Mueller brought leaders together in a series of leadership retreats to develop the new mission and vision statements. The leadership group identified values that resonate with them in the work. The resulting values were then voted on by staff across the organization and the most frequently selected values became our new set of values to guide us in carrying out our mission on the path to realizing our vision.

#### **Mission**

The Illinois Department of Children and Family Services (DCFS) promotes the safety and well-being of children, youth, and families by responding to reports of potential abuse and neglect and, when needed, providing family-centered care and connection to resources.

#### **Vision**

Every child and youth can grow and thrive in a family.

The five pillars:

- Right sizing the front door;
- Empowering and equipping our staff for success;
- Centering our policies, practices and procedures on what is best for children, youth and families.
- Better supporting children and youth with complex medical and healthcare needs; and
- Ensuring our children and youth transition out of care successfully.

DCFS also continued with the commitment to engage partners (formerly referred to as stakeholders) in our planning and improvement efforts. In September 2024, DCFS hosted two full-day sessions for partnership and collaboration. One session was held in person in Springfield on Friday September 20<sup>th</sup> and the other session was held virtually on Saturday September 21<sup>st</sup>. More than 300 individuals were invited to participate in the event. Across the combined two days of the event, there were 122 individuals who attended the event. Additionally, listening sessions were held with youth and young adults with lived experience in care on Sunday September 22<sup>nd</sup> as part of the Statewide Youth Advisory Board meeting. During these sessions in September, ten key areas were prioritized for substantive input and collaboration:

1. Addressing **Lack of Community-Based Resources**
2. Improving **Child Welfare and Court Relationships**
3. Increasing **Support for Family Visitation**

4. Improving **Safety for Youth in Care**
5. Strengthening **Educational Supports for Youth in Care**
6. Building Supports for **Improved Trust**
7. Optimizing **Transition to Independence among Youth in Care**
8. Improving **Rates of Timely Permanence**
9. Cultivating a **Sustainable Child Welfare Workforce**
10. Developing the **five-year plan for the Family First Prevention Services Act (FFPSA)**

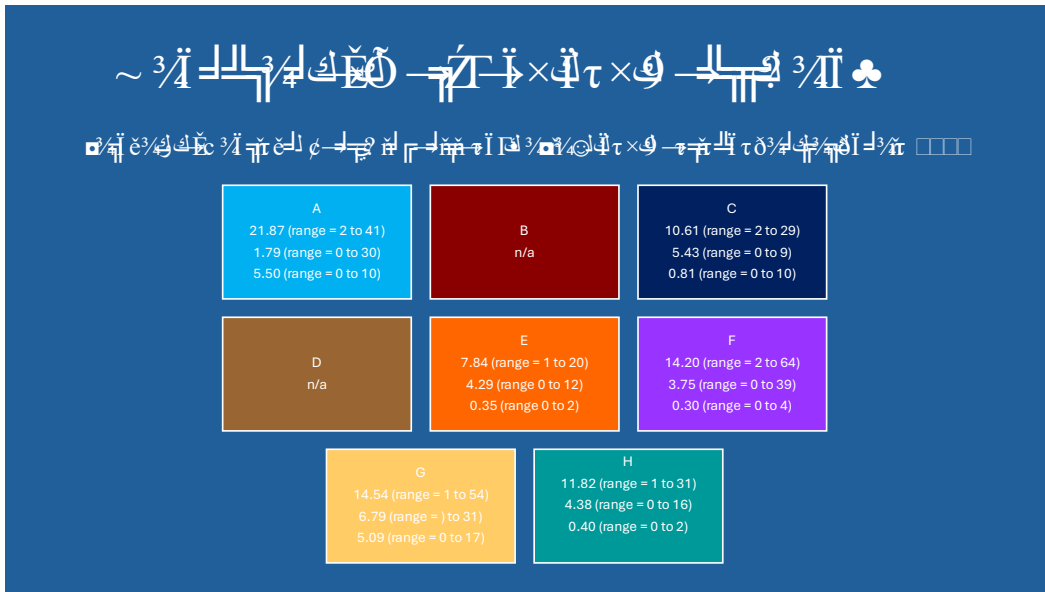
These ten key areas are aligned with and integrated within our organizational goals, as well as our new mission, vision, values, and pillars. The next partner events were held in April 2025 with a focus on reporting out to participating partners as a feedback loop for accountability. The information presented was well received and minimal suggested revisions were included in the overall feedback but are reflected in the content of this APSR where relevant.

### *Illinois Court Improvement Program*

As was briefly noted in the narrative above on collaboration, DCFS works collaboratively as part of the Illinois Court Improvement Program (ICIP). ICIP created the Child Protection Data Courts (CPDC), which collects and analyzes court performance measures in juvenile abuse and neglect cases that include achievement of child permanency, timeliness of major court hearings, and time to permanent placement. Through the CPDC Project, the ICIP has been collecting and analyzing court performance data since 2010 in 8-10 participating counties. Currently, eight CPDC counties are involved in manual data collection, by way of conducting court case file reviews, to track demographic information and 18 nationally recognized child protection court performance measures. CPDC counties include Kane, Kankakee, McDonough, McLean, McHenry, Peoria, Sangamon, and Winnebago. CPDC data is shared with DCFS through several avenues, including CIP Advisory Committee (CIPAC) and CPDC county-based teams.

CIP members from the Administrative Office of Illinois Courts (AOIC) also participate in meetings with DCFS to share information and data on performance and how the collaboration between DCFS and the juvenile court can collectively impact outcomes for children and families. In addition to CPDC data, DCFS provides reports from DCFS administrative data on various metrics related to permanency for youth in care. Data from CPDC and DCFS administrative data were used to identify areas in need of improvement and contributed to development of the current Court Improvement Program collaborative projects. Both DCFS and AOIC agree that timely permanency is a priority, and improvements will require commitment from DCFS and juvenile court partners. In the course of the next five years, DCFS will continue to participate in CIP and the current projects are 1) to develop a standard court report template to be used in all jurisdictions of the state that will provide consistent information on case progress to the court and 2) to identify and address root causes of permanency delays to move youth in care to permanency sooner.

The following data from CPDC informs these projects. (In the visual below, each square represents one of the 8 CPDC counties identified above.) For cases that closed during calendar year 2022 in the CPDC counties (some larger counties used a sample of cases), the average number of hearings ranged from 7.84 to 21.87, the average number of post-dispositional review hearings ranged from 1.79 to 6.79, the average number of continuances per case ranged from 0.81 to 5.5.



As CIP participants have analyzed CPDC data from 2015 to 2022, the following are significantly associated with shorter times to achieve permanency (case closure):

- Less time to adjudication
- Less time to first permanency hearing
- Less time to TPR finding
- Fewer judicial changes
- Fewer changes of counsel
- Earlier appointment dates for attorneys representing parents
- Fewer continuances in a case
- More post-dispositional review hearings

Although Cook County is not among the CPDC counties, DCFS administrative data shows that average permanency timeframes for youth in care are longest in Cook County cases. DCFS and the Cook County juvenile court Chief Judge are collaborating on strategies to reduce lengths of stay for youth with court jurisdiction in Cook and can use the above CPDC findings to inform improvement efforts. (These efforts are related to Goal 3 in Chapter 3 that states “Keep children/youth safely at home whenever possible, return them home quickly when safe to do so, and achieve permanency through guardianship or adoption in a timely manner when reunification is not achievable.)

### Illinois Court Improvement Program (ICIP)

#### Update for June 30, 2025:

The following is the most recent CPDC county comparison data findings (closed court cases from January-December 2023). Not all counties are represented in all findings due to missing data. Counties with an asterisk indicate a sample, not the total number of court cases closed in 2023.

The previous 2015-2022 statistically significant findings were consistently found for 2023 and are significantly associated with shorter times to achieve permanency (case closure).

#### 2023 Measures of Court Workload and Delay

	Cases Coded Per County	Average # Hearings Per Case	Average # Post-Dispositional Reviews Per Case	Average # Continuances Per Case
County A	N=21	5.81 (range = 2 to 38)	16.04 (range =1 to 44)	6.86 (range = 0 to 25)
County B	N=30	13.10 (range =3 to 22)	7.30 (range = 0 to 16)	1.00 (range = 0 to 3)
County C	N=125	13.93 (range = 3 to 41)	8.61 (range = 0 to 38)	1.00 (range = 0 to 13)
County D	County D did not participate in 2023			
County E	N=87	10.95 (range = 0 to 3)	5.67 (range=0 to 21)	0.30 (range = 0 to 2)
County F*(coded 1/3 of closed cases)	N=155	15.28 (range = 1 to 64)	6.94 (range = 0 to 34)	0.28 (range = 0 to 4)
County G*(coded ½ of closed cases)	N=163	16.07 (range = 3 to 56)	9.07 (range = 0 to 41)	4.80 (range = 0 to 22)
County H*(coded ½ of closed cases)	N=103	12.52 (range = 1 to 47)	5.24 (range= 0 to 20)	0.50 (range = 0 to 4)

ICIP has begun integrating the Child Protection Data Courts (CPDC) Project with the second phase of its Quality Hearing Project to strengthen early parent and youth engagement from Temporary Custody through Disposition. This integration emphasizes quality court practices that focus on the core question: “What needs to happen to return the child home today?” with the aim of reducing delays, encouraging meaningful participation, and improving permanency outcomes.

As part of this effort, ICIP conducted site visits with all CPDC counties to discuss future priorities and explore customizing data collection to better align with each site’s goals. Drawing on years of data collection, ICIP is working to incorporate the Judicial, Court, and Attorney Measures of Performance (JCAMP) as part of the CPDC Project to assess local hearing quality. A stakeholder survey is also being developed for judges, guardians ad litem, and attorneys to gather feedback on their experiences with the local child welfare court system. Their input will help identify both strengths and areas for improvement in hearing practices.

Moving forward, ICIP will support counties in using their site-specific data alongside stakeholder insights and DCFS data to guide training and inform improvements in court practice. The overarching goal is to promote timely, meaningful hearings that support safety and lasting permanency for children. For more details, see the Illinois 2025 CIP Grant Application – Quality Hearing Project.

Additionally, ICIP-DCFS’s federally required Joint Project is advancing, to promote timely permanency, through the development of a standardized caseworker court report. This initiative responds directly to judicial feedback requesting more consistent, high-quality reports that clearly

track progress toward permanency goals. The new report format includes updates on case plan progress and a data dashboard displaying six core CPDC court performance measures, including the number of days the youth has been in care and timeliness from the original petition to key hearings such as adjudication, disposition, permanency, and TPR.

The ICIP-DCFS team engaged two court jurisdictions as pilot sites, meeting with judges to review and revise the draft report template and accompanying instruction manual for caseworkers. Based on judicial input, additional updates are underway to incorporate Safe Model language and a new section on family findings in alignment with the recently enacted KIND Act. Next steps are to obtain getting DCFS’s Policy Division approval of the court report form template and coordinate informational meetings with courtroom attorneys and local caseworkers to build support and buy-in to ensure readiness before pilot testing begins.

Following the pilot, the team plans to expand testing to more sites, with the long-term goal of integrating the finalized template into Illinois Connect, the state's case management system. This will enable consistent, streamlined court reporting statewide.

## Chapter 2: Assessment of Current Performance in Improving Outcomes

### SAFETY

During the 2020-2024 CFSP, Illinois implemented its CFSR 3 PIP and completed all strategies/key activities. In addition, PIP Measurement data demonstrated that the state met 2 of the 3 Safety items (see table below). Illinois was not able to meet its PIP Measurement Goal for Item 3, which evaluates the state’s efforts to conduct initial and ongoing comprehensive and accurate risk and safety assessments.

**Illinois CFSR 3 PIP Measurement Performance Data, % Cases Rated a Strength for Each Item by Measurement Period (MP)**

**Bold text** - CFSR 3 Items that the state was required to establish PIP Goals for  
**Green shaded cells** - PIP Goal Met

Item	2020				2023 - 2024							TREND	Overall Direction
	2019	MP1	MP2	MP3	April - Sep	May - Oct	June - Nov	July - Dec	Aug - Jan	Sept - Feb	Oct - March		
S1	81.3	90	74.3	81.3	64.9	67.5	73.5	71.0	70.0	66.7	66.7		↓
<b>1</b> (Goal=90%)	81.3	90	70.3	81.3	64.9	67.5	73.5	71.0	70.0	66.7	66.7		↓
S2	63.1	49.2	48.3	56.9	55.4	52.3	53.9	53.9	58.5	58.5	63.1		→
<b>2</b> (Goal=86%)	76.9	83.3	73.7	81	82.8	81.5	82.1	79.2	79.0	86.7	88.9		↑
3 (Goal=67%)	63.1	49.2	44.6	58.5	56.9	53.9	55.4	55.4	60.0	58.5	63.1		→

NOTE: “MP” = Measurement Period

### Outcome S1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT

#### Item 1: Timeliness of Initiating Investigations Discussion

While the data for Item 1 (Timeliness of initiating investigations) from the CFSR 3 PIP Measurement Reviews (see table above) suggests inconsistent performance typically below our Baseline performance, Illinois did achieve its PIP Goal of 90% in Measurement Period 1. Illinois also notes that the PIP Measurement data above is based on a very small number of applicable investigations compared to the number that exist in the system. Our internal DCP PowerBI data informs us that as of 6/13/2024, 96.44% of all alleged child victims were seen within 7 days of initiation, and 94.59% of all alleged child victims within 2 days. Our initiation data within 24

hours is consistently at 95%, with an increase to 96% in FY24<sup>1</sup>. This performance has been achieved by actively monitoring data provided in our PowerBI system for child protection, by holding Area Administrators accountable weekly for sub-par performance and creating a culture of excellence particularly among leaders (which filters down to investigators and supervisors). Child Protection implemented and embedded an intentional and intensive new training and mentoring program into their procedure for new investigators who have successfully completed a 6-week foundation training that has been successful. As part of this approach, new investigators are placed into a TRAINEE title and participate in a 16-week on the job training, receive peer support/mentoring, and the involvement of their supervisor in home visits twice a month virtually or in person. In addition, TRAINEES are evaluated by their supervisor monthly.

In the PIP Measurement data, reviewers observed that investigations are almost always initiated timely as evidenced by the investigator making a visit to the known location of child victims, however Item 1 is often rated Area Needing Improvement due to lack of compliance with state policy as Good Faith Attempts (GFA) did not occur every 24 hours until the child(ren) were seen, nor was there evidence of a supervisor waiver with justification of reasons why good faith attempts were exempt. Feedback from interviews conducted during PIP Measurement Reviews indicates that investigators are receiving too many new investigations to follow state policy requiring ongoing GFA, sometimes receiving multiple new investigations in a single day, which investigators attribute to staff turnover. DCP has implemented an effort to ensure GFAs on a timely basis, where Regional Administrators receive a list every Monday of investigations where all children have not been seen, and they are required to return the list with the number of attempts made. DCP is aware that GFAs are not made often enough and is developing a plan to address this.

- CFSR Statewide Data Indicators (SWDIs): The charts below reflect Illinois' performance for the CFSR 4 safety SWDIs according to February 2024 Data Profiles provided to the state by the Children's Bureau. Unfortunately, due to data quality issues with our AFCARS submissions in 2023, the Children's Bureau is unable to produce full data in this most recent data profile. (The state has made corrections to the identified errors and has re-submitted the 2023 files. Some possible data quality issues have been identified and work is underway to determine if additional corrections are necessary. Validation is needed to ensure we are accurately reporting removal dates, provider start and end dates, and foster parent information.)

It is expected that the next Data Profile will include the missing data due to previous data quality issues.) These charts indicate a recent (FFY21-22) decline in the rate of Illinois children experiencing repeat maltreatment and a reduction in Illinois children experiencing maltreatment in foster care.

For the maltreatment in foster care data, improvement could be partly attributable to changes made in SACWIS to force a date entry in the incident date field, and ongoing communication to SCR and DCP to ensure that if the maltreatment reported once the child entered care occurred PRIOR to care, that they can estimate an incident date PRIOR to the entry into foster care date.

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<sup>1</sup> DCFS policy requires initiation of the investigation within 24 hours. Initiation is completed through in person contact with the alleged child victim(s) or a good faith attempt to see the child victim(s). If a good faith attempt was made, the investigator is to continue daily attempts until the child victim(s) is seen. By emphasizing the importance of child victims being seen, investigators have been more diligent in their efforts to see the child victim(s) timely.

## CFSR 4 Statewide Data Indicators, Federal Data Profiles

### Maltreatment in Foster Care, Illinois Observed Performance (Rate)

FFY18	FFY19	FFY20	FFY21	National Performance	Meeting?	Trend
14.06	17.73	18.03	17.36	9.07 victimizations or less	No	Getting better

### Repeat Maltreatment, Illinois Observed Performance

FFY18	FFY19-20	FFY20-21	FFY21-22	National Performance	Meeting?	Trend
12.60%	13.40%	14.20%	13.80%	9.7% or less	No	Getting better

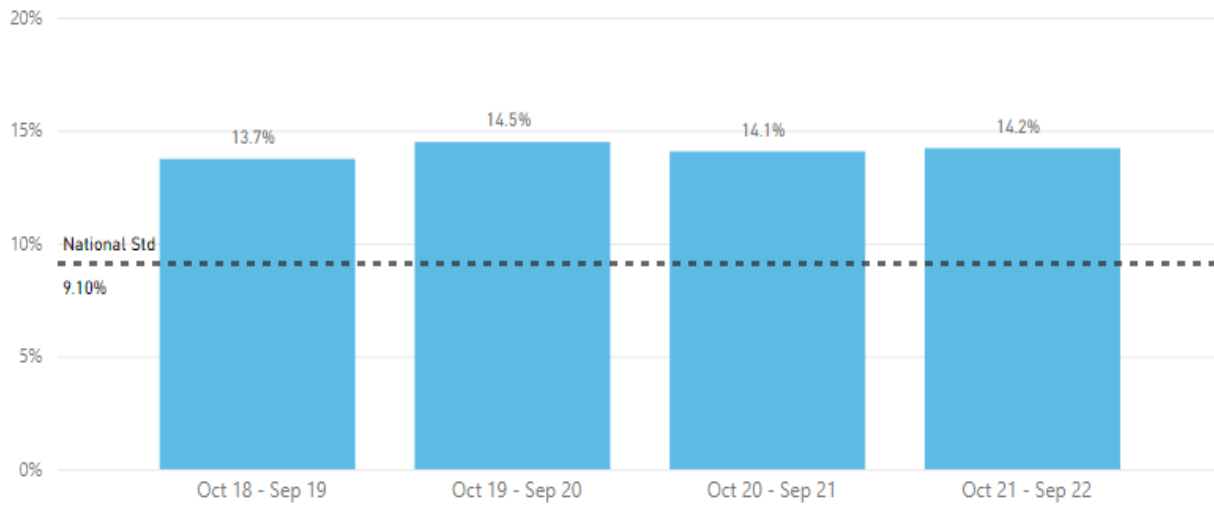
A dive into the contextual data provided to the state by the Children’s Bureau for both indicators suggests that while Cook County represents the largest piece of the overall pie of results, somewhere around 27% of the total, by comparison there are many, many counties in the state that are disproportionately represented. Cook’s percentage is much lower than many other counties in the state, for both safety SWDIs.

For the Recurrence of Maltreatment measure, there was an increase in the percentage of children under age 1 and ages 1-5 in FFY21-22 compared to FFY20-21 (a total of 51% versus 46%). Thus, it would be fair to say that recurrence of maltreatment most frequently involves children 0-5 years old, a very vulnerable population. The reverse is true for the same age group in the Maltreatment in Foster Care data.

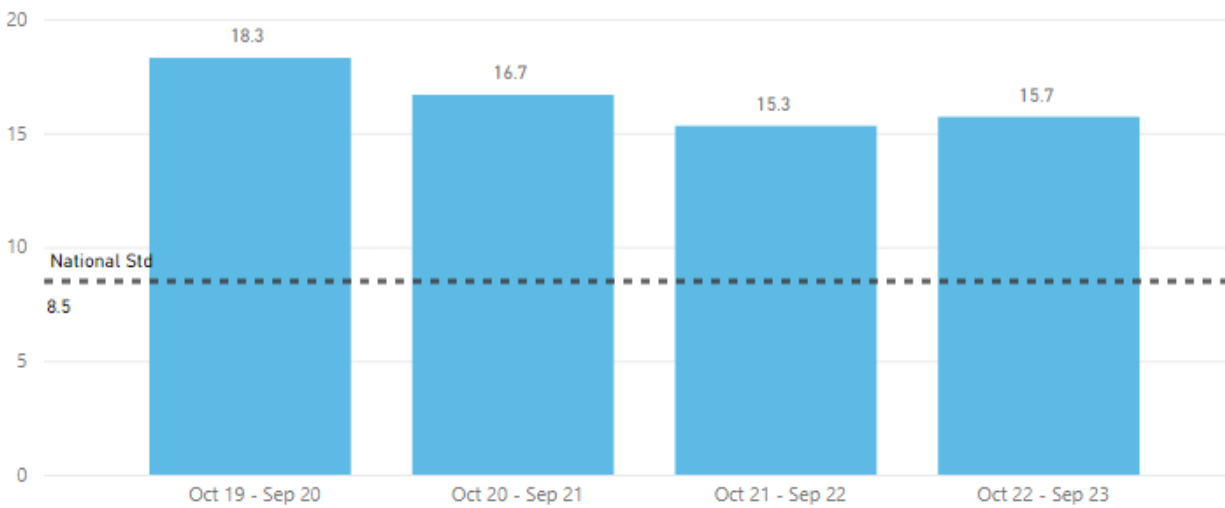
Illinois tracks CFSR performance using Round 3 definitions in PowerBI and includes more current data for both SWDIs depicted below. Performance is flat for Repeat Maltreatment. The Maltreatment in Foster Care dashboard shows improvement through FFY22, with performance heading slightly in the wrong direction in FFY23:

During FFY24, the Division of Quality Assurance conducted targeted reviews of cases included in the Maltreatment in Foster Care SWDI. The Divisions of Child Protection and Permanency were actively involved in both the review and discussion of results. High level findings support that much of the maltreatment in foster care (44% of sample reviewed) occurs when relative foster parents allow unauthorized unsupervised parent-child visitation or occurs in the home of parent where the state retains legal guardianship of the child. The unauthorized contact is often determined to constitute inadequate supervision or environment injurious to health and welfare by neglect against the foster parent and/or birth parent. Next steps are to disseminate the data/findings more broadly in the state, and support both Divisions in CQI activities to utilize the results and drive activities/strategies to improve performance.

### Children With at Least One Substantiated Maltreatment



### Rate at which children in foster care experience maltreatment per 100,000...



The implementation of the new SAFE Model is expected to result in improved quality of investigations particularly around comprehensive assessments and timely linkage to appropriate services (see discussion of the SAFE Model in the Summary section below), as is the implementation in Illinois of federal rule changes noted in 88 FR 66700 (“Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes”, published 9/28/2023 and effective 11/27/2023). Currently relative caregivers are encouraged to complete licensing, although it is not required. For relative caregivers who complete licensing, there is a standardized process to evaluate the results of various required background checks, and that process does not apply for unlicensed relatives. Although background checks are conducted prior to placement with unlicensed relatives, the fingerprint-based checks are done after placement and the results are not evaluated with consistent guidelines or requirements under the current practice. As DCFS works

to develop separate standards for relative caregivers, these standards will include clear guidance on how to evaluate background check information to ensure the child's safety if placed in the relative home.

In discussion with youth at regional and state Youth Advisory Board meetings, staff from the DCFS Strategy and Performance team were told about abusive experiences youth had in both foster homes and congregate care facilities. Youth recommended that workers make more frequent visits to youth in care and that the living arrangements and caregivers are more thoroughly assessed. The implementation of legislatively required interviews of youth following each placement change, known as Foster Care Assessment and Rating at Exit (FARE), have resulted in the completion of 4,185 youth interviews, a 90% completion rate from inception August 8, 2023 to September 9, 2024. ~~OBJ~~. The objective of this process is to identify any safety or well-being concerns expressed by youth about the foster homes they recently moved from. Of the responses received on the question "Did the child feel safe in the home?" 90% of the responses were "yes". For the question "Did the foster parent make you feel good about yourself?" 91% of the responses were "yes". For the question "Did the child feel included in the family?" 89% of the responses were "yes". DCFS does not yet have system-level tracking of actions taken at the case level in response to the youth interviews.

#### **Update for June 30, 2025:**

Immediately upon completing its Round 3 PIP Measurement reviews, Illinois began transitioning to prepare for its CFSR Round 4. That effort included training CFSR reviewers on what is new and different in Round 4 and beginning practice reviews to gain mastery in the use of the revised OSRI (Onsite Review Instrument). The aggregate Illinois CFSR 4 (IL CFSR 4) data for Item 1 for September 2024 – March 2025 indicates that Item was rated a Strength in 89% of the cases (31 of 35 applicable cases). The Division of Child Protection (DCP) has been focused on continuing to develop its culture of excellence through communication and accountability. The Division continues to be focused on ensuring all child victims are seen within 2 days of receipt of the investigation (currently at 96%), and this appears to be resulting in improved Item 1 data. More recent data for this Item in February and March 2025 indicated this item was at 100% Strength. Likewise, Maltreatment in Foster Care data improved to 15.55 victimizations per 100,000 days in care (FFY22) compared to FFY21 data reported above. Recurrence of Maltreatment data remains essentially unchanged from what was reported above (most recently at 14% for FFY22B23A).

#### **Maltreatment in FC Review Panel**

Resulting from the QA review of Maltreatment in Foster care mentioned above, and as part of the Department's work with the B.H. Consent Decree team, a Maltreatment in Foster Care Review Panel was established in January 2025 with the goal of preventing unnecessary investigations and removals solely based on a relative or fictive kin foster parent allowing unsupervised/unauthorized visitation with a parent with no harm to the child. The Panel has established protocols, forms, sampling processes, reporting procedures and processes, and is currently in the process of practicing (reviewing eligible investigations and engaging in discussion and motion-making during the weekly meetings). Pending legal review and authorization, and communication to the field by the Director, the Panel will begin formal reviews and protocols as early as June 1, 2025.

#### **DCP Small Test of Change**

Related to the Maltreatment in Foster Care data collected in FFY24 by QA, the Division of Child Protection (DCP) engaged in a statewide small test of change to address concerns about adequate assessment of relatives or fictive kin by DCP at initial placement (upon taking protective custody).

The small test of change involved implementing the use of the CFS 458 (Relative Caregiver Placement Agreement) on new investigations where the initial placement was with a relative or fictive kin. DCP provided training to all of its investigators about the form and the subsequent conversations with the relative or fictive kin about expectations concerning care of children (no use of corporal punishment, updating the agency of changes in the household composition, and not allowing unsupervised/unauthorized visitation with parents). The training was followed by 6 months of monitoring by DCP Supervisors. QA provided DCP with randomized lists of eligible cases and highlighted 7 for review by DCP Area Administrators. After 3 months, QA completed a random file review of October – December 2024 investigations (158 investigations) which indicated that there was evidence that the CFS 458 form was used 52% of the time (performance was varied across the state with Central region performing the best and Cook performing the worst). In the sample, there were 3 subsequent indicated reports (1 involving maltreatment prior to placement, 1 involving a relative who was using substances, and 1 where the relative allowed the child to spend the night with the parent home). QA is currently completing a second review of investigations from January–March 2025. DCP agreed to extend their project past 4/1/2025, understanding change takes time. The partnership with QA is fruitful and beneficial.

### **Recurrence of Maltreatment QA Review**

In December 2024 -January 2025, the Division of Quality Assurance began a review of cases in which youth experienced more than one indicated instance of maltreatment within 12 months. The data has been collected and entered, and the team is in the process of final data cleaning. Once data cleaning is completed, report writing will begin.

### **SAFE Model**

Please refer [here](#) for a more detailed description of the SAFE Model. In the summer of 2024, the SAFE Model launched for the State Central Registry/Call Floor staff through IllinoisConnect. The launch was successful, and feedback from the field is that the reports of suspected child abuse/neglect are themselves much more qualitative in terms of the information collected and communicated about what happened, familial context, etc.

While SAFE will next launch for Investigations and Intact Family Services staff, the timeline has been pushed back a bit due to necessary changes with the primary contracted vendor for IllinoisConnect. Meanwhile, Action for Child Protection staff are continuing to provide SAFE overview trainings for all staff and providing “soft launch”/intensive specialty-focused trainings to Investigative and Intact supervisors and managers so that they know what to expect. Supervisors and Managers are encouraged to share what they are learning with staff so that they can begin to make the adaptive shift in thinking about risk and safety.

### **SAFE@Home**

Illinois is adopting and implementing the SAFE@Home program to further support services and supports needed to keep children/youth safely at home versus entering foster care. The development of SAFE@Home resources over the next five years is expected to result in an array of supports that can be provided to families to keep children safe at home with their families. Other jurisdictions have seen such improvements after implementation of SAFE@Home services.

### **Kinship Navigator**

The Kinship Navigator program assists kinship caregivers in the following ways:

- Learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs;
- Promoting effective partnerships among public and private agencies to ensure kinship caregiver families are served;

- No restriction through definition of “kinship caregiver” -- may serve families headed by a grandparent or other relative as well as tribal kin, extended family and friends, or other ‘fictive kin’ who are caring for children.

### **Kinship in Demand (KIND) Act**

The Illinois Kinship in Demand (KIND) Act, also known as Public Act 103-1061, is a law passed in 2024 that aims to improve outcomes for children in foster care by prioritizing placements with relatives. The act mandates a "kin-first" approach, meaning that the Department of Children and Family Services (DCFS) must make diligent efforts to place children with relatives before considering other placements. The KIND Act also provides relatives with financial support and resources similar to those offered to traditional (unrelated) licensed foster parents.

### **Key Provisions:**

1. **Kin-First Approach:**  
The DCFS must make diligent efforts to find relatives who can provide a safe and stable home for children in their care.
2. **Relative Caregiver Certification:**  
The DCFS will develop more flexible standards for certifying relative caregivers, allowing receipt of financial support and other benefits without the traditional licensing process.
3. **Equalized Payments:**  
Relatives who are certified as relative caregivers will receive the same rate of financial support as licensed foster parents.
4. **Enhanced Support:**  
The KIND Act provides relatives with enhanced support services, including training, orientation, and ongoing assistance, including the Kinship Navigator Program.
5. **Emphasis on Permanency Planning:**  
The act encourages the DCFS to work with relatives and youth to develop plans for permanent placement, whether that be through reunification with parents, adoption, or long-term guardianship. The Act allows courts to assign a Subsidized Guardianship permanency goal before ruling out Adoption, if that is what is best for children and families.

### **Why the KIND Act is important:**

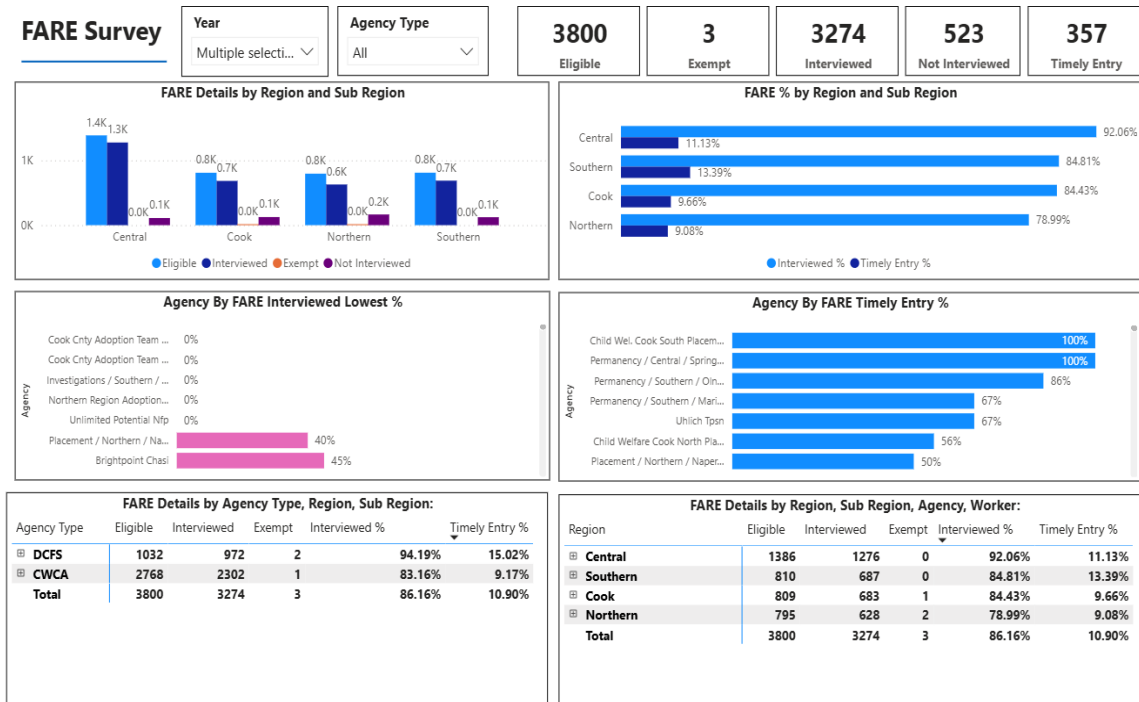
- **Improved Outcomes for Children:**  
Research shows that children fare better when placed with relatives, as they are more likely to experience stability, reduced trauma, and positive behavioral and emotional outcomes.
- **Reduced Trauma:**  
Placing children with relatives helps to lessen the trauma associated with family separation and disruption.
- **Increased Permanency Options:**  
The KIND Act expands the options for permanent placement for children in care, including adoption and guardianship.
- **Support for Youth:**  
The act promotes life-long family connections for youth in care.
- **Support for Relatives:**  
The act provides financial and other support to relatives who step up to care for children in need, recognizing their vital role in the child welfare system.
- **Improved System Efficiency:**  
By prioritizing relative placements, the KIND Act can help reduce the length of stay for children in foster care and decrease the strain on the foster care system.

In essence, the KIND Act aims to create a more compassionate and effective foster care system in Illinois by prioritizing family connections and providing the necessary support for relatives who choose to care for children in need.

The Relative Certification process was piloted in 2024 and is expected to launch statewide beginning July 1, 2025.

### Foster Care Assessment and Rating at Exit (FARE)

Current data (FY25 Q1-4 to-date) indicates that interviews are occurring 86% of the time statewide, with a regional range of 79% to 92%. Timely entry of interviews needs improvement; 11% of the 3274 interviews completed were entered; with a regional range of 9.08% to 13.99%.



### Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

#### Items 2 (Services to Family to Protect Child[ren] in the Home and Prevent Removal or Re-Entry Into Foster Care) & 3 (Risk and Safety Assessment and Management) Discussion:

Illinois met its PIP Measurement Goal for Item 2 in Measurement Periods 9 and 10. Services to maintain children safely in their homes typically involve referrals to community services and supports or intact family services. Aftercare services are provided to prevent re-entry after children are reunified with their families. The Illinois rates of recurrence of maltreatment and rising re-entry rates suggest that the current service array is not directly addressing the underlying issues that contribute to recurring incidents of abuse or neglect.

The PIP Goal for Item 3 was not met; however the performance data did return to the Baseline level. Underlying reasons for why Illinois did not meet the PIP Goal for Item 3 have remained constant during the entire PIP Measurement Period:

1. The lack of ongoing assessments of fathers/paramours/other primary caregivers who had ongoing contact with the children in the family or in foster care.

2. Staff turnover, which continued to have a tremendous impact on the follow-up and consistency of ongoing assessment of risk and safety.
3. The inaccurate assessing and addressing critical underlying issues that are relevant to the risk and safety of children.
4. The practice in DCP of making initial determinations about safety and lack of ongoing follow-up and assessment until closure if allegations are unfounded and risk is low/no ongoing safety concerns identified at initial assessment; and
5. The lack of follow-up to safety plans to ensure safety at closure. Often in the evaluation of safety plans, in-person contacts were not consistent to monitor the safety plan.

Feedback that Quality Assurance reviewers have heard repeatedly from assigned Intact and Permanency staff during interviews conducted during the PIP Measurement Reviews is that they are overwhelmed by the work, understaffed, and under trained.

Consistent with the findings of QA reviewers, feedback collected from stakeholders in April and May 2024 included a recommendation for DCFS to ensure sufficient resources and coverage so that DCFS investigators can revisit children not seen during the initial mandated visit and a recommendation to expand resources and support directly in the homes of families to keep children/youth safe at home.

As it relates to safety generally, Illinois has contracted with Action for Child Protection to implement the SAFE Model (Safety Assessment Family Evaluation) in Illinois during this CFSP period. SAFE is a comprehensive safety assessment and case practice model, and is aligned with the CFSR Items and Outcomes. Implementation of this model will significantly change how Illinois conducts child welfare by redefining safety, providing very concrete and clear decision-making trees and tools to comprehensively assess present danger, impending danger, and caregiver protective capacities beginning at the hotline and throughout the life of the case. The goal of the SAFE Model is to keep children safe while restoring caregivers to their protective role and responsibility. In order to effectively implement the SAFE Model, it must be built into IllinoisConnect (CCWIS). SAFE will formally launch with the SCR/Call Floor Workers with Intake 1.0 release, planned for the summer 2024. Implementation of this model is expected to significantly improve Illinois' performance on all 3 CFSR safety Items and the 2 safety-related SWDIs.

The implementation in Illinois of federal rule changes noted in 88 FR 66700 ("Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes", published 9/28/2023 and effective 11/27/2023) are also expected to reduce the amount of maltreatment in foster care. Illinois expects that the planned adoption of a separate licensing (certification) process for relative caregivers who do not want to be licensed will contribute to a reduction in the rate of maltreatment in foster care (where most occurs when a child is in a relative or fictive kin living arrangement). We expect this because the certification process will require that the results of fingerprint checks be evaluated using consistent criteria to determine the safety and appropriateness of the relative living arrangement. The licensing process has clear guidelines to evaluate background checks, and the relative certification process will include the same type of objective review of the background to ensure it meets certification standards. The current practice with unlicensed relatives leaves discretion up to the placing worker and that may be creating higher risk placements.

**Current or Planned Activities:** Improving the assessment of safety from beginning to end of a case, and supporting families to remain intact (whenever possible) via the implementation of the

SAFE Model of Practice and through appropriate services is consistent with Goal 3 in chapter 3 (Goal 3 states “Keep children/youth safely at home whenever possible, return them home quickly when safe to do so, and achieve permanency through guardianship or adoption in a timely manner when reunification is not achievable.”) Goal 5 in chapter 3 is the cultivation of a sustainable child welfare workforce, which if achieved, will address concerns expressed by staff that they are overwhelmed by the work and understaffed. As noted above, DCFS is planning to implement separate standards for relative caregivers and will continue collaborating with stakeholders in the development of these standards. DCFS is continuing to interview children and youth over age 5 about their prior placement upon a placement change to identify any concerns they may have had with the prior caregiver. DCFS will work collaboratively with stakeholders to find effective ways to use the data from these interviews to inform improvement efforts.

**Update for June 30, 2025:**

The aggregate IL CFSR 4 data for September 2024 – March 2025 indicates that Outcome Safety 2 was rated Substantially Achieved in 65% of the cases (59 of 91 reviewed cases). Item 2 was rated a Strength in 72% of the cases (13 of 18 applicable cases), and Item 3 was rated a Strength in 65% of the cases (59 of 91). These data have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at intact and permanency statewide meetings. Underlying reasons are also communicated, based on case type, for the purposes of using the information in CQI cycles of improvement.

Systemic trends noted in the IL CFSR 4 reviews:

- Lack of safety services to support families in order to protect children in the home and prevent removal (Intact is not a service in and of itself.); lack of aftercare planning/services to prevent re-entry
- Lack of ongoing assessments of children remaining in the home with parent, and of non-custodial parent contact with the child/environments where children do not reside
- Lack of follow-up on identified risk & safety concerns
- Safety plans not monitored appropriately, updated based on case dynamics, assessment of the safety plan missing

The full implementation of the SAFE Model is expected to address all of these systemic trends.

**For updates to the SAFE Model, KIND Act, and FARE:** Please see Outcome Safety 1, FFY25 updates

**CFSP Goal updates:** Please see Chapter 3

*PERMANENCY*

**PIP Measurement Data for P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS (Foster Care ONLY)**

**Illinois CFSR 3 PIP Measurement Performance Data, % Cases Rated a Strength for Each Item by Measurement Period (MP)**

**Bold text** = CFSR 3 Items that the state was required to establish PIP Goals for

**Green shaded cells** = PIP Goal Met

Item	2019	2020	2021	2022	2023 - 2024						TREND	Overall Direction	
	Baseline	MP 1	MP2	MP3	April - Sep	May - Oct	June - Nov	July - Dec	Aug - Jan	Sept - Feb			Oct - March
P1	12.5	7.5	12.5	7.5	22.5	20.0	17.5	17.5	15.0	12.5	10.0		↓
<b>4</b> (Goal=78%)	72.5	75	70	72.5	75.0	80.0	82.5	82.5	80.0	77.5	77.5		↑
<b>5</b> (Goal=38%)	32.5	27.5	23.1	22.5	55.0	47.5	50.0	45.0	50.0	45.0	37.5		↑
<b>6</b> (Goal=25%)	20	10	15	15	32.5	30.0	27.5	25.0	20.0	20.0	15.0		↓

NOTE: “MP” = Measurement Period

**Item 4: Stability of Foster Care Placement**

PIP Measurement data (see above) indicated improvement in performance since the May-October 2023 measurement period, and achievement of the PIP Goal over multiple measurement periods. Reasons why cases were rated an Area Needing Improvement (ANI) included: lack of respite resources which resulted in the foster parent giving a 14-day notice; foster parents requesting removal of child or sibling due to the child’s behavior, and the accompanying lack of support to caregivers of children with a high level of behavioral/mental health needs *before* a disruption; lack of placement resources, regardless of sibling group size; lack of comprehensive assessment of initial relative/fictive kin foster parent by the investigator to determine their mental health stability, capacity to cooperate with the agency and required visits, and their ability to prevent unauthorized unsupervised visits with parents.

In addition to state-collected PIP Measurement data, Illinois receives data profiles on its CFSR Statewide Data Indicators (SWDIs) related to permanency<sup>2</sup>:

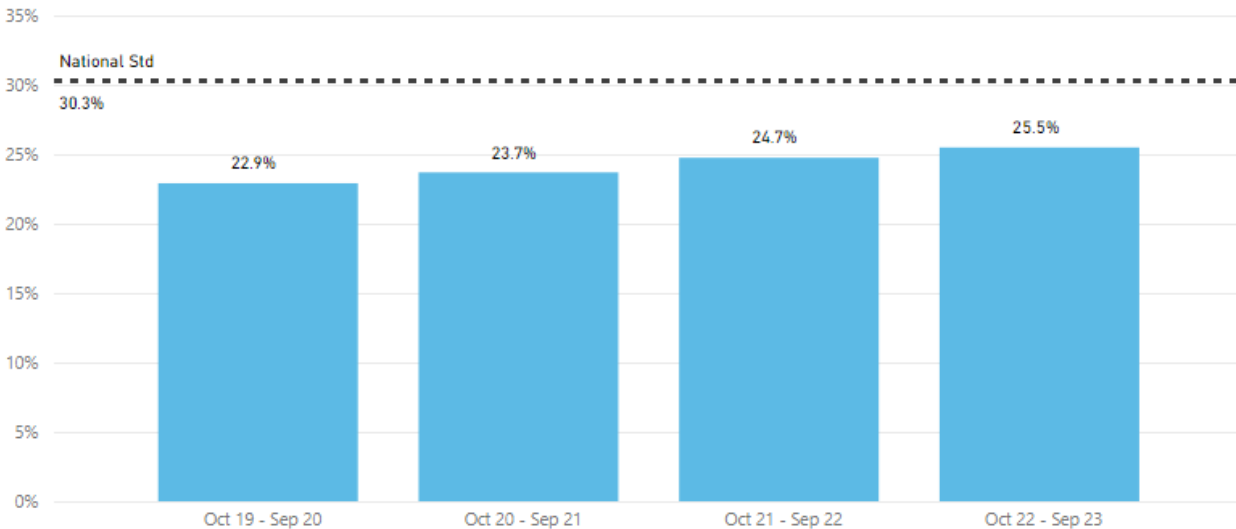
**CFSR 4 Statewide Data Indicators, Federal Data Profiles**

**Placement Stability - Illinois, Observed Performance (Rate)**

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	National Performance	Meeting?	Trend
3.73	3.86	3.61	3.59	3.48	4.19	4.48 moves or less	Yes	Watch

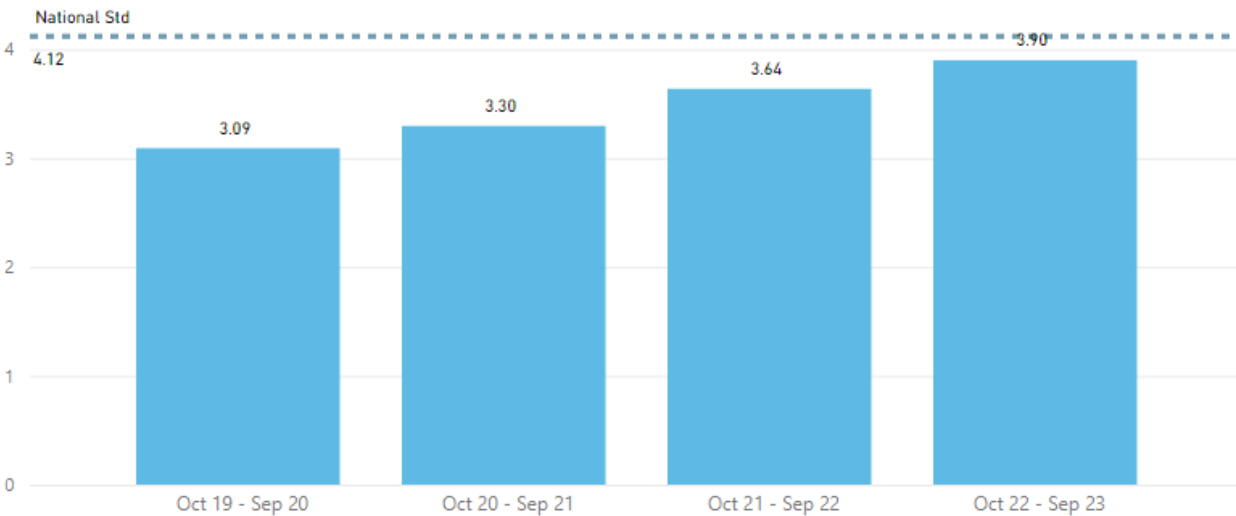
The Placement Stability SWDI (see above) suggests the state performs below the national performance, despite a recent turn in the wrong direction (note: this data had not been updated between February 2023 and February 2024 due to Illinois’ data quality issues since AFCARS 2.0 implementation and new file submission process, which DCFS is actively working to resolve). Internal CFSR 3 dashboard data (see below) for this indicator similarly indicate a trend in the wrong direction, remaining below national performance expectations.

Permanency within One Year ( in Care 24 Months or More)



3.90

Moves per 1000 Bed Days

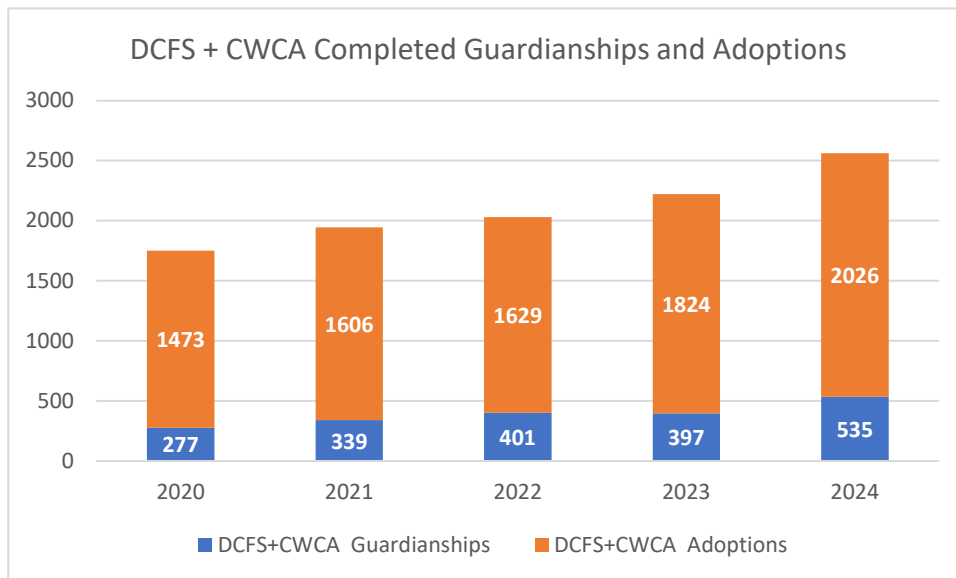


**Item 5: Permanency Goal for Child**

Since Measurement Period 4, Illinois has surpassed its PIP Goal of 38% of cases rated a Strength in the PIP Measurement Data. There was an improvement in the timely and appropriate permanency goal selection for youth in care and demonstrated a positive impact resulting from the strategies and key activities implemented to improve permanency for youth in care. CFSR 3 PIP Strategy 2.2 Decrease length of stay for children that achieve permanency through adoption

through implementation of lessons learned from the permanency task force was a key effort to improve permanency for youth in care. In particular,

- 1) Changes were made in program plans to add financial support for a permanency achievement specialist for each contracted permanency team. The Department also added eight Permanency Achievement Specialists.
- 2) For the DCFS Subsidy Unit, eight additional subsidy reader/writer positions and four additional Subsidy Supervisors (1 per region) were added statewide in the subsidy unit to increase capacity to write, review and approve subsidies efficiently.
- 3) To further support permanency performance improvements, 10 monitoring positions were added to the Agency Performance Monitoring and Execution team and over a dozen Case Aid positions have been posted with the goal of having 1 Case Aid for each DCFS Permanency team.
- 4) The Department engaged in a years-long PR campaign to promote the use of Subsidized Guardianship as an alternative to adoption when reunification is not possible and can be completed more expeditiously than adoption.
- 5) Permanency Trend data is used to determine positive impact, and Illinois is observing improvements in reunifications, completed subsidized guardianships, and adoptions.



Cases rated Area Needing Improvement were the result of permanency goals not being established in a timely manner for cases that were open beyond 12 months. Often these cases had a Return Home goal for more than a year with unsatisfactory progress, and there was no evidence of concurrent planning.

Specifically, as it relates to ASFA compliance, data collected during the CFSR 3 Baseline, and all Measurement Periods indicates that there were no children reviewed who meet other Adoption and Safe Families Act criteria for termination of parental rights (if they were not in foster care for 15 of 22 months). For the most part, about 60% of children reviewed were in foster care for 15 of the most recent 22 months and were therefore eligible for a petition to terminate parental rights per ASFA. Of those cases, a petition to terminate parent rights had NOT been made before the period

under review or in a timely manner during the period under review in 64% of the cases (on average; range 54% - 74%). On average, for the cases where a petition had not been filed, there was an exception to the requirement to file or join a termination of parental rights petition in 49%. Exceptions included the child being cared for by a relative at the 15/22 time (most frequently selected, on average 6 cases per measurement period), a documented determination that termination of parental rights would not be in the best interests of the child (on average 2 cases per measurement period), or the state has not provided to the family the services that the state deemed necessary for the safe return of the child to the child's home (on average 1 case per measurement period).

#### **Item 6: Achieving Permanency for Child**

The data from the CFSR case reviews suggests that Illinois has made some improvement in achieving permanency for more youth in care. This is the objective of many strategies and key activities implemented during the last CFSP and the CFSR 3 PIP, most particularly reducing the amount of time in care for youth in care 12 months or less. In addition to the strategies and key activities implemented as part of the CFSR 3 PIP, the Division of Permanency has made achieving permanency a key priority. They have supported that by establishing a system of accountability through the Agency Performance Monitoring and Execution (APME) team and through monthly data tracking/monitoring (see the Quality Assurance Systemic Factor for more detail). Annually, DCFS teams and CWCA agencies/teams are expected to achieve permanency for 40% of their state fiscal year starting caseload (on 7/1) by 6/30 of the next year, with 25% of those being to reunification (whenever safe and appropriate).

Despite some improvement shown in the review data, the state continues to struggle with long lengths of stay in foster care. The improvement in the data is most likely related to a period of time when the sampling was adjusted to screen for Item 2 and resulted in inclusion of newer cases in the review. When the review sampling referred to the original sampling criteria, the performance data on this measure decreased.

DCFS has embarked on new efforts to address this problem in the court system by sharing data indicating length of time to adjudication. This data demonstrates that long delays to adjudicate allegations of abuse and neglect impact the ability to achieve permanency in a timely manner. In Cook County, the Chief Judge has made it a priority for his courtrooms to reduce time to adjudication and the emphasis on it is beginning to show in the data. For example, the average days from entry to adjudication (for cases open at least 3 months and in which an adjudication hearing has been entered) in Cook region has decreased from a high of 248 days in calendar year 2020 to 105 days in calendar year 2023. This improvement will have an impact on the achievement of permanency at a state level since Cook County is the primary driver in performance concerns in this area. The DCFS Division of Strategy and Performance Execution has started sharing legal timeliness data with the Chief Judge.

Additionally, in support of improving permanency for youth in care, the Division of Quality Assurance (DQA) has been implementing Regional Support Teams (RSTs) throughout the state. This provides support of improving permanency for youth in care, as well as other performance improvement strategies. All RSTs were fully active by June 30, 2024. This is a part of a large-scale CQI activity for the state. The state has worked with the Capacity Building Center for States, receiving active and ongoing support from a variety of consultants. This support is enabling DCFS Quality Assurance Regional Quality Assurance Specialists to implement the RSTs successfully by

providing coaching and training on various topics, including (but not limited to): facilitation, data literacy, teaming, and the CQI cycle of improvement.

Each of the RSTs are prioritizing achievement of permanency as the regional focus. They work in consultation and collaboration with Permanency Leadership statewide and in each of the regions. In the Cook and Southern Regions, the priority is to improve the quality of caseworker in-person contacts, with an emphasis on parents (and particularly fathers). In Central Region, the RST is focused on improving permanency through the implementation of Child and Family Teams. Northern Region RST has not yet identified their specific focus. All RSTs are using CFSR 4 data, APME SharePoint data on the percentage of permanencies per fiscal year (goal is 40% of the starting FY caseload), and ACR data.

A data template has been developed for the Cook and Southern RSTs to help teams and agencies assess progress. This is accomplished through a limited number of data sources that are accessible to them. DQA staff are meeting with CWCA permanency leadership and their CQI staff to get to know each other again after the end of the Regional CQI Collaboratives and the pandemic. At the meetings QA is educating them about the RST in their region, showing them how to independently access the available data, encouraging them to access and use their own data from these sources in their internal CQI processes, and encouraging them to attend their RST (monthly, rotating between virtual and in-person every other month). These meetings will also occur with DCFS permanency teams statewide.

Agendas for the RSTs include a focus on available permanency-related data for each region. Discussions about root causes happen in both large group discussions and small breakout groups, presentations from agencies/teams or others as needed/desired, and a discussion on next steps. All RSTs are in an early stage of development, and DQA has been actively learning from the Cook RST what works and what doesn't, to the advantage of all the other RSTs. The work with RSTs is also resulting in collaboration with regional APME staff. DQA does not want to add to the work already in progress, but rather support achievement of it by bringing DCFS and CWCA permanency and CQI staff together in the same meeting, along with other needed team members from support specialties in the system. All groups are still in the problem-exploration phase, and in developing relationships within the region to support attendance and engagement in the process.

The Administrative Case Review (ACR) process has been enhanced to support conversations about the use of subsidized guardianship but about progress toward permanency in general. Every youth in foster care has an ACR twice a year, so ACR reviewers are in a unique position to support active and timely achievement of permanency. ACR data for state fiscal year 2024 indicates that in 46.7% of cases reviewed there was evidence of timely and progressive movement toward permanency since the last ACR. Additionally, ACR reviewers tend to be more stable (jobwise) whereas caseworkers and supervisors tend to turnover quite a bit particularly in the CWCAAs. As a result, ACR reviewers tend to know their cases very well and can help fill in gaps for caseworkers and supervisors, and support conversations about actively moving a case toward permanency.

In addition to state-collected PIP Measurement data, Illinois receives data profiles on its CFSR Statewide Data Indicators related to permanency<sup>3</sup>:

## CFSR 4 Statewide Data Indicators, Federal Data Profiles

### Permanency in 12 Months - Illinois, Observed Performance

18A18B	18B-19A	19A19B	19B20A	20A20B	20B-21A	National Performance	Meeting?	Trend
12.1%	12.0%	11.7%	11.0%	12.8%	14.7%	35.2% or more	No	UP

### Re-Entry Into Foster Care - Illinois Observed Performance

18B-20A	19A20B	19B-21A	20A-21B	20B-22A	21A22B	National Performance	Meeting?	Trend
4.4%	4.1%	4.4%	5.2%	5.3%	5.0%	5.6% or less	Yes	Watch

### Permanency in 12-23 Months - Illinois, Observed Performance

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	National Performance	Meeting?	Trend
24.0%	21.2%	21.4%	21.7%	22.1%	21.9%	43.8% or more	No	Down

### Permanency in 24+ Months - Illinois, Observed Performance

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	National Performance	Meeting?	Trend
30.2%	26.6%	26.6%	28.2%	28.7%	28.6%	37.3% or more	No	Down

Internal (DCFS) CFSR 3 Dashboard for Permanency in 24+ Months indicates similar improvement as the CFSR 4 Data Profile from 2/2024:

Clearly there is still work to be done with regard to improving achievement of permanency for all youth in care. Illinois is dedicated to achieving that improvement. Achieving permanency in a timely manner will remain a goal of the 2025-2029 CFSP.

#### Update for June 30, 2025:

The aggregate IL CFSR 4 data for September 2024 – March 2025 indicates that Outcome Permanency 1 was rated Substantially Achieved in 21% of the cases (16 of 78 foster care cases reviewed). Item 4 was rated a Strength in 86% of the cases (67 of 78), Item 5 was rated a Strength in 40% of the cases (31 of 78), and Item 6 was rated a Strength in 27% of the cases (21 of 78). These data have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at permanency statewide meetings. Underlying reasons are also communicated, based on case type, for the purposes of using the information in CQI cycles of improvement.

Systemic trends noted in the IL CFSR 4 reviews:

- >1 placement: Intensive Placement Services (IPS) provided too late to prevent disruption
- Reunification goal in place for too long
- Lack concurrent planning, even if 2 goals are identified
- ASFA timeframes to TPR not followed
- Court delays: time to adjudication hearing; inability to change permanency goal before 9 months past adjudication (if using failure to make progress grounds for TPR); limited sense of urgency; lots of continuances; concentration on risk versus safety preventing reunification
- Seeing more Guardianship goals

Communicating DCFS leadership priorities related to permanency is an ongoing conversation between the Assistant Director over Permanency, the Deputy Director of Permanency and the Associate Deputy Director over APME and direct service staff and leaders, both in DCFS and in the CWCAs. There are monthly Statewide Permanency Meetings hosted by DCFS with DCFS and CWCA permanency staff where priorities are communicated, and where support information/field education is provided. Information is also routinely communicated in regional meetings, and in CWAC Permanency Committee meetings.

**CFSR 4 Statewide Data Indicators, Federal Data Profiles (w/Feb. 2025 Profile)**

**Placement Stability - Illinois, Observed Performance (Rate)**

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	22B-23A	FFY23	23B24A	FFY24	National Performance	Meeting?	Trend
3.73	3.86	3.61	3.59	3.48	4.19	4.4	4.68	4.42	3.74	4.48 moves or less	Yes	DOWN

**Permanency in 12 Months - Illinois, Observed Performance**

FFY18	18B-19A	FFY19	19B20A	FFY20	20B-21A	FFY21	21B22A	FFY22	22B23A	National Performance	Meeting?	Trend
12.1%	12.0%	11.7%	11.0%	12.8%	14.7%	14.1%	12.7%	12.1%	12.8%	35.2% or more	No	UP

**Re-Entry Into Foster Care - Illinois Observed Performance**

18B-20A	19A20B	19B-21A	20A-21B	20B-22A	21A22B	FFY22	22B-23A	FFY23		National Performance	Meeting?	Trend
4.4%	4.1%	4.4%	5.2%	5.3%	5.0%	DQ	DQ	DQ		5.6% or less	DQ	DQ

*DQ = Data Quality: Errors exceeded max allowed)*

**Permanency in 12-23 Months - Illinois, Observed Performance**

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	22B-23A	FFY23	23B24A	FFY24	National Performance	Meeting?	Trend
24.0%	21.2%	21.4%	21.7%	22.1%	21.9%	22.5%	25.2%	25.5%	27.0%	43.8% or more	No	UP

**Permanency in 24+ Months - Illinois, Observed Performance**

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	22B-23A	FFY23	23B24A	FFY24	National Performance	Meeting?	Trend
30.2%	26.6%	26.6%	28.2%	28.7%	28.6%	27.0%	31.0%	32.6%	32.6%	37.3% or more	No	WATCH

**Initiatives:**

The **KIND Act** will support timely permanency by supporting non-traditional placement providers that are more likely to lead to permanency, as well as supporting increased use of the Subsidized Guardianship goal without having to rule out Adoption first.

**FARE** may be resulting in fewer placement moves that do not meet the case plan goals for the youth.

**Motivational Interviewing Pilot**

Motivational Interviewing (MI) is a collaborative, goal-oriented communication style that strengthens a person’s own motivation and commitment to change. It is grounded in empathy, respect, and the belief that people are more likely to grow when they feel heard and supported rather than judged. Motivational Interviewing matters because it helps support worker well-being, reduce burnout, and improve client engagement. This is important in supporting improved achievement of Safety, Permanency and Well-Being outcomes.

Motivational Interviewing is available in foundations and as an on-demand training. Competency is assessed using the Motivational Interviewing Competency Assessment (MICA) Tool. The MICA tool is being piloted with Investigations, and Intact/Permanency Caseworkers/Supervisors.

## **Community-Based High-Fidelity Wraparound**

Wraparound is a holistic, family-driven planning process that brings together a team of natural supports and professionals to create a plan that fits their unique needs. The goal is to help families achieve stability, well-being, and permanency by coordinating services and supports in a way that honors their voice and their strengths. The goal of Wraparound is to improve timely permanency through holistic, family-driven care coordination. Wraparound addresses complex needs of children, youth and families, and helps build trust with families. Wraparound is currently available in 57 Illinois counties and is expanding into Prevention services as well.

## **Permanency Reviews**

Agency Performance Monitoring and Execution (APME) meets monthly in person with CWCA permanency, subsidy and adoption staff to discuss status of subsidy packets to identify and assist in the correction of any barriers related to permanency, including progress towards permanency goals. There is continued follow up related to youth moving toward adoption, guardianship or return home. The APME monitor documents the progress in the IDAH (I Deserve a Home) database to identify next steps for the subsidy and permanency cases.

## ***ICIP-DCFS Joint Project Update: See Chapter 1: Collaboration***

Illinois' Court Improvement Plan (ICIP), in collaboration with DCFS, has continued to advance the federally required Joint Project aimed at promoting timely permanency through the development of a uniform caseworker court report. This project was identified and developed in response to feedback from Illinois judges who have consistently expressed the need for standardized, high-quality court reports that clearly document progress toward permanency goals.

The report is designed to include updates on case plan progress and key case information, along with a data dashboard that prominently displays the below six key CPDC court performance measures. The dashboard includes:

- Total number of days the youth has been in care
- Time from Original Petition to Adjudication Hearing
- Time from Original Petition to Disposition Hearing
- Time from Original Petition to First Permanency Hearing
- Time from Original Petition to Last Permanency Hearing
- Time from Original Petition to TPR Hearing (if applicable)

During the last twelve months, the ICIP-DCFS team identified and approached two local court jurisdictions to serve as initial pilot sites. The team met with both judges to provide a project overview and review the draft caseworker court report template in detail. Both judges offered substantial feedback, requiring early revisions to the court report and accompanying written caseworker instructions. Another round of modifications is being made to incorporate Safe Model language and an additional section on family findings, in alignment with the recently passed KIND Act.

Additionally, the ICIP-DCFS team is currently working to coordinate an informational meeting with courtroom attorneys at each site to provide a full overview of the project and secure broader buy-in for participation. At the same time, DCFS Legal is working with their Policy Division to approve the caseworker court report template for piloting. Once approved, the team will coordinate

a similar informational meeting with local agency caseworkers before the testing period begins. It is anticipated there may be additional modifications to the report template resulting from feedback after the testing period.

Following the initial pilot, the ICIP-DCFS team plans to expand testing to additional sites before the full statewide rollout. The long-term goal remains to integrate the finalized court report template into Illinois Connect, the state agency’s new case management system, to support consistent and streamlined court reporting across Illinois. [For more information, please refer to Illinois’ 2025 CIP Grant Application-Joint Project]

**PIP Measurement Data for P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN**

While Illinois did not have any PIP Goals related to Permanency 2 (Items 7-11<sup>4</sup>), it did keep that Outcome firmly in view:

Illinois CFSR 3 PIP Measurement Performance Data, % Cases Rated a Strength for Each Item by Measurement Period (MP)

Item	2019	2020	2021	2022	2023 - 2024						TREND	Overall Direction	
	Baseline	MP1	MP2	MP3	April - Sep	May - Oct	June - Nov	July - Dec	Aug - Jan	Sept - Feb			Oct - March
P2	60	55	52.5	60	57.5	60	60	64.1	64.1	61.54	64.1		↑
7	100	88.2	77.8	86.7	84.62	88	84.62	81.48	82.76	75.86	79.31		↓
8	55.9	47.2	50	54.3	59.46	60	62.86	68.57	64.71	61.76	60		↑
9	75	67.5	70	80	72.5	72.5	72.5	74.36	79.49	76.92	82.5		↑
10	81.6	84.2	71.8	84.6	85	80	80	79.49	87.18	81.58	81.58		—
11	45.2	48.5	42.4	46.7	60.61	57.58	54.55	56.25	59.38	59.38	53.57		↑

Since Illinois began its CFSR 3 reviews with the Baseline in 2019, Permanency Outcome 2 overall trended in a positive direction. Three of the 5 associated items also trended in a positive direction, whereas Item 7 (placement with siblings) trended in the wrong direction and Item 10 (placement with relatives) was flat overall.

All the cases rated Area Needing Improvement (ANI) in Item 7 involved sibling groups of 3 or more children (as high as 7) in the family, all in foster care. The theme across all cases was the lack of available foster homes to accommodate all children in the family, and sometimes this included foster parents who were unable to care for one or more of the siblings due to their behavior (there was also a lack of efforts to support the foster parent and stabilize the placement). For some of the Item 7 cases rated ANI, the reason was related to add-on children (i.e., new siblings/babies born to the mother over time and the eventual limit of the number of siblings a foster parent could accommodate of the older siblings to accommodate any more children. It is incumbent up on the agency to continuously explore placements to accommodate all children in a family, however it also becomes a decision of what’s more important – keeping children stable in their placement where they have been for years or bringing all siblings together under the same roof.

The theme across cases rated Area Needing Improvement (ANI) in Item 10, was uniformly related to the lack of ongoing efforts to locate relatives both maternal and paternal: some initial efforts were noted, but they were not ongoing. It is unclear why Family Finding is not resulting in improved efforts to continuously be looking for potential relative placements.

The Statewide Parent Advisory Committee (SPAC) provided recommendations to DCFS regarding family visitation, as they reported circumstances under which parent visits with their children in foster care were missed due to the youth in care not being available for the visits and

those missed visits were held against the parent. SPAC's recommendations on visitation were the foundation for the development of a family visitation dashboard to better support quality improvement efforts around the frequency and quality of family visitation. There was also a recommendation from stakeholder collaborations in April and May 2024 to promote more support to keep children connected with kin and a path to reunification. Youth in care also highlighted that from their experience, permanency planning calls for caring and informed, consistent and persistent engagement by caseworkers with youth. Stakeholders recommend that DCFS needs to improve child and family teaming, kinship navigation, and family finding.

**Current or Planned Activities:** Illinois has made considerable and ongoing efforts to improve the experience of the families involved in our child welfare system, and to improve their permanency outcomes. There is still work to be done, which Illinois continues to focus on system-wide. Data is consistently being monitored and evaluated by Permanency leadership and DCFS Executive leadership in order to assess progress and need for ongoing or new initiatives.

Implementation of the SAFE practice model is expected to provide an increased sense of urgency for permanency, and in particular reunification. The purpose of SAFE is to keep children safe while restoring caregivers to their protective role and responsibility. This will be achieved through enhanced initial and ongoing assessments of the family strengths and needs, beginning at the hotline, throughout the investigation, and at each step of the case through to closure. All operational staff will be utilizing new safety assessments that evaluate Present Danger (immediate safety concern) and Impending Danger. Staff will then immediately begin Impending Danger planning with the goal of keeping the family together or reuniting the family quickly by identifying conditions for return at the time of removal. Protective Capacity Assessments, case planning, change-focused contacts, and regular progress assessments will keep the case moving forward as expeditiously as possible.

Skill building with direct service staff through implementation of Motivational Interviewing is also expected to result in a more supportive and positive experience for families served. Partnerships with court stakeholders to reduce permanency delays are expected to further improve permanency timeframes for youth in care.

#### **Update for June 30, 2025:**

The aggregate IL CFSR 4 data for September 2024 – March 2025 indicates that Outcome Permanency 2 was rated Substantially Achieved in 78% of the cases (61 of 78 foster care cases). Item 7 was rated a Strength in 92% of the cases (55 of 60 applicable cases), Item 8 was rated a Strength in 63% of the cases (39 of 62 applicable cases), Item 9 was rated a Strength in 92% of the cases (72 of 78 cases), Item 10 was rated a Strength in 89% of the cases (68 of 76 applicable cases), and Item 11 was rated a Strength in 57% of the cases (26 of 46 applicable cases). These data reflect improvement over our CFSR 3 PIP Measurement data (see [above](#)) and have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at permanency statewide meetings. Underlying reasons are also communicated, based on case type, for the purposes of using the information in CQI cycles of improvement. Systemic trends noted in the IL CFSR 4 reviews:

- The agency did not seek enough placements that would accommodate a sibling group
- Barriers to sibling and parent-child visitation were not addressed (e.g., transportation, coordination among several foster parents/agencies to arrange for sibling visits, parental incarceration, accommodation of parent medical needs, etc.)

- Children were visiting with extended family, participating in family events like holidays and birthday celebrations. Many were living in the same community and attending the same schools they were before coming into care.
- For youth in care who were not placed with a relative, during the PUR relatives were not regularly re-evaluated as placement resources.
- Parent(s) not being invited, encouraged, or been given the opportunity to participate in the child’s activities, medical appointments, extra-curriculars, or school functions outside of visits. The agency lacked promotion of the parent-child relationship outside of visits or did not offer resources to ensure a meaningful relationship was being promoted.

**Initiatives:**

Please see SAFE Model and KIND Act updates in Item 1, and Motivational Interviewing in P1.

*WELL-BEING*

**PIP Measurement Data for WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS**

Illinois has demonstrated achievement of its PIP Goals for Items 12 – 15 during the Measurement Reviews, and *sustained* improvement:

**Illinois CFSR 3 PIP Measurement Performance Data, % Cases Rated a Strength for Each Item by Measurement Period (MP)**

Bold text = CFSR 3 Items that the state was required to establish PIP Goals for  
Green shaded cells = PIP Goal Met

Item	2019	2020	2021	2022	2023 - 2024								TREND	Overall Direction
	Baseline	MP1	MP2	MP3	April - Sep	May - Oct	June - Nov	July - Dec	Aug - Jan	Sept - Feb	Oct - March			
WB1	40	38.5	33.8	49.2	50/77	49.2	50.8	50.8	56.9	55.4	56.9		↑	
<b>12</b> (Goal=54%)	49.2	41.5	33.8	52.3	53.9	52.3	53.9	55.4	61.5	58.5	63.1		↑	
<b>13</b> (Goal=51%)	46.7	44.4	46	57.1	65.6	62.3	62.3	65.6	68.9	68.9	68.9		↑	
<b>14</b> (Goal=78%)	73.8	78.5	83.3	84.6	89.2	87.7	87.7	86.2	84.6	81.5	83.1		↑	
<b>15</b> (Goal=44%)	39.3	32.8	40.4	49.1	49.2	47.5	49.2	44.8	47.4	45.6	45.3		↑	

**Item 12: Needs and services of child, parents, and foster parents**

Illinois achieved its PIP Goal for this Item 2 Measurement Period 7 and has sustained that every Measurement Period since (see above). The evaluation of Item 12 is based on its sub-items (Needs Assessment and Services to Children [12A], Needs Assessment and Services to Parents [12B], and Needs Assessment and Services to Foster Parents [12C]). Regardless of case type (foster care or in-home), performance is always highest for Children. Performance for Parents is always highest among the in-home cases (although there has been steady improvement in the foster care population related to mothers and particularly fathers). In the foster care population, more cases are rated a Strength for Foster Parents than for Parents. Changes in expectations around practice specific to parents is contributing to improved practice in Item 12 overall.

ACR data also provides context about timely and appropriate services/supports provided to mothers, fathers, and youth in care and whether services/supports were effective in resolving the reason for involvement or increasing strengths for mothers, fathers, and youth in care. These two ratings roll up into a subsection rating for the quality and effectiveness of services and supports, which was rated as a strength in 67.5% of cases reviewed during state fiscal year 2024. This subsection rating is relatively consistent with the PIP measurement performance data in the table above. Concerns about service delivery identified during ACR’s are included in the ACR feedback reports that are distributed after each ACR to the caseworker, casework supervisor, agency

monitor, and other relevant entities depending on the nature of the concerns. Agency monitors follow up with the assigned team/agency during monthly monitoring visits.

**Item 13: Child and family involvement in case planning**

Illinois achieved its PIP Goal for this Item during Measurement Period 3 and has sustained that every Measurement Period since (see above). As with Item 12, improved performance in Item 13 is connected to improved practice with parents, particularly with fathers.

Data collected through the Administrative Case Review system (ACR; only for foster care cases) confirms improvement in ensuring case plans are developed with parents and youth from FY23 to FY24, Q1-3:

Case Plans developed w/:	FY23 (Q1-4), FY 24 (Q1-3),	
	% Yes	% Yes
<b>Mother</b>	46.7%	48.6%
<b>Father</b>	37.3%	41.7%
<b>Youth</b>	42.3%	44.4%

In SFY 2024, the Division of Quality Assurance’s Quality Enhancement Support Team (QUEST) launched a new, qualitative case review process for Cook Region Intact cases. This was in support of the ongoing Cook County Intact CFTM Pilot with technical assistance from the Capacity-Building Center for States. The new tool and associated process mimicked the qualitative ACR review tool in that the practice priorities are CFTM, Case Planning, Caseworker In-Person Visits, and Quality of Supervision.

Initial data from this new review process for Intact cases in Cook County in FY24:

- Quality of CFTMs (overall rating): In Q1 **12.3%** of cases were of “passing” quality, rated as either “Outstanding Performance” (all essential elements of a quality CFTM were observed in case notes) or “Good Performance” (only the “Prep” meeting was not observed in case notes, otherwise all other elements were observed). In FY24 Q2, the combined Outstanding and Good Performance for quality CFTMs was **19.1%**. These reviews are used in Coaching to refine areas of support at each individual agency/DCFS team.
- Quality of Case Planning (overall rating): FY24 Q1 (“passing”) was **17%**, and FY24 Q2 was **11.9%** (“passing”). It is believed that the decline in this data is more about a data quality correction versus worsening performance, i.e., the reviewers becoming more familiar with the review tool and as a result rating more accurately. (The same pattern was observed for Case Planning data in the ACR process in September 2022.)
- Developing the case plan jointly with the family suggests improvement from Q1 to Q2 for all stakeholders except paramours:

**Item 14: Caseworker visits with child**

Illinois achieved its PIP Goal for this Item during Measurement Period 1 and sustained that for every Measurement Period that followed (see above). As with all previous years, the data is better for foster care cases than for in-home cases, typically because the foster care cases in the sample are focused on a singular child versus all children in the family for the in-home cases. Additionally, investigations that were included in the in-home sample were often rated Area Needing Improvement because DCP workers do not routinely make ongoing, monthly visits to the home during the investigation.

For required federal monthly visits reporting, in FFY23 Illinois was able to achieve 94% of all children in foster care seen at least monthly. Tracking this data and improving performance throughout the month is an ongoing CQI activity for Quality Assurance, Permanency, and APME. The state aims to hit the 95% requirement for FFY24.

Illinois Department of Children and Family Services  
Monthly Caseworker/Child Visits Statistics - FFY2023

Number of Cases	# Months IP Visits Occurred	# Months Video Visits Occurred	# Months IP + Video Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	# Months Video Counted as in Residence	# Months IP In Res + Video Visits In Res Occurred	% Monthly Contact	% Occurred In Residence
22,234	191,634	673	192,307	204,347	184,900	673	185,573	94	96

Illinois Department of Children and Family Services  
Monthly Caseworker/Child Visits Statistics - FFY2023

Number of Cases	# Months IP Visits Occurred	# Months Video Visits Occurred	# Months IP + Video Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	# Months Video Counted as in Residence	# Months IP In Res + Video Visits In Res Occurred	% Monthly Contact	% Occurred In Residence
22,234	191,634	673	192,307	204,347	184,900	673	185,573	94	96

ACR data evaluating the *quality* (not frequency) of **in-person caseworker contacts with children in foster care** looks similar to the PIP Measurement data above:

Region	FY21 Total	FY22 Total	FY23 Total	FY24 (Q1-3)
	%Strength	%Strength	%Strength	%Strength
Central	83.3%	84.7%	89.4%	92.6%
Cook	88.8%	86.5%	84.5%	85.3%
Northern	84.5%	87.0%	87.6%	88.9%
Southern	80.3%	79.2%	81.7%	83.0%
<b>STATE</b>	<b>84.6%</b>	<b>84.6%</b>	<b>86.1%</b>	<b>87.9%</b>

In-Home data for this Item reflects the challenges in seeing all children during in-person visits:

**IP Measurement Data**

145 days+ with a Safety Plan, and (1) EFSP *per Measurement Period*

Item	2023 - 2024										
	2019 Baseline	2020 MP1	2021 MP2	2022 MP3	April - Sep MP4	May - Oct MP5	June - Nov MP6	July - Dec MP7	Aug '23 - Jan '24 MP8	Sept - Feb MP9	Oct - March MP10
14	60.0%	68.0%	75.0%	72.0%	92.0%	84.0%	84.0%	76.0%	76.0%	72.0%	68.0%

The data reflects a bell-curve: lower at either end of the PIP Measurement periods, with several high-performing Measurement Periods (MP4-6) in the middle. During Measurement Periods 4-6 it is unclear why the performance was so much better than in the periods surrounding them, as the sampling process remained the same throughout and there were no specific initiatives that were launched and captured during those periods. Illinois notes that our performance during our last Measurement Period was higher than our Baseline.

The Superseding Implementation Plan (SIP) was approved in 2023 by Judge Alonso, the federal judge overseeing the BH Consent Decree. The BH SIP includes a workplan focused on improving

caseworker engagement with families. Work continues to improve performance. This workplan was developed with the court-appointed BH Experts. The Permanency leadership is very focused on improving the quality of caseworker contacts with children, as are DCP and Intact.

**Item 15: Caseworker visits with parents**

Illinois achieved its PIP Goal for this Item during Measurement Period 3 and sustained that every Measurement Period since (see above). As with Item 14, The BH SIP includes a workplan focused on improving caseworker engagement with families, and work continues to improve performance. This workplan was developed with the court-appointed BH Experts. The Permanency leadership is very focused on improving the quality of caseworker contacts with parents, as is DCP and Intact.

The PIP Measurement data for Item 15 is generally more positive for intact cases. There is at least one applicable parent with whom the agency is having monthly visits. Many intact cases have a non-custodial parent who is ‘Not Applicable’ for monthly visits. Investigations that were included in the in-home sample were often rated ‘Area Needing Improvement’ as DCP workers do not make ongoing, monthly visits to the home during the investigation. The data specific to fathers is worse than for mothers, however, there has been a significant improvement in performance.

ACR data evaluating the *quality* (not frequency) of **in-person caseworker contacts with mothers and fathers** on foster care cases looks similar to the PIP Measurement data above (Item 15, results which are highly impacted by quality of visits with fathers):

SUB-SECTION RATING: QUALITY OF CW-MOTHER CONTACTS				SUB-SECTION RATING: QUALITY OF CW-FATHER CONTACTS			
	% STRENGTH				% STRENGTH		
	FY22	FY23	FY24 Q1-3		FY22	FY23	FY24 Q1-3
Central	62%	55%	56%	Central	47%	41%	41%
Cook	55%	54%	55%	Cook	30%	41%	46%
Northern	61%	57%	60%	Northern	40%	43%	44%
Southern	48%	60%	60%	Southern	35%	50%	50%
<b>Statewide</b>	<b>57%</b>	<b>56%</b>	<b>57%</b>	<b>Statewide</b>	<b>39%</b>	<b>43%</b>	<b>44%</b>

The agency performance dashboard data includes metrics for ongoing monthly parent worker visits for intact family cases and statewide performance for state fiscal year 2024 was at 95.7%. The agency performance dashboard for traditional and relative foster care cases includes metrics for monthly in-person caseworker contacts with parents with a goal of reunification for the child in care and statewide performance for state fiscal year 2024 was at 52.8%.

**Update for June 30, 2025:**

**Item 12: Needs and services of child, parents, and foster parents**

The ACR subsection rating for the quality and effectiveness of services and supports was rated as a strength for 68% of children reviewed for state fiscal year 2025 as of May 5, 2025, which is consistent with the PIP measurement performance data above under Item 12.

**Item 13: Child and family involvement in case planning**

Data collected through the ACR system for foster care cases on the quality rating for ensuring case plans are developed with parents and youth for SFY25 Q1-3 was a strength for mothers 48.6% of the cases, for fathers at 40.1%, and for youth at 45.1%.

QEST review data for families served by in-home services identified the following strength ratings:

Quality of CFTMs (overall rating): Final FY24 data was 18% and for SFY25 Q1-2 was 27%.

Quality of Case Planning (overall rating): Final SFY24 was 16% and for SFY25 Q1-2 was 33%.

Ratings for developing the case plan jointly with the family suggests improvement from SFY24 to SFY25 Q1-2 for case members as follows:

Mothers 54% to 78%  
 Fathers 23% to 49%  
 Paramours 10% to 36%  
 Youth 28% to 54%

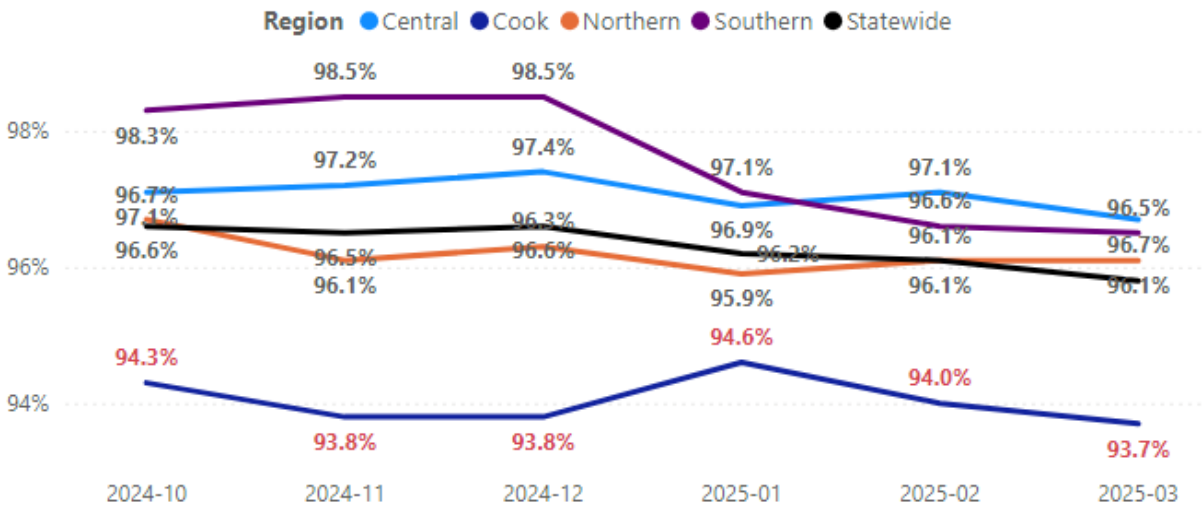
**Item 14: Caseworker visits with child**

Illinois Department of Children and Family Services Monthly Caseworker/Child Visits Statistics, FFY24							
Number of Cases	# Months IP Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred In Residence	Actual Monthly Contact %	Actual Occurred In Residence %
21,521	183,758	193,471	178,068	95	97	94.98	96.90

**Federal Monthly Visits - FY25 data as of 3/31/25 (as of 5/2/25):**

Illinois Department of Children and Family Services Monthly Caseworker/Child Visits Statistics, FFY25 as of 4/16/25							
Number of Cases	# Months IP Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred In Residence	Actual Monthly Contact %	Actual Occurred In Residence %
17,443	86,928	90,479	84,780	96	98	96.08	97.53

Monthly Child Visits Percentage by Region



ACR data evaluating the *quality* (not frequency) of **in-person caseworker contacts with children in foster care** looks similar to the PIP Measurement data above (NOTE: updated for FFY25; data reflects consistent improvement over time):

Region	FY21 Total	FY22 Total	FY23 Total	FY24 Total	FY25 (Q1-3)
	%Strength	%Strength	%Strength	%Strength	%Strength
Central	83.3%	84.7%	89.4%	92.6%	94%
Cook	88.8%	86.5%	84.5%	85.3%	91%
Northern	84.5%	87.0%	87.6%	89.6%	92%
Southern	80.3%	79.2%	81.7%	84.0%	93%
<b>STATE</b>	<b>84.6%</b>	<b>84.6%</b>	<b>86.1%</b>	<b>89%</b>	<b>92%</b>

In-Home data for this Item reflects the challenges in seeing all children during in-person visits:

**IP Measurement Data**

.45 days+ with a Safety Plan, and (1) EFSP *per Measurement Period*

Measurement Period					2023 - 2024						
	2019	2020	2021	2022	April - Sep	May - Oct	June - Nov	July - Dec	Aug '23 - Jan '24	Sept - Feb	Oct - March
Item	Baseline	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10
14	60.0%	68.0%	75.0%	72.0%	92.0%	84.0%	84.0%	76.0%	76.0%	72.0%	68.0%

The data reflects a bell-curve: lower at either end of the PIP Measurement periods, with several high-performing Measurement Periods (MP4-6) in the middle. During Measurement Periods 4-6 it is unclear why the performance was so much better than in the periods surrounding them, as the sampling process remained the same throughout and there were no specific initiatives that were launched and captured during those periods. Illinois notes that our performance during our last Measurement Period was higher than our Baseline.

The Superseding Implementation Plan (SIP) was approved in 2023 by Judge Alonso, the federal judge overseeing the BH Consent Decree. The BH SIP includes a workplan focused on improving caseworker engagement with families. Work continues to improve performance. This workplan was developed with the court-appointed BH Experts. The Permanency leadership is very focused on improving the quality of caseworker contacts with children, as are DCP and Intact.

**Item 15: Caseworker visits with parents**

Please see the aggregate IL CFSR 4 data for September 2024 – March 2025 [here](#). These data reflect decline in performance from our CFSR 3 PIP Measurement data (see [above](#)). These data have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at permanency statewide meetings. Underlying reasons are also communicated, based on case, type for the purposes of using the information in CQI cycles of improvement.

Current ACR data specific to the sub-section “Quality of CW-Mother Contacts” and “Quality of CW-Father Contacts” shows improvement, particularly in Southern:

	FY24 Total		FY25 Q1-3	
	Mom	Dad	Mom	Dad
	%Strength	%Strength	%Strength	%Strength
Central	55.8%	42.0%	56.1%	45.4%
Cook	56.1%	45.5%	55.5%	42.3%
Northern	60.5%	45.2%	57.0%	43.8%
Southern	60.3%	50.8%	68.3%	58.4%
STATE	57.7%	45.1%	58.5%	46.9%

Systemic trends noted in the IL CFSR 4 reviews for WB1:

- Assessments tend not to be ongoing, truly comprehensive, accurately identifying service needs (e.g., knowing what after-school activities a child might be in, don’t assess foster parents, lack of observations such as attachment/non-verbal behaviors, etc.)
- Lack of follow-up on services needed
- Inconsistent concerted efforts to actively engage parents in case planning (giving vs. developing jointly), including using CFTMs; lack of all children in Intact cases

- Lacking intentional & ongoing planning at critical junctures (e.g., reunification, adoption, TPR, etc.)
- In-person visits with children: frequency usually adequate, but the quality of visits lack intention and purpose
- In-person visits with parents, especially fathers: frequency inadequate, visits lack intention and purpose
- Newer, younger staff / different generation / different priorities (fear, lack of experience, texting/emailing versus talking); supervisors who are also new and lack experience

**Initiatives:** For updates on Motivational Interviewing, please click [here](#).

Please also see [SAFE Model](#) and the [KIND Act](#) updates in Item 1.

### PIP Measurement Data for WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

**Illinois CFSR 3 PIP Measurement Performance Data, % Cases Rated a Strength for Each Item by Measurement Period (MP)**

**Bold text** = CFSR 3 Items that the state was required to establish PIP Goals for

*Green shaded cells = PIP Goal Met*

Item	2019	2020	2021	2022	2023 - 2024						TREND	Overall Direction	
	Baseline	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9			MP10
WB2	96.8	92.1	91.4	97.4	86.8	87.8	90.7	95.0	97.4	70.7	92.3		↓
16	96.8	92.1	91.4	97.4	86.8	87.8	90.7	95.0	97.4	70.7	92.3		↓

#### Item 16: Educational Needs of the Child

Of all PIP items, Illinois performed best on Item 16. The data indicates fluctuating performance here and there during the entire period (2019 – 2024), however performance was above baseline during two measurement periods (MP3 and MP8). Not every case is evaluated for this item, depending on the reason for case opening, so performance is always subject to a varying number of applicable cases. Reviewers note that caseworkers are aware of specific, identified educational or developmental needs, and they document these. It has been noted that there is a lack of follow-up to ensure that the child’s needs are met through appropriate services.

Collaborations with stakeholders in April and May 2024 resulted in recommendations for better supports to youth around their educational journey from preschool through post-secondary education. Stakeholders also identified systemic challenges in meeting the developmental and educational needs of children and youth with special needs and disabilities. A recommendation was made for DCFS to partner with schools to better integrate child welfare considerations into the educational environment.

#### Update for June 30, 2025:

Please see the aggregate IL CFSR 4 data for September 2024 – March 2025 in the table below. These data reflect decline in performance from our CFSR 3 PIP Measurement data (see [above](#)). These data have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at permanency statewide meetings. Underlying reasons are also communicated, based on case type, for the purposes of using the information in CQI cycles of improvement.

#### Updated IL CFSR 4 Data, September 2024 – March 2025 aggregate data:

	FFY25 %Strength	FFY26 %Strength	FFY27 %Strength	FFY28 %Strength	FFY29 %Strength
<b>Outcome WB2</b>	<b>86.6%</b>				

	<b>FFY25 %Strength</b>	<b>FFY26 %Strength</b>	<b>FFY27 %Strength</b>	<b>FFY28 %Strength</b>	<b>FFY29 %Strength</b>
	<b>Substantially Achieved</b>				
Item 16	86.6%				

Systemic trends noted in the IL CFSR 4 reviews for WB2:

- Caseworkers and foster parents failed to follow up with schools to ensure that children’s needs were continually assessed and services provided to meet identified needs. For children who had existing Individualized Education Plans (IEPs), those plans were not re-evaluated annually. Some children were truant without follow-up.

DCFS’ K-12 Education Services remains committed to supporting the educational success of youth in care from kindergarten to 12th grades. During fiscal year 2025, the Office of Education and Transition Services (OETS) continued in our partnership with Northern Illinois University Educational Access Program (NIU EAP) for students identified as needing additional support due to academic challenges, behavioral concerns, placement changes, or attendance issues. The advisors are located in the four regions of the State and are assigned to work collaboratively with the student, casework staff, foster parents, and school personnel to ensure programs are in place to promote academic success and stability. The impact of these programs is tracked through monthly reports documenting efforts and progress. In addition:

- OETS added an additional layer of support by creating the position of Education Service Reviewer whose responsibilities include working with school officials in identifying our youth in care to ensure they receive appropriate services, provide oversight of the contract with NIU by guaranteeing that problem areas have been fully addressed and no other needs are present for students in care, and by tracking our students who may be hospitalized or placed out of state to facilitate that their educational needs are met appropriately.
- OETS has also been in the process of rolling out an educational portal that will provide our school partners a way to readily identify our youth in care and notify us of any issues that may exist through a direct link to NIU.
- Plans for Fiscal year 2026 include developing an informational transmittal, in partnership with the Guardian’s Office reiterating the importance of timely school enrollment and supporting the coordination with school districts to ensure that the best interest of our youth is being met at the previous school or in the new school environment.
- Providing training to new caseworkers on the importance of education to the well-being of youth in care in foundation training classes.
- Plans in motion to ensure that the education portal is rolled out to all districts in the state by the end of the fiscal year.

## PIP Measurement Data for WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Illinois CFSR 3 PIP Measurement Performance Data, % Cases Rated a Strength for Each Item by Measurement Period (MP)														
Bold text = CFSR 3 Items that the state was required to establish PIP Goals for														
Green shaded cells = PIP Goal Met														
Item	2021				2022				2023 - 2024				TREND	Overall Direction
	2019	2020	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10		
WB3	64.8	63.2	57.9	53.4	74.6	78.3	75.9	74.6	74.1	76.0	70.7		↑	
17	75	75.5	60	66.7	82.0	86.3	81.3	79.6	79.2	72.0	76.0		↑	
18	64.5	68.6	76.5	61.1	81.1	81.6	80.6	79.4	75.0	71.0	77.4		↑	

Overall, there has been a trend toward improvement for both items included in the evaluation of Outcome WB3. There are efforts to enhance the array of resources available particularly as it relates to mental/behavioral health. This should improve practice related to Items 17 and 18.

### Item 17: Physical Health of the Child

In Item 17, assessment of physical and dental health needs is evaluated, along with whether appropriate services were provided for any identified needs. Not every case is evaluated for this item, depending on the reason for case opening, so performance is always subject to the number of applicable cases. Typically, the data is better for youth in foster care, than for the in-home sample. The data is typically better as it relates to physical health assessments and service provision. CFSP Addendum B Healthcare Oversight Plan has data tables for various metrics on physical health of children in foster care. In summary, the trend for state fiscal years 2021-2024 for well child visits ranges from 95% to 97%, for immunization compliance ranges from 73% to 81%, for primary care physician enrollments ranges from 87% to 89%, and for dental visits ranges from 52% to 75%. Physical health data is not available for children in intact family services cases.

Illinois' policy for when a child should receive their first dental appointment is very different than what was expected in the CFSR 3. In Illinois, policy and subsequent practice support the first dental appointment occurring at 2 years of age. In the CFSR 3 the expectation is that the children will receive their first dental appointment when they cut their first tooth, as this is in alignment with the American Academy of Pediatric Dentistry (AAPD). There is also a long-standing resource issue statewide (but particularly challenging in more rural parts of the state) related to dentists that are willing to see very young children and dentists that are willing to provide dental services for youth in care with a medical card (Medicaid). Many dental providers, especially in rural areas, do not accept Medicaid. This is also an area of discussion with HFS and Youthcare (contractor for physical and behavioral health services for youth in care).

Since 2022; Youthcare has been responsive to concerns expressed by DCFS. Initial and annual health assessments have increased from 76% to 99%. Primary Care Physician assignment within 30 days is at 99%. Annual visits with a Primary Care Provider improved from 20%-52% (during the pandemic) to 81%. Annual visits with a dental provider have increased from 22% to 64%. Immunizations being current is 31% with children and 45% with adolescents.

YouthCare provided 175 training events in 2023, which were attended by 2,200 participants. Training topics included:

- Adverse Childhood Experiences
- Trauma Informed Interventions
- Promoting Understanding and Healing in Adoption and Foster Care
- Human Trafficking – The Risk within Child Welfare
- Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM-CANS)

### **Item 18: Mental/Behavioral Health of the Child**

In Item 18, assessment of mental and/or behavioral health needs is evaluated, along with whether appropriate services were provided for any identified needs. Not every case is evaluated for this item, depending on the reason for case opening, so performance is always subject to the varying number of applicable cases. Across the CFSR 3 PIP Measurement Periods, 206 out of 392 of cases were applicable for this Item (or 52.5%). The performance in foster care cases was at 73% strength in comparison to the in-home cases which was at 68% strength (a 5% point difference). Problem areas were related to a lack of follow up on identified mental/behavioral health needs, specifically for youth with Autism and/or very challenging behavioral needs. In response to concerns expressed by DCFS to YouthCare since 2022, YouthCare has been responsive. Provider networks have been substantially expanded at our request to ensure children and youth can be seen timely for physical and behavioral health needs. This network expansion remains a work in progress in the more rural areas of the state. The expectation is under 30-minute travel time for specialty care in urban areas and 90 minutes in rural areas. There are currently 29,000 Behavioral Health providers under contract with Youthcare to provide services to youth in care. Applied Behavioral Analysis (ABA) was recently added to the services approved for payment by Youthcare. There are currently 33 dedicated Autism Treatment providers in 54 locations around the state. YouthCare has approved 99% of behavioral health treatment requests and 95% of physical health treatment requests.

**Current and Planned Activities:** As described in this section, there are plans in place to improve the quality of engagement with families by caseworkers, the quality of physical health and behavioral health services to youth in care, and to expand the array of services available to serve and support families in their own communities. In order to improve the quality of case planning with families, caseworkers need to be able to refer families to the supports and services they need. Those services must be relevant, available, and accessible where and when families need them. The DCFS partnership with HFS and YouthCare is beginning to result in expanded access to services for youth in care. Collaboration with community providers over the next five years will be necessary to encourage expansion of needed services into communities where they are currently needed, but not available for parents to maintain children safely at home or achieve safe reunification with children in foster care. Ongoing implementation of Motivational Interviewing and the future implementation of the SAFE practice model are expected to improve the well-being of children served by DCFS and CWCA partners. Goal 4 in chapter 3 is to strengthen the structure and process for Continuous Quality Improvement to engage relevant stakeholders in the Plan/Do/Study/Act cycles. By improving CQI structures and processes across the state and in collaboration with stakeholders, DCFS can make necessary practice changes to improve well-being outcomes for children and families served using data and small tests of change to inform improvement efforts and strategies.

#### **Update for June 30, 2025:**

Please see the aggregate IL CFSR 4 data for September 2024 – March 2025 in the table below. These data reflect decline in performance from our CFSR 3 PIP Measurement data (see [above](#)). These data have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at permanency statewide meetings. Underlying reasons are also communicated, based on case type, for the purposes of using the information in CQI cycles of improvement.

**Updated IL CFSR 4 Data, September 2024 – March 2025 aggregate data:**

	<b>FFY25 %Strength</b>	<b>FFY26 %Strength</b>	<b>FFY27 %Strength</b>	<b>FFY28 %Strength</b>	<b>FFY29 %Strength</b>
<b>Outcome WB3</b>	<b>66.2% Substantially Achieved (59/89)</b>				
Item 17	75.6% (62/82)				
Item 18	66.2% (33/53)				

Systemic trends noted in the IL CFSR 4 reviews for WB3:

- Where physical/dental health needs were identified, there was a lack of follow-up for services and other ongoing assessments
- Where there were mental/behavioral health needs identified, there was either a lack of assessments and/or follow-up to service needs, or psychotropic medication was not monitored or logged.

**Initiatives:** Medical and behavioral health needs of youth in care are monitored and supported by different staff roles in separate divisions of DCFS. Efforts are underway to streamline and consolidate these duties under one program area, although a definitive plan has not yet been finalized. The effort is intended to result in better monitoring and continuous improvement around healthcare delivery for youth in care and healthcare consultation for intact families served that include a child or children with medical or behavioral health needs.

**SYSTEMIC FACTORS**

**Statewide Information System (ITEM 19)**

**ITEM 19:** *How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

**Response:** The Illinois statewide information system (which includes SACWIS, CYCIS, MARS, side systems [approximately 50 smaller data entry/collection systems such as the ACR database that are outside of our major systems], data warehouse and reporting structures, any software or business intelligence service purchased for use [such as Augintel]) is pivotal in ensuring that all relevant information about children in foster care is accurately captured, maintained, and easily accessible to authorized personnel. The SACWIS and supporting Legacy systems meet the federal requirements and standards for data collection, management, and reporting, thereby supporting the state's child welfare programs effectively.

**Data Entry and Update Processes**

In Illinois, the process for updating children's information within the statewide information system is meticulous and well-structured. Each entry is marked with date stamps for creation and change to ensure that the most recent updates are always identifiable. The system also utilizes automated ticklers and reminders to alert caseworkers about critical dates and required updates, ensuring that no important information is overlooked.

Data entry is primarily the responsibility of designated caseworkers and administrative staff who are trained to use the system efficiently. These individuals are responsible for ensuring that all data entries are accurate and timely. Significant changes to the system, such as updates to data fields or

enhancements to the user interface, are managed by the Illinois Department of Innovation and Technology IT team in collaboration with the child welfare agency business units as necessary. These changes are managed via a governance process involving executive business leadership who prioritize all work, and thoroughly tested before implementation to minimize disruptions and ensure system reliability.

### **Capacity and Technological Overview**

The Illinois systems are built on technology that supports the collection, storage, and analysis of extensive administrative data. The system is designed to handle large volumes of data, ensuring scalability and reliability. It employs data analytics and reporting tools to generate insights and reports that aid in decision-making and policy formulation and provide crucial information at the executive level all the way down to the worker level and between.

### **Key Functionalities**

The Illinois statewide information system is equipped to identify and report on several critical aspects for all children in foster care or those who have ever been within the Illinois system. Specifically, the system can accurately track and report the following:

- **Status:** The system provides real-time updates on whether a child is currently in foster care or has exited foster care. This functionality ensures that caseworkers and administrators have up-to-date information on each child's status.
- **Demographic Characteristics:** The system captures comprehensive demographic details, including date of birth, sex, race, ethnicity, disability status, and any medically diagnosed conditions requiring special care. This information is crucial for tailoring services and support to meet each child's unique needs.
- **Placement Location:** The physical location of each child, including type of placement as well as their current placement address, is meticulously recorded in the system. This ensures that caseworkers can quickly locate and visit children as needed.
- **Goals for Placement:** The system records and tracks the permanency goals for each child, including reunification, adoption, guardianship, or other planned permanent living arrangement. For children without an established permanency goal, the system flags this for immediate attention, ensuring that every child has a clear and actionable plan for their future.

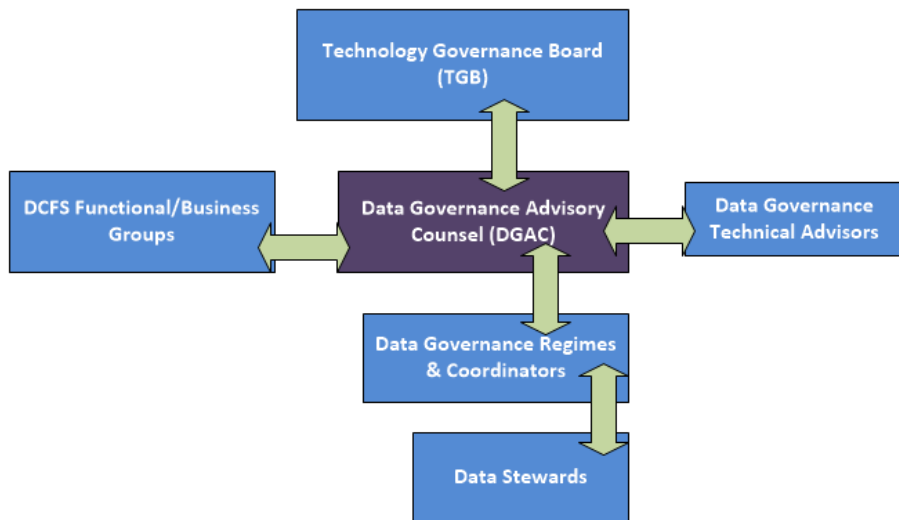
### **Continuous Improvement and Federal Compliance**

Illinois is committed to continuous improvement of its statewide information system. The state consistently reviews and updates its system to align with best practices and federal guidelines. Regular audits and feedback mechanisms are in place to identify areas for enhancement, ensuring that the system remains responsive to the evolving needs of the child welfare program. In addition, Illinois is currently undergoing a major overhaul of their statewide information system to create a CCWIS-compliant system (called IllinoisConnect), which entails extensive analysis of existing systems, business process redesign to realize opportunities to improve and streamline processes, and the conversion of historical data into the new system, to provide necessary background on new and ongoing cases in the state's child welfare system. These improvements are in process and technology are being designed to reduce the time direct-service staff spend recording administrative data, allowing them to spend more time providing direct services.

### **Integration of Data Management and Data Governance Plans**

As Illinois undertakes the conversion to the CCWIS system (IllinoisConnect), a significant component of the project is the implementation of a comprehensive Data Management Plan and a

Data Governance Plan. These plans are designed to enhance the quality, reliability, and security of data within the child welfare system. The Data Management Plan focuses on establishing standardized processes for data collection, storage, and retrieval, ensuring that all data is accurate, complete, and readily accessible. This plan also includes protocols for data validation and regular audits, which help to maintain the integrity of the information used for decision-making and reporting. The Data Governance Plan outlines the policies and procedures for data usage, privacy, and security, providing a framework for managing data as a strategic asset. It defines roles and responsibilities for data stewardship, ensuring that all staff members are accountable for maintaining high data standards. Together, these plans not only improve the performance and efficiency of DCFS by enabling better data-driven decision-making but also ensure compliance with federal regulations and enhance the overall transparency and accountability of the child welfare system in Illinois. See visual below for a broad overview:



### Sample Data:

#### Illinois Department of Children and Family Services

#### Youth in Foster Care in Previous 12 Months

by Status, Race and Gender

Status and Race	Female	Male	Grand Total
<b>Closed</b>	<b>3,468</b>	<b>3,568</b>	<b>7,036</b>
Asian	18	19	37
Black / African American	1,352	1,400	2,752
Could not be verified	4	1	5
Declined to Identify	1		1
Native American / Alaska Native	5	3	8
Native Hawaiian / Other Pacific Islander		1	1
Not Reported	3		3
Unknown	6	7	13
White	2,017	2,090	4,107
Missing	62	47	109

<b>Open</b>	<b>9,475</b>	<b>9,686</b>	<b>19,161</b>
Asian	20	24	44
Black / African American	4,002	4,051	8,053
Could not be verified	7	9	16
Declined to Identify	1		1
Native American / Alaska Native	10	9	19
Native Hawaiian / Other Pacific Islander	2	6	8
Not Reported	1		1
Unknown	27	37	64
Unknown Due To Abandonment		1	1
White	5,249	5,376	10,625
Missing	156	173	329
<b>Grand Total</b>	<b>12,943</b>	<b>13,254</b>	<b>26,197</b>

**Illinois Department of Children and Family Services  
Youth in Foster Care in Previous 12 Months**

by Status, Permanency Goal and Gender

<b>Status and Permanency Goal</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
<b>Closed</b>	<b>3,468</b>	<b>3,568</b>	<b>7,036</b>
ADOPTION	1,000	1,023	2,023
GUARDIANSHIP	263	282	545
INDEPENDENCE	380	343	723
Missing	515	547	1,062
OUT OF HOME CARE	11	14	25
REMAIN AT HOME	9	11	20
RETURN HOME PEND STATUS HEARING	42	68	110
RETURN HOME WITHIN 1 YEAR	778	819	1,597
RETURN HOME WITHIN 5 MONTHS	421	426	847
CONTINUING FOSTER CARE	6	1	7
SUBSTITUTE CARE PEND COURT	43	34	77
<b>Open</b>	<b>9,475</b>	<b>9,686</b>	<b>19,161</b>
ADOPTION	1,415	1,458	2,873
GUARDIANSHIP	589	683	1,272
INDEPENDENCE	1,133	1,004	2,137
Missing	1,460	1,433	2,893
OUT OF HOME CARE	106	169	275
REMAIN AT HOME	6	11	17
RETURN HOME PEND STATUS HEARING	220	192	412
RETURN HOME WITHIN 1 YEAR	3,228	3,342	6,570
RETURN HOME WITHIN 5 MONTHS	393	371	764
CONTINUING FOSTER CARE	29	46	75
SUBSTITUTE CARE PEND COURT	896	977	1,873
<b>Grand Total</b>	<b>12,943</b>	<b>13,254</b>	<b>26,197</b>

## Illinois Department of Children and Family Services

### Youth in Foster Care in Previous 12 Months

by Status, Age Group and Gender

Status and Age Group	Female	Male	Grand Total
<b>Closed</b>	<b>3,468</b>	<b>3,568</b>	<b>7,036</b>
0-3	543	602	1,145
4-12	1,862	1,928	3,790
13-17	553	555	1,108
18+	510	483	993
<b>Open</b>	<b>9,475</b>	<b>9,686</b>	<b>19,161</b>
0-3	2,074	2,233	4,307
4-12	4,434	4,684	9,118
13-17	1,922	1,823	3,745
18+	1,045	946	1,991
<b>Grand Total</b>	<b>12,943</b>	<b>13,254</b>	<b>26,197</b>

### Current and Planned Enhancements to DCFS Information Systems:

- Fully implementing IllinoisConnect, which will incorporate better data collection capabilities (more accurate data collection as well) and reporting possibilities, and integrate systems. As noted in the attached timeline document, the final release (11) is scheduled for mid or late calendar year 2026.



IllinoisConnect  
Project Timeline.pdf

- Integrating AI to support streamlined processes and decision-making, while not removing the human element from decision-making.

### Update for June 30, 2025:

The IllinoisConnect project timeline has been revised due to changes in the primary vendor for system design. The updated timeline has not yet been finalized for release, although work on system development continues. The intake module went live in August 2024 and included the assessments from the SAFE Practice Model. In the coming year DCFS will be analyzing the impacts of implementation of both the SAFE Practice Model and the Intake module of IllinoisConnect.

### Case Review System (ITEMS 20-24)

#### ITEM 20: Written Case Plan

*How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?*

**Response:** Current Illinois procedure related to this item (Procedures 315, specifically 315.140) requires that assigned caseworkers develop a Service Plan: "The Service Plan is a contract between the family and the Permanency Worker (or Intact Family Specialist). This contract outlines the needs identified by the Permanency Worker and how the needs will be addressed by documenting Outcomes and Action Steps. Development of the Service Plan is a collaborative process that includes involved family members, the Permanency Worker and members of the Child and Family Team." The next sentence in Procedures 315.140 that was not originally included in the

Department's response states, "This process is one of the ways a Permanency Worker engages the family, helps the family consider their needs and collectively formulate a plan to address those needs." Procedures 315.05(b)(13) states that one of the duties of the permanency worker is to "develop the Service Plan and Concurrent Plan with input and concurrence of the family..." Compliance with completing service plans within 45 days is 80% for HMR/Trad and 89% for intact per the current year performance in the APT dashboards.

As part of the implementation of the SAFE model, Illinois is expected to implement a new Case Plan template which will reinforce the expectation that the written case plan be *developed jointly with* the child's parents and include required provisions. This new case plan will be incorporated into IllinoisConnect and will also incorporate necessary elements that support the SAFE Model. The new case plan should include S.M.A.R.T. goals (specific, measurable, achievable, relevant, time limited).

The case plan should be developed with the parents and ideally is completed at the initial child and family team meeting (CFTM). The CFTM must include an identified team of participants (minimally the parent(s)/youth, the caseworker (and supervisor for the initial CFTM), and formal and informal supports as identified by the parent/youth). The written case plan must be developed twice a year, before each ACR. The joint development of the case plan in the CFTM is to encourage the "voice and choice" of the parent(s)/youth; include discussions about the Case Plan development (identification of goals, progress toward case plan goals, effectiveness of services, who will help with what tasks), addresses coordination of care across providers for the benefit of the family and implementation of case plan goals, as well as removal of barriers.

ACR data from 2023 and 2024 to-date indicate that in about 50% of all cases statewide, case plans are developed with mothers (flat performance across fiscal years); has improved from 37% statewide for fathers in FY23 to 42% in FY24; and has improved for children from 42% in FY23 to 44% in FY24.

In development of the case plan, concerted efforts should be made to: 1) comprehensively and accurately assess the risk, safety, permanency and well-being service and support needs of all case stakeholders, including foster parents (initially and ongoing, and using all available assessment tools and sources of information such as service providers); 2) provide all appropriate and relevant services to address identified service and support needs (including facilitating access to services, and including working to resolve any barriers to participating in services); 3) actively involve and engage case stakeholders in service and case planning, including in Child and Family Team Meetings; 4) locate missing parents or parents whose whereabouts are unknown; 5) preserve familial and other important connections; and 6) achieve permanency in a timely manner.

ACR data located in Item 13 indicates that there has been some improvement to-date engaging children, mothers and fathers in developing the case plan jointly with the agency. Please also see CFSR data in Item 13 for data regarding involving the family in developing the case plan jointly.

**Current and Planned Activities:** As described in several areas of this plan, DCFS expects ongoing implementation of Motivational Interviewing and future implementation of the SAFE practice model to improve quality engagement by workers with families, which includes engaging families in case plan development.

#### **Update for June 30, 2025:**

While the SAFE Model has not yet been formally launched to permanency/foster care staff, there have been soft-launch trainings to staff to prepare them for the forthcoming official launch and allow them to begin the adaptive shift needed to implement the model. Permanency/foster care

staff have also implemented Motivational Interviewing. This provides staff enhanced skills in engaging families in case planning and other conversations.

ACR data that evaluates whether case plans are developed jointly with the family suggest not much change from FFY24 to FFY25 Q3. There has been some decline in Central and Cook, but improvements in Central and especially Southern regions. It is unknown to what degree the addition of FFY25 Q4 will have on the overall performance of all regions/state. See table below: *(ACR responses based on review of case file and interviews with case stakeholders during the ACR itself, collected on every foster care case every 6 months)*

**Question B.01-03: Did the agency make concerted efforts to develop the case plan with the Mother/Father/Youth?**

	FY24 (all Qs)	FY25 Q1 – Q3
	Total %Yes	Total %Yes
<b>Central</b>	49.3%	48.1%
<b>Cook</b>	44.1%	41.3%
<b>Northern</b>	38.1%	40.6%
<b>Southern</b>	48.3%	52.3%
<b>STATE</b>	<b>45.3%</b>	<b>45.4%</b>

Permanency leadership continue to emphasize to direct service staff the need to develop plans WITH families and not FOR them. One thought is for caseworkers to revert to using paper copies of a service plan to take to home visits and work on with families, and later entering them into SACWIS, as opposed to only using technology to complete plans. DCFS will also be implementing use of the Motivational Interviewing Competency Assessment (MICA) tool to assess fidelity to the Motivational Interviewing intervention. This is expected to offer opportunities to strengthen skills with this intervention for better engagement with families.

**ITEM 21: Periodic Reviews**

*How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?*

**Response:** The state provides for the periodic review of the status of each child in care. This includes the required provision of no less frequently than once every six months, either by court or administrative review. Three review processes are required by Rule and Procedures to ensure periodic review on the status of every child in the Illinois substitute care system no less than every 6 months: Administrative Case Reviews (ACR), desk reviews, and Permanency Hearings.

As of September 1, 2022, the ACR process was completely revamped and implemented statewide, with the goal of moving from a compliance review to an assessment of the quality of core casework practices (“Priority Areas”) essential to the achievement of permanency. The ACR Re-Model includes a revised data collection tool that includes evaluating the quality of 1) CFTMs, 2) Case Planning, 3) In-Person Caseworker Contacts, 4) Family Visitation, and 5) (caseworker) Supervision. The Re-Model has included a structured interview process with key stakeholders to get beyond documentation. The data collection tool includes a detailed Intent & Instructions to guide the assessment of quality within each of the Priority Areas.

The first ACR for any case is conducted six months after a youth's placement into substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remain in substitute care.

Desk reviews are conducted by the casework supervisor for children under the legal responsibility of DCFS, who are in a living arrangement that is excluded from the ACR process, such as when they are living with a parent. (Other excluded living arrangements include Armed Services Duty, Deceased, Guardian Home, Home of Adoptive Parent and those coded as "Other," which are typically used as a final living arrangement when the child's legal relationship with DCFS ends.)

In FY24, ACR updated Rule 316 which governs ACR's and Permanency Hearings. The revisions to Rule 316 were made to comprehensively update the rule to reflect current practices in the field, including conducting administrative case reviews via telephonic or video means, clarifying and updating the responsibilities that child welfare specialists have during permanency hearings in circuit court, and revising to comport with current federal regulations regarding case planning requirements. Procedure 316 is also in the process of being developed which will provide instructions/guidance of the ACR process including regular case reviews, desk reviews, and permanency hearings.

In FY24, July 1, 2023, to March 31, 2024 (SFY 2024 Q1-3), 16,130 case reviews were conducted for families, which included 29,731 (duplicated) children, or 96.15% of the time. The primary reason the other 3.85% were not held was due to the six-month subsequent service plans not being evaluated/updated and presented to ACR for review. data by month for this time period is below:

ACR worked with the Child Welfare Group (CWG) to tweak questions in the ACR Intent and Instructions to help reviewers focus on the progress being made toward permanency with reminders to caseworkers to consider guardianship when appropriate. Data from this activity will be observable in FY25.

- CWG and ACR also updated the interview questions to also help focus caseworkers on considering guardianship when appropriate.
- ACR, the UIUC's Foster Care Utilization Review Program (FCURP), and CWG have continued their validation process which has so far yielded greater inter-rater reliability.
  - The results are trending up as there is increasing consistency with more of the same answers between FCURP/ACR, demonstrating that the reviewers statewide are utilizing the intent and instructions and answer the questions consistently.
- ACR will be integrated into the IllinoisConnect system during Release 9, currently scheduled for late 2025. ACR data collection, once fully integrated, will have enhanced reporting capabilities at a statewide, regional, agency, and worker level. The data will be more reliable with a modern system. The new system will also impact the overall efficiency of the case reviewer as the process will be streamlined and incorporate modern technology such as skip logic to reduce the need for redundant data entry of the same data.
- No case review information packet (CRIP) can be completed until all of the questions are answered. This helps ensure that ACR data is complete.
- ACR has added two ACR Managers and will continue to add staff as necessary. There are currently nine ACR managers, fifty-eight reviewers, and thirteen coordinators statewide.
- In addition to monthly team meetings, ACR holds a statewide all staff meeting every April and October where the time is utilized to enhance staff knowledge through various trainings presented by CWG and other presenters.

ACRs remain virtual and accessible to all. Some ACRs continue to be “missed” (i.e., either the service plan was not approved by the Supervisor in time and/or the Caseworker does not appear at the scheduled ACR). There was an increase in the number of missed reviews during FY24. (ACRs were missed for various reasons including caseworker turnover and case transfers close to the ACR date that can result in the new worker not getting notice of the ACR date, unexpected illness or a case crisis on the day of the ACR, or workers not submitting the Case Review Monthly Roster (CRMR) to notify ACR when they have a conflict with the schedule ACR date so that it can be rescheduled in advance.) Unfortunately, not all were able to be rescheduled. ACR makes attempts to reschedule reviews at least three times, but if the agency misses the 3rd rescheduled ACR then the ACR is skipped for that cycle. DCFS Permanency executive leadership, Agency Performance Monitoring and Execution (APME) leadership, and Quality Assurance/ACR leaders are actively working to reduce the number of missed reviews by communicating directly with agencies, producing regular data reports and sharing them with their leadership, APME monitors are working directly with agency staff to meet deadlines and remove barriers, as well as exploring additional accountability measures to increase compliance.

### **Current and Planned Activities:**

The following activities were implemented by ACR in FY23 and FY24, and will continue to be expanded over the next five years to 1) reduce the number of ACRs that are missed and 2) increase the number and percentage of case stakeholders who attend their ACRs:

- ACR shares data on missed reviews with the Division of Permanency and the Agency Performance Monitoring and Execution team.
- Participation data has been collected and efforts have been and are being made to increase family participation:
  - Developed a Frequently Asked Questions (FAQ) for participants with lived experience that provides a more simplified explanation of the ACR process and encourages participation by parents, youth ages 12 and older, and foster parents. This FAQ was distributed through foster parent support specialist, youth advisory boards, parent café’s, family advocacy centers, and was posted on the DCFS Dnet for all staff to read.
  - At the beginning of an ACR where no parent, foster parent, or youth participate the reviewer asks the caseworker to call the missing participant(s) to see if they were able to attend at that moment. This has resulted in more stakeholder attendance at ACRs.
  - ACR also organized and convened focus groups around the state composed of all ACR stakeholder types (ACR Coordinators all the way to lived experience) to better understand barriers to participation and to solicit perspective and solutions to these barriers. The two primary recommendations of these focus groups were to develop a simplified FAQ and call participants. These were both implemented. The third recommendation was to use more modern forms of communication such as text messages to communicate the dates/times of ACRs to participants. This has not yet been implemented as the current systems in which ACR draws contact information, SACWIS and CYCIS, and does not contain reliable current phone numbers for participants. The ACR also cannot reliably say the recipient of the text is the intended recipient. This will be further explored under IllinoisConnect.
- Since the redesign of ACR to add quality practice ratings, ACR has been and plans to continue to provide useful and accurate data to the field to help increase their overall ratings in the five quality areas identified by ACR. DCFS expects to see progressive improvement to reach the following goals from the previous baselines:
  - Quality CFTM Baseline= 25% (*Goal: 50% or more*)

- Quality Case Planning Baseline = 63% (Goal 85%)
- Caseworker In Person Visits Baseline = 79% (Goal 91%)
- Quality Family Visitation Baseline = 69% (Goal 85%)
- Quality Supervision Baseline = 65% (Goal 85%)

**Update for June 30, 2025:**

Since the beginning of the calendar year 2025, ACR has seen a significant decrease in the number of missed reviews (from an average of 5% per month to under 2% per month). ACR has established consistent email language that is engaging and respectful when sending out missed ACR emails; we have seen a marked increase in the responses to these emails following this change (staff are acknowledging the missed review and communicating with the ACR reviewer whereas previously the emails went unanswered). Additionally, ACR has developed a Missed Reviews dashboard that allows flexibility in viewing data by various variables like region, sub-region, agency, team, etc.

Increasing participation at ACRs has varied over time and by participant type:

	<b>FY23 Q2</b> <i>(Full launch of new model)</i>	<b>FY24 Q2</b>	<b>FY25 Q2</b>
Child	6.7%	24.5%	17.9%
Mother	34%	29.2%	35%
Father	27%	22.2%	24.4%
Foster Parent/Caregiver	36.9%	49.5%	56.4%

*From the DCFS PowerBI ACR Participation Dashboard, as of 5/13/25*

**Progress toward Priority Area Goals:**

The state has made steady if incremental improvement toward achieving the Goals for each Priority Area, except for Case Planning which remains flat:

	<b>Baseline %Passing</b>	<b>FFY24 %Passing</b>	<b>FFY25 Q1-3 %Passing</b>	<b>FFY26 %Passing</b>	<b>FFY27 %Passing</b>	<b>FFY28 %Passing</b>	<b>FFY29 %Passing</b>	<b>GOAL %Passing</b>
<b>Quality of CFTMs</b>	25%	32%	38%					<b>50%</b>
<b>Quality of Case Plans</b>	65%	62%	65%					<b>85%</b>
<b>Quality of In-Person Visits</b>	79%	85%	87%					<b>91%</b>
<b>Quality of Family Visitation</b>	69%	77%	79%					<b>85%</b>

	Baseline %Passing	FFY24 %Passing	FFY25 Q1-3 %Passing	FFY26 %Passing	FFY27 %Passing	FFY28 %Passing	FFY29 %Passing	GOAL %Passing
Quality of Supervision	65%	70%	69%					85%

**ITEM 22: Permanency Hearings**

*How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?*

**Response:** Based on Rule 316.120, the DCFS or CWCA assigned worker will participate in permanency hearings conducted by the court at 12 months following the temporary custody hearing and every six months thereafter. Please see Illinois’ 2022 APSR for descriptive information related to this Item.

The data below illustrates that the percentage of documented Initial Permanency Hearings has declined from a high of 71.43% for FY17 entries to 48% for FY23 entries (Note: At the time of data extraction, some FY23 and FY24 cases were not yet due for the initial permanency hearing. The lowest point was 41.49% of entries in FY2020, during the beginning of the COVID pandemic).

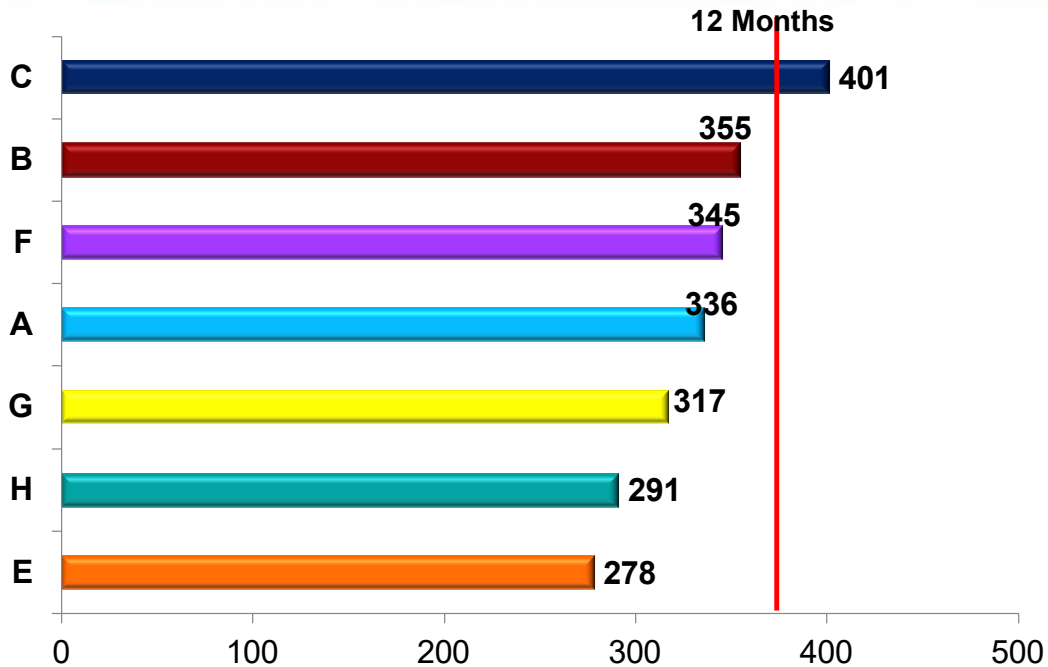
Region	2017 FY Entries			2018 FY Entries			2019 FY Entries			2020 FY Entries			2021 FY Entries			2022 FY Entries			2023 FY Entries			2024 FY Entries		
	Total Entries	Initial PH 0-12m	% Initial PH 0-12m	Total Entries	Initial PH 0-12m	% Initial PH 0-12m	Total Entries	Initial PH 0-12m	% Initial PH 0-12m	Total Entries	Initial PH 0-12m	% Initial PH 0-12m	Total Entries	Initial PH 0-12m	% Initial PH 0-12m	Total Entries	Initial PH 0-12m	% Initial PH 0-12m	Total Entries	Initial PH 0-12m	% Initial PH 0-12m	Total Entries	Initial PH 0-12m	% Initial PH 0-12m
Central	1754	1274	72.63%	2096	1428	68.13%	2505	1624	64.83%	2827	1416	50.09%	2689	1502	55.86%	2154	1323	61.42%	2244	1133	50.49%	1552	80	5.15%
Cook	1201	950	79.10%	1417	975	68.81%	1288	780	59.01%	1822	572	31.39%	1353	630	46.56%	1050	549	52.29%	958	456	47.60%	619	86	13.89%
Northern	874	529	60.53%	930	487	52.37%	1129	553	48.98%	1334	402	30.13%	1624	572	35.22%	1287	603	46.85%	1139	474	41.62%	745	23	3.09%
Southern	967	673	69.60%	1317	874	66.36%	1584	891	56.25%	1465	700	47.78%	1496	900	60.16%	1329	861	64.79%	1294	642	49.61%	836	46	5.50%
Statewide	4796	3426	71.43%	5760	3764	65.35%	6506	3828	58.84%	7448	3090	41.49%	7162	3604	50.32%	5820	3336	57.32%	5635	2705	48.00%	3752	235	6.26%

NOTES: for FY23 and FY24, not all Initial Permanency Hearings are due as of data extraction date, 3/28/24  
FY24 is not yet complete, these numbers will continue to change

**Court Improvement Program CPDC:** DCFS participates in the Illinois Court Improvement Program facilitated by the Administrative Office of Illinois Courts (AOIC). The Illinois juvenile court system does not have sufficient data to adequately understand performance and family outcomes across jurisdictions statewide. Illinois has 102 counties and 25 judicial circuits. To get insights on various aspects of juvenile court performance, the Illinois Court Improvement Program created the Child Protection Data Courts (CPDC). CPDC collects and analyzes court performance measures in juvenile abuse and neglect cases in eight (8) counties currently. The CPDC counties include Kane, Kankakee, McDonough, McLean, McHenry, Peoria, Sangamon, and Winnebago. The data is collected by manually auditing closed court files annually. As part of this data collection, CPDC collects the average number of days from original petition filing to the first permanency hearing in seven (7) of the CPDC counties for cases that closed during calendar year 2022. The averages ranged from 278 days to 401 days.

# Time to First Permanency Hearing 2022

## Average # Days to First Perm Hearing



Ongoing Permanency Hearings (PHs) data (as of 5/1/24) reveals that the percentage of cases with an ongoing Permanency Hearing is improving:

*For Case open 18 months or more In Which Ongoing PHs Have Been Entered (at least 1 PH after the 1st initial PH):*

Region	2017		2018		2019		2020		2021		2022		2023	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Central	475	38.43%	454	32.08%	472	27.90%	718	39.82%	699	41.02%	796	59.54%	286	82.18%
Cook	53	5.18%	75	6.81%	50	4.74%	103	7.30%	107	10.22%	124	18.13%	55	35.26%
Northern	153	27.82%	114	21.47%	113	16.47%	166	24.38%	216	30.00%	310	47.47%	95	69.34%
Southern	213	30.69%	239	25.45%	237	22.09%	263	26.67%	324	32.86%	488	54.71%	162	79.41%

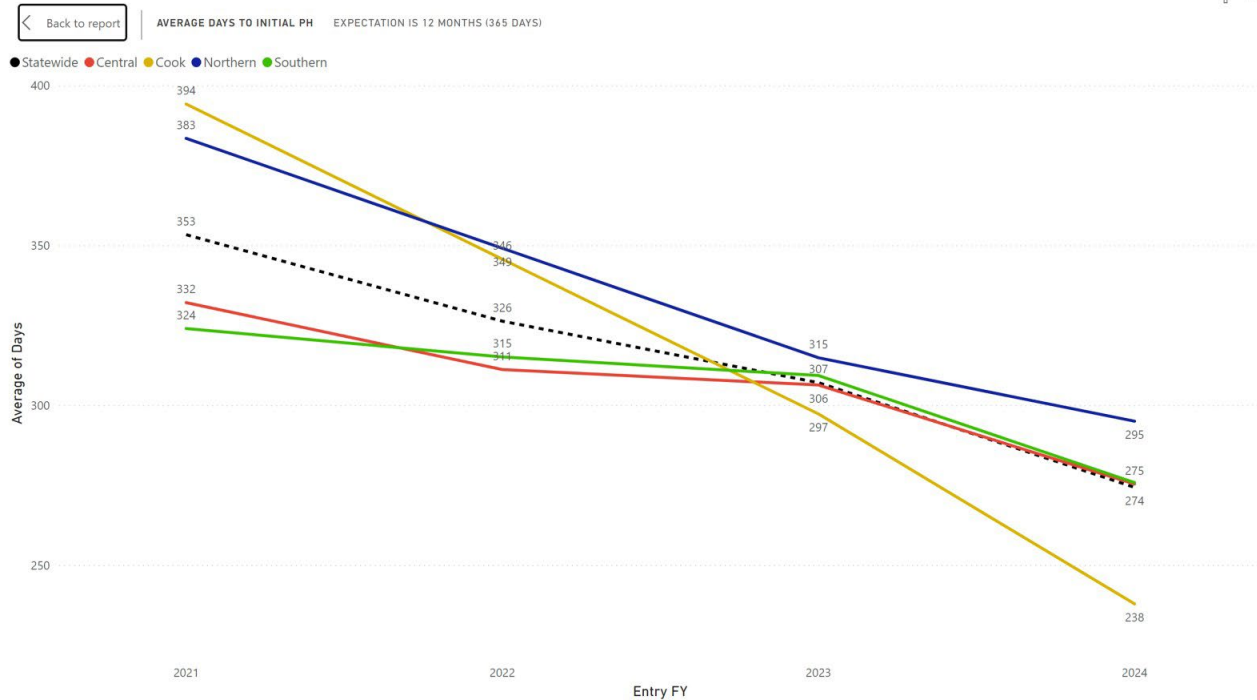
During each six-month case review ACR requests that the caseworker provides a copy of the latest permanency hearing order so reviewers can verify that permanency hearings are occurring every six months.

ACR data indicates that in FY23, 60.4% of cases included evidence that a Permanency Hearing occurred every six months. In FY24, that percentage was 62.8%.

**Current and Planned Activities:** DCFS will work with CWCAs and court stakeholders to better understand if the performance reported here is due to permanency hearings not being held or that the hearings are held but are not data entered. If the issue is data entry, DCFS will develop strategies to streamline timely data entry. If the issue is that permanency hearings are not being held, DCFS legal will be consulted for strategies to proactively request permanency hearings to be scheduled when they are due.

### Update for June 30, 2025:

DCFS has developed a new PowerBI dashboard for viewing legal timeliness data. Currently only the initial permanency hearing data is available there, however the ongoing permanency hearing data should be available on this site soon. The visual below (extracted on 5/12/25) illustrates that the state continues to observe a decline in the average number of days to initial permanency hearing over the last several years, particularly in the Cook region:



In Cook, there is one Chief Judge for the multiple juvenile courtrooms and juvenile court judges. There has been a recent change in the Judge occupying the Chief Judge role – prior to his retirement in early 2025 (calendar year) he was very focused on ensuring that his court rooms moved cases along in a timelier manner. This may explain the rather dramatic improvement in the average number of days in Cook.

### ITEM 23: Termination of Parental Rights

*How well is the case review system functioning statewide to ensure that the filing of TPR proceedings occurs in accordance with required provisions?*

**Response:** The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones.

In Illinois, the entity that files TPR petitions is the State’s Attorney (county-based prosecutors – each county is separate and apart and can develop their own procedures/protocols as long as they comply with statute). The county State’s Attorney independently assesses the case to determine whether the case meets criteria/eligibility for filing a TPR petition, and do not routinely share data or outcomes with DCFS (for a variety of reasons, among which the fact that the State’s Attorney is a county-based operation, and there is not a centralized database). DCFS has a legal screening process where the assigned staff can discuss the case with a DCFS Legal staff member to determine whether the case meets the criteria to be filed with the State’s Attorney. This legal screening process is not legally required. DCFS Legal does maintain a tracking document to capture basic

information about the case being screened. In FY25 DCFS Legal is adding a column to the tracker to collect the date that the State’s Attorney was notified of the outcome of the DCFS legal screening. DCFS Legal would like to have data from the State’s Attorney’s office regarding whether they have actually filed a petition or not, but that effort has not been successful. Efforts to collaborate with the State’s Attorneys vary in part because they are county-based and operate differently. For example, some counties have Court Stakeholder Meetings, some do collaboration meetings by Court Circuit, some don’t do any meetings at all. The AOIC also does not have regulatory authority to assist with ensuring timely filing of TPR petitions.

Feedback from our federal partners after the 2024 APSR submission included the recommendation that Illinois show all children in care at 15/22 months and provide breakout as follows:

- Number/percentage of child that met exception to filing TPR petition at 15/22,
- Number/percentage of child that met timely TPR filing petition requirement, and
- Number/percentage of child that did not meet timely TPR filing petition requirement

Feedback from our federal partners following the 2024 APSR also included the recommendation that DCFS provide a discussion about quality of data and any evidence that shows data reported reflects all children in state’s FC system subject to the requirement.

Illinois does not have exact or comprehensive data to answer the above questions/data asks. Illinois does have ACR data, which collects some information related to ASFA, about “Child in Care 15 of 22 months, Reason for not filing TPR or for TPR Delay” (the data below is from FY24 as of 6/12/24; FY23 is not significantly different):

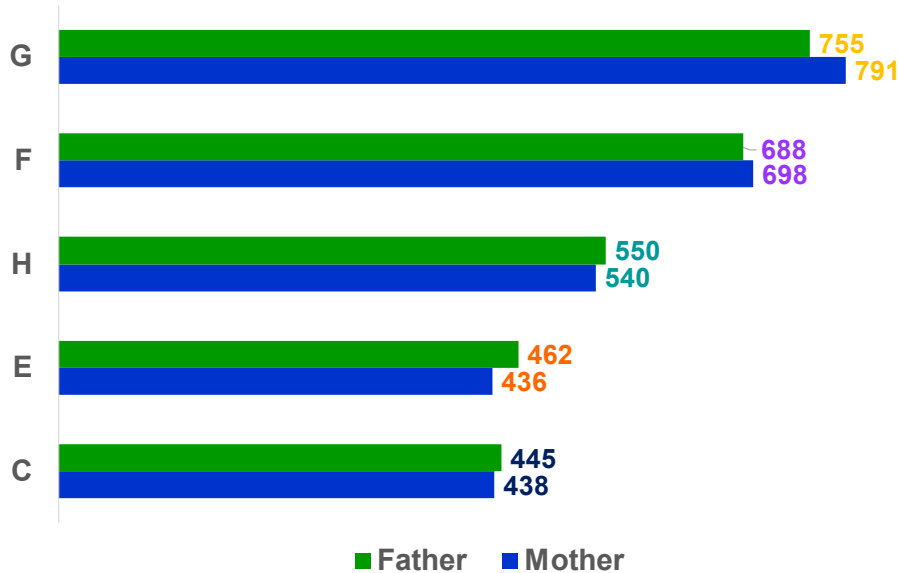
Child in Care 15 of 22 months, Reasons for not filing TPR or for TPR Delay (FY24 as of 6/12/24):

Region Answers	Central		Cook		Northern		Southern		Statewide	
01 - Youth has not been in care 15 of the most recent 22 months	2443	16.2%	958	7.7%	921	15.1%	1422	18.4%	5744	13.9%
02 - The child is being cared for by a relative	3155	20.9%	1904	15.3%	1172	19.2%	1344	17.4%	7575	18.3%
03 - Perm goal of return home reunification efforts still appropriate	2692	17.8%	2100	16.8%	893	14.6%	620	8.0%	6305	15.2%
04 - Severe emotional / behavioral / medical concerns reunification remains appropriate	95	0.6%	87	0.7%	50	0.8%	39	0.5%	271	0.7%
05 - Youth over 14 does not consent to adoption	286	1.9%	488	3.9%	206	3.4%	207	2.7%	1187	2.9%
06 - TPR has occurred	2574	17.0%	852	6.8%	701	11.5%	985	12.8%	5112	12.4%
07 - Youth is over 18 years old	547	3.6%	1252	10.0%	358	5.9%	280	3.6%	2437	5.9%
08 - Other compelling reason	469	3.1%	483	3.9%	161	2.6%	247	3.2%	1360	3.3%
09 - No compelling reason for not filing for TPR	1084	7.2%	255	2.0%	327	5.4%	410	5.3%	2076	5.0%
10 - Casework related	106	0.7%	94	0.8%	22	0.4%	300	3.9%	522	1.3%
11 - Court related	358	2.4%	114	0.9%	85	1.4%	511	6.6%	1068	2.6%
12 - AFSA form was not completed	855	5.7%	2565	20.6%	685	11.2%	394	5.1%	4499	10.9%
13 - There are no TPR delays	435	2.9%	1312	10.5%	528	8.6%	953	12.4%	3228	7.8%
<b>Total</b>	<b>15099</b>	<b>100.0%</b>	<b>12464</b>	<b>100.0%</b>	<b>6109</b>	<b>100.0%</b>	<b>7712</b>	<b>100.0%</b>	<b>41384</b>	<b>100.0%</b>

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 ACR Review (September FY2023 Forward) All Categories  
 Data as of 6/3/24, 10:15 AM

**Court Improvement Program CPDC:** As part of this data collection, CPDC collects the average number of days from original to TPR petition filing in five of the CPDC counties for cases that closed during calendar year 2022. The data is disaggregated by petition filings for mothers versus fathers in the five counties, ranging for mothers from 436 days in one county to 791 days in another county and for fathers from 445 days in one county to 755 days in another county:

## Time to TPR Petition Filing (Average # days from original petition filing to TPR petition filing)



**Current and Planned Activities:** As DCFS works with vendors to develop the IllinoisConnect (CCWIS) system, this gap in available data has been raised as a concern. Since the filing of the petition is not completely within the control of DCFS, a solution will likely require collaboration between DCFS and the child welfare judicial partners.

### Update for June 30, 2025:

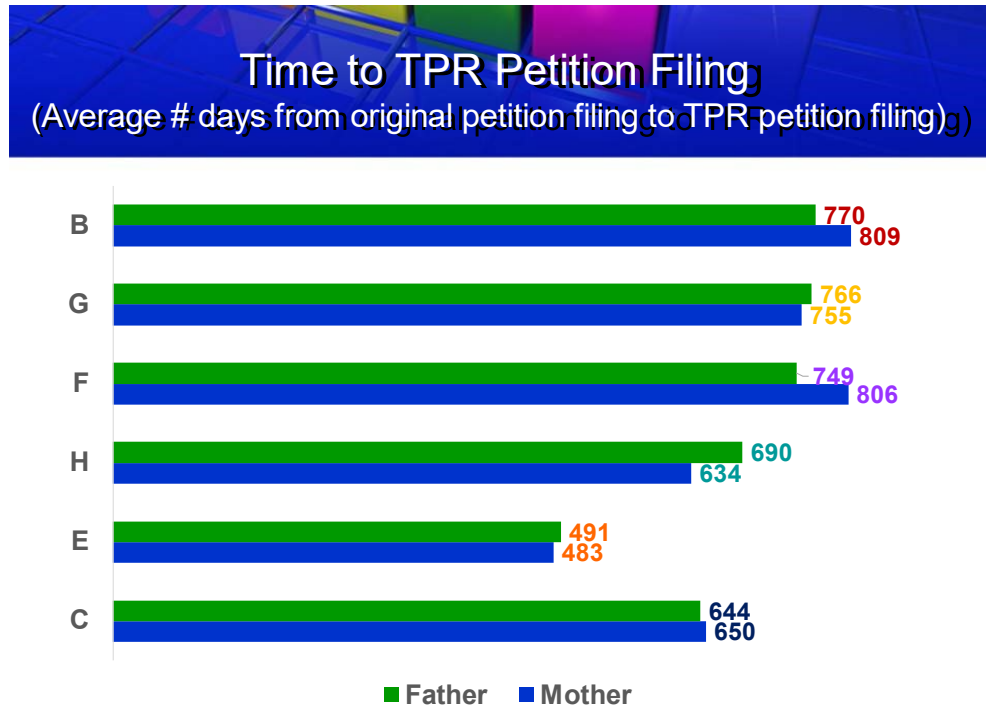
Illinois continues to not have exact or comprehensive data to answer the above questions/data asks. Illinois does have ACR data, which collects some information related to ASFA, about “Child in Care 15 of 22 months, Reason for not filing TPR or for TPR Delay” (see below table updated as of 5/12/25):

Region Answers	Central		Cook		Northern		Southern		Statewide	
	Count	%	Count	%	Count	%	Count	%	Count	%
01 - Youth has not been in care 15 of the most recent 22 months	2189	18.2%	888	9.2%	854	18.1%	1160	19.2%	5091	15.7%
02 - The child is being cared for by a relative	2547	21.2%	1592	16.5%	829	17.6%	1026	17.0%	5994	18.5%
03 - Perm goal of return home reunification efforts still appropriate	2031	16.9%	1550	16.0%	603	12.8%	485	8.0%	4669	14.4%
04 - Severe emotional / behavioral / medical concerns reunification remains appropriate	56	0.5%	68	0.7%	31	0.7%	25	0.4%	180	0.6%
05 - Youth over 14 does not consent to adoption	253	2.1%	380	3.9%	168	3.6%	168	2.8%	969	3.0%
06 - TPR has occurred	2082	17.3%	814	8.4%	583	12.4%	873	14.5%	4352	13.4%
07 - Youth is over 18 years old	445	3.7%	1103	11.4%	291	6.2%	238	3.9%	2077	6.4%
08 - Other compelling reason	355	3.0%	332	3.4%	163	3.5%	207	3.4%	1057	3.3%
09 - No compelling reason for not filing for TPR	747	6.2%	147	1.5%	231	4.9%	361	6.0%	1486	4.6%
10 - Casework related	90	0.7%	38	0.4%	27	0.6%	224	3.7%	379	1.2%
11 - Court related	277	2.3%	88	0.9%	84	1.8%	368	6.1%	817	2.5%
12 - AFSA form was not completed	585	4.9%	1832	19.0%	518	11.0%	347	5.7%	3282	10.1%
13 - There are no TPR delays	365	3.0%	830	8.6%	328	7.0%	557	9.2%	2080	6.4%
<b>Total</b>	<b>12022</b>	<b>100.0%</b>	<b>9662</b>	<b>100.0%</b>	<b>4710</b>	<b>100.0%</b>	<b>6039</b>	<b>100.0%</b>	<b>32433</b>	<b>100.0%</b>

The data suggests that:

- No delays or youth not in care for 15 of 22 months = 22% (state) (FY24 was 22%)
- 39% related to a compelling reason (cared for by a relative, RH goal still appropriate, youth does not agree to adoption, other) (same as FY24)
- TPR has occurred = 13.4 (FY24 was 12.4%)
- No compelling reason: 4.6%
- Casework/court related = 3.7%

FY23 Data from AOIC on time to TPR petition filing:



The data shows the average number of days increasing in all counties from FY22 to FY23. The reasons are not clear; however Illinois' Court Improvement Plan (ICIP) is developing a stakeholder survey for Child Protection Data Courts (CPDC) county judges, guardian's ad litem, and attorneys representing the state and parents. The purpose of the survey is to better understand each stakeholder's experience and opinion about their local child welfare court system. Their feedback will help identify current strengths and opportunities to improve quality hearing practices at both local and statewide levels.

**ITEM 24: Notice of Hearings and Reviews to Caregivers**

*How well is the case review system functioning statewide to ensure that foster parents, preadoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?*

**Response:** The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

There has been no change to the notification process in Illinois since the last APSR submission. IDDFS has processes in place to ensure that all caregivers, parents and youth are notified of ACRs and the notification letters include information to advise them of the right to be heard in the ACR. These notifications now also include the remote meeting information so that the recipient is not dependent on the caseworker to provide them with that information.

Fiscal Year	ACRs Held	ACRs with Notifications Sent	% ACRs with Notifications
2018	16,863	16,320	96.78%
2019	17,577	16,911	96.21%
2020	21,552	21,318	98.91%
2021	23,267	23,085	99.22%
2022	18,341	18,197	99.21%
2022	24,174	23,984	99.21%
2023	23,833	23,635	99.17%
2024*	22,115	21,906	99.05%

\*as of 6/4/2024

As noted in the last APSR, the legal hearing notifications of foster parents, pre-adoptive parents, and relative caregivers of children in foster care are not in the control of IDDFS. Legal notifications of hearings involving the child in foster care can come from the Guardian ad Litem, the court, and the caseworker. As IllinoisConnect goes live it will allow caseworkers to upload all court documents. The intention is that there will also be new data entry fields in IllinoisConnect to allow for data reports. There continues to be no data regarding notifications of court hearings although the practice of Illinois Courts is to provide notice to the parent and caseworkers in attendance of the next hearing at the conclusion of the current hearing.

The Juvenile Court Act gives foster parents the right to be heard by the court in accordance with 705 ILCS 405/1-5(2)(a).

**Current and Planned Activities:** DCFS is exploring whether it will be possible to extract data from contact note documentation to substantiate that notice of court hearings is given to foster parents by the permanency worker and that foster parents are informed of the right to be heard in the court hearings pertaining to children in their care. If successful, this would be an interim solution until a more consistent method is developed in the IllinoisConnect system. DCFS will also explore other notification options to ensure this systemic factor is functioning.

**Update for June 30, 2025:**

DCFS has determined that relying on documentation from contact notes may not be the most accurate way to measure whether foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of court hearings (note that they ARE notified of ACRs). DCFS will request a new notification process through the Division of Information Technology

**Quality Assurance (ITEM 25)**

**ITEM 25: Quality Assurance System**

*How well is the quality assurance system functioning statewide to ensure that it (1) is operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3)*

*identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?*

**Response:**

Information in this Item will respond to the description of what a functioning QA system should include, and also expand on additional activities that support the functioning of this Item in the system.

*Provide an updated assessment that describes the state's ability to review, monitor, and provide oversight through the QA/CQI system and planned enhancements to the QA/CQI system to support progress.*

- DCFS' Quality Assurance System is implemented statewide, in all jurisdictions (regions and sub-regions, DCFS and CWCAs managed cases). CWCAs operating in the state are required (contractually) to be fully accredited, and accreditations include standards related to quality assurance/quality improvement. DCFS and its CWCAs have their own internal QA systems, but they also come together in several statewide CQI activities/processes/structures that will be described in this Item.
- All DCFS's evaluations of the quality of services provided to families and children are based on established standards. These are variably named (for example, use of the federal Onsite Review Instrument [OSRI] to evaluate cases per CFSR expectations; the Intent & Instructions for the ACR and QEST reviews, etc.), but the intention is the same – to ensure objectivity, evaluate quality versus solely compliance, and to ensure as much inter-rater reliability as possible. Included in these standards are those that ensure and evaluate that children in foster care are provided quality services that protect their health and safety.
- QA and CQI activities routinely identify strengths and needs of the service delivery system. Additional supporting information of this statement will be found in the description of our qualitative review processes and the information they yield regarding strengths and needs.
- DQA consistently generates reports of findings (based on the type of review) which identify strengths and areas needing improvement in the service delivery system. Reports are shared with leadership and distributed from there. Individual case findings are shared with the assigned staff within weeks of a review being completed. Staffings to address risk and/or safety concerns are convened with appropriate staff as needed. Action plans are required for risk/safety-related staffings and tracked upon receipt.
- The evaluation of implemented program improvement measures is a shared activity between QA, Agency Performance Monitoring and Execution (APME), data stewards, and operations leadership. See below for more information on this.

**CQI Activities, Processes and Structures in Illinois**

**Regional Support Teams (RSTs)**

The Regional Support Teams (RSTs) are a CQI structure occurring at a regional level. Local CQI structures exist, and there are also statewide groups in which CQI occurs: Child Welfare Advisory Council (CWAC), Strategic Plan Implementation Communication Exchange (SPICE), and others. Regional Support Teams (RSTs) have been established in every region, include regional DCFS and CWCA permanency staff, and they are all at varying stages of development. The implementation of this CQI strategy is being supported with technical assistance from the Capacity Building Center for States, which has been immensely helpful in building confidence and expertise among the DCFS Regional Quality Assurance Specialists (RQS). The RQS facilitate and manage

the RSTs in their region along with a small planning team that includes both DCFS and CWCA representatives, and also with the support of their RQS teammates.

All the RSTs are focused on the priority of improving/increasing timely permanency for youth in care. Two of the groups (Cook and Southern Regions) are approaching this goal by exploring and improving the quality of caseworker in-person visits, particularly with parents. Another RST (Central Region) is approaching this goal by focusing on implementing CFTMs in the region (using the definition provided in the ACR and QEST review tools). The last RST (Northern Region) is just at the very beginning of its development and has not narrowed its focus within the goal of improving/increasing timely permanency.

In addition, agency visits by Regional Quality Assurance Specialists are ongoing in every region, and are intended to support relationship-building, provide education about the RST and engagement of program staff and CQI staff to attend their RST's. In addition, at these agency visits, the RQS discuss the data available to them for use in the RST and provide 'at the elbow' support to access and utilize the ACR PowerBI dashboards for regional, agency and team performance monitoring and incorporation into CWCA CQI processes/structures. These visits are very well received. The agencies/teams are grateful for the hands-on support in accessing available data and resolving any access barriers. Another result of these meetings has been increased attendance at the RSTs.

#### **CFSR 4 Reviews**

*Describe the state's current case review instrument and the extent to which the state is using the data collected through federal Onsite Review Instrument (OSRI) and made available in the CFSR Online Monitoring System reports or data extracts, as part of the state's ongoing QA/CQI process. Provide an update on the state's efforts to move towards or sustain the ability to conduct a State-Led Review Process for future rounds of CFSRs and to inform ongoing CQI/QA processes.*

DCFS is now ramping up to begin CFSR 4 reviews in preparation for our federal CFSR 4. During the 2025-2029 CFSP, DCFS expects to have been approved to conduct a state-led CFSR 4. This will allow the state to demonstrate its capacity for conducting qualitative case reviews evaluating CFSR outcomes, and also allow the data collected during the CFSR 4 to serve as its Baseline.

The state will be collecting CFSR data using the Round 4 review tool (OSRI) beginning 7/1/2024, analyzing it, and disseminating it through the system for ongoing use in CQI activities and processes. The DCFS CFSR 4 samples will include foster care and in-home services per the CFSR Procedures Manual, however the in-home sample will only include Intact Family Services cases until we get clarity from our federal partners about what other cases might be included in our federal CFSR.

QA has extensive experience utilizing reports included in the Online Monitoring System (OMS) since 2018 for the purposes of exploring data entered into the OMS, trends statewide and regionally, as well as by case type. In addition, the state explores disaggregated data by gender and age for additional analysis. These data are shared as widely as possible in order to generate discussion and identification of small tests of change.

#### **Administrative Case Review (ACR)**

Please see [Item 21](#) for information and data specific to this important unit within the Division of Quality Assurance. Every child in foster care is reviewed every 6 months using a qualitative review process, and the data generated from this work is critical in the qualitative assessment not only of case-specific progress toward permanency, but also in program functioning, program monitoring, and in the BH SIP Workplans and related pilot.

**Quality Enhancement Support Team (QEST): Cook County Child/Family Team Meeting Pilot**

During the latter half of FY23, the Cook County Intact CFTM pilot implementation team and DCFS Intact leadership, identified that they wanted more qualitative case practice data that are crucial to improved outcomes (beyond quality of CFTMs, such as case planning, in-person Caseworker Visits, and supervision). In addition, DCFS wanted to align the QEST review process with the ACR review process in order to collect and report out on comparable data for both placement and intact cases, system wide. Thus, a new review tool based on an Intent and Instructions document (borrowed from the ACR Intent and Instructions, but edited to reflect Intact), and review process was developed during FY23 Q3 and 4, piloted in FY24 Q1, and implemented during FY24 Q2.

The review process is based on reviewing the quality of work during a 3-month Period Under Review (PUR, based on fiscal quarters). Cases are randomly selected from the teams participating in the Cook County pilot, with the only other criteria being that the case must be open for at least 45 days during the PUR, and not previously reviewed in the last 6 months. The number of cases reviewed in a fiscal quarter has been in the mid-300s as the team master's the process, however the ongoing number may vary due to enhancements to the process that may require more time for the review of each case (see next paragraph).

Data reports for each agency and team were developed and are being shared with said agencies/teams, with organized quarterly meetings during which attendees are provided their data and then asked to participate in small group discussions. These discussions focus on exploring team-specific data, exploring the underlying reasons for their data, and moving toward identifying and implementing small tests of change. In FY24 Q3, the team developed an interview component (with the assigned caseworker), and a Feedback Form. Both of these tools are being piloted now (in FY24 Q4) with the goal of launching in FY25 Q1.

While the QEST data is currently only collected in Cook County, the goal is to expand it statewide as soon as is appropriate (per the pilot implementation team). The QEST team continues to review intact cases from DCFS and CWC agencies for quality CFTMs in Cook County. The reviews occur over a quarter period of time. QEST reviewers also use the Intact Case Review System (ICRS) review tool to review the selected case for practice and safety concerns. At the end of each quarter, a review report is created and shared with intact providers.

DCFS has completed its partnership with the Capacity Building Center for States on the Cook CFTM Intact Pilot, which provided ongoing facilitation, coaching and support for the Pilot. The Center was successful in its intent to support the successful transfer of implementing and providing coaching to supervisors by DCFS. Coaching sessions with Cook County intact workers continue, the Implementation Team continues to promote the CFTM tip sheets and documentation templates, and the Parent Engagement Survey to gather data regarding client satisfaction as it relates to CFTMs.

**Agency Performance Monitoring and Execution (APME)**

During the 2025-2029 CFSP, APME will continue to implement a number of CQI-related activities to support improved practices and outcomes within CWCA teams and DCFS teams statewide. One is continued use of the new Quality Case Review Tool (one for Permanency and one for Intact), which collects data on a multitude of both compliance and qualitative practices. The tool includes guidance to APME monitors who are collecting the data and incorporates definitions that are present in the ACR tool and the QEST tool, so there is alignment across review processes as it relates to assessing the Quality of CFTMs, Case Planning, In-Person Caseworker Contacts, Family Visitation (permanency only), and Supervision. This review process has been critical in assuring

best practice and compliance with casework documentation and has been effective in identifying barriers to promote successful service to the families served in Illinois.

AMPE has developed automation of the Quality Case Review Tool allowing for an easier review of the collected data and quality score for additional assurance that all youth are receiving services that support systemic factors of overall safety, well-being, engagement and positive permanency outcomes. It is expected that during this CFSP period, APME will have implemented a process by which the collected data can be reported out to teams for CQI purposes.

This comprehensive review allows APME to tailor specific monitoring by providing increased resources and efforts in specific areas if needed. Monitors share the results with the Child Welfare Contributing Agency (CWCA) via the monthly APME meetings, or immediately if a safety issue is present.

### **Crisis Intervention Teams (CIT)**

DCFS administration, in conjunction with the Illinois' Governor's office, formed the Crisis Intervention Team (CIT) to further support a coordinated assessment and practice intervention response to child fatalities. Multiple areas of interventions to improve practice were initiated at the field level review of fatality cases coordinated by the Divisions of Child Protection and Operations administrators in June 2019.

*Please see additional information in Chapter 4*

### **Well-being Improvement Review and Linkage (WIRL)**

The WIRL is a new review tool and process developed in the context of a consent decree. This project was the result of data analysis completed by the court-appointed experts that identified a specific group of youth who had especially poor permanency (and other) outcomes. These youth had experienced 4 moves in a 12-month period of time, with one of the moves including a psychiatric hospitalization. Youth meeting these criteria are referred to as Youth Needing Intervention or YNI youth. One of the exit criteria for the Superseding BH Implementation Plan is for DCFS to achieve a reduction in the rate of moves that the YNI youth experience. The Well-being Improvement Review and Linkage (WIRL) process was created to achieve the goal of reducing placement changes and increasing permanency discharges for YNI youth.

The WIRL process includes:

- A weekly list of qualifying Meta Model Pilot youth (and Comparison) Teams, and statewide.
- For qualifying youth in the Pilot Teams only: A comprehensive review of the youth's SACWIS case by the UIUC Case Practice Review team, including an interview with the youth.
- A debriefing of the case review with the assigned caseworker, supervisor, Youthcare coordinator, Clinical, and others.
- The convening and facilitation of a post-WIRL review CFTM at which the reviewer again reviews the findings with the entire CFTM with the goal of developing a comprehensive CFTM Plan in response.
- DCFS Clinical team member follow-up at CFTMs 3- and 6-months post assignment to a WIRL reviewer; and ongoing evaluation of impact.

This review process has been successful in some ways (the quality of the review and data produced and provided to the CFTM), and not in other ways (what happens after the review). The process is currently undergoing re-evaluation to identify improvements that can be made in order to achieve intended impact. The process has the additional support of the CWPPG team, and the University of North Carolina Implementation experts.

Since the WIRL process began in March 2023, 19 youth have been eligible for review. The state does not yet have any data regarding a decrease in the rate of moves for those youth who have received a WIRL. During the 2025-2029 CFSP, it is expected that the state will have data demonstrating that the WIRL process reduces the number of moves a youth experiences (because needs were met as a result of the WIRL).

*States should provide information on how the CFSR and/or CFSR PIP feedback loops were utilized in the development of the 2025-2029 CFSP goals and objectives. States should also address how feedback loops take into consideration the different types of information that families, children, and youth; Tribes, courts and other partners; will find useful to assist the state in their system improvement efforts.*

### **Continuous Quality Improvement (CQI)**

Using the 5 principles outlined in the Children’s Bureau issued Information memorandum ACYF-CB-IM 12-07 to assess incorporation into our CQI processes and activities:

#### **I. Foundational administrative structure:**

**For Family First:** A strategic planning workgroup structure comprised of DCFS and private agency leadership, court leadership and stakeholders that have been active in and leading the Family First Prevention Plan development, will be the overarching entities that provide the coordination, oversight, and ongoing evaluation of the CFSP, the data to support the APSR, the PIP implementation and measurement to monitor improvement and need for adjustment. These groups will comprise the “decision-makers” and are intended to be sustainable entities that continue beyond administrative changes.

DCFS leadership meet monthly as the **Strategic Plan Implementation Communication Exchange (SPICE) committee**, a CQI oversight committee. SPICE drives reciprocal communication to leadership and back to divisions and to stakeholder groups. Additionally, in January 2024, the structure of the group was revised to fully reflect and support achievement of the CFSR Outcomes and Systemic Factors, and designed to foster collaboration between divisions/units to work together on their presentations on specific outcomes. For example, the presentation on Safety 2 included collaboration with DCP, Intact, and Permanency to ensure that the outcome was in view by all parties and thus progress could be made to improve performance and the experience of our families and children served. The presentation on the Quality Assurance Systemic Factor was tailored to support information being presented by Permanency (on Permanency 1 and Permanency 2). In this way, silos can be broken down, and the state will also be better positioned for more positive outcomes in our next CFSR, Round 4.

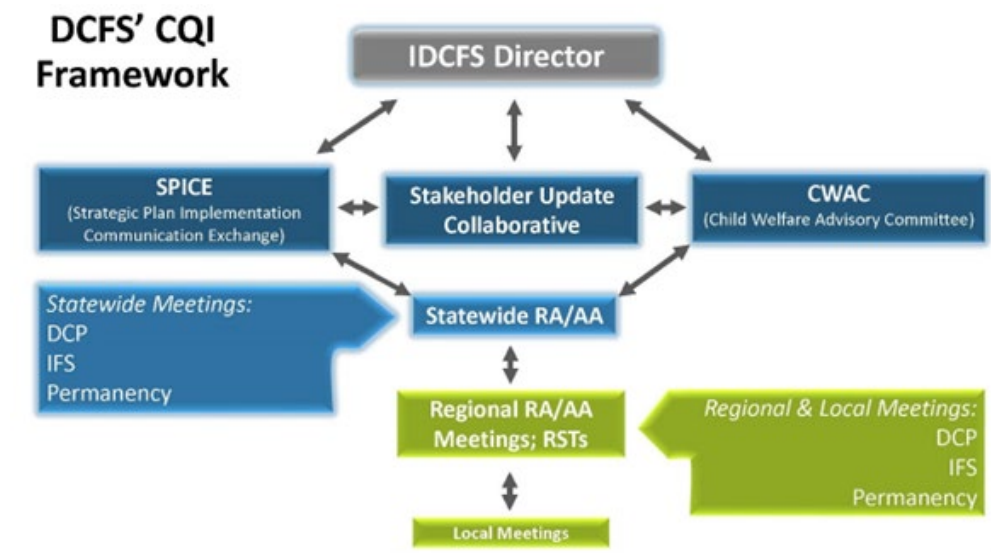
Representatives of each of the existing advisory groups meet monthly as the **Stakeholder Collaborative Update committee**, which includes representatives that bring information back and forth between the SPICE and Stakeholder Collaborative meetings.

The **Child Welfare Advisory Committee (CWAC)** includes private agency and DCFS leadership and is another method of communicating information between stakeholders and DCFS.

**Regional Support Teams (RSTs)** include CWCA and DCFS management, supervisors and CQI staff to review and discuss regional permanency data to understand root causes, identify a regional priority, identify a regional strategy to improve a specific practice/outcome, and monitor implementation and impact. Additional team members (including Lived Experience,

legal representatives, clinical, etc.) are included when needed and appropriate to the discussion.

In addition, **formal communication loops** previously established will be reinstated to communicate the results of this CQI process throughout the system. The intent is to embed communication and CQI into all existing meetings involving DCFS, private agencies, Administrative Office of Illinois Courts (AOIC) and other key stakeholders.



**II. Quality data collection**

An ongoing agenda item of the Data Workgroup is the continual validation of data and improving extraction code. DCFS’ first Data Quality Plan (DQP) was approved in October 2023 by the Administration for Children and Families, Children’s Bureau. One of the Data Quality Plan priorities is to improve the quality of permanency goal data in CCWIS. The second priority is to increase data literacy throughout DCFS via a Data Literacy Plan. The Data Literacy Plan is in development. The Division of Quality Assurance has completed its own data literacy assessment and has completed a few data literacy activities. Including CWCAs in the Data Literacy Plan and in the Data Quality Plan (DQP) itself is an important feature of ensuring quality data collection. One of the 4 priorities detailed in the DQP is the following: “Engage CWCAs to better understand data quality challenges and to increase their understanding of the Data Quality Plan and priorities.”

**III. Case record review data and processes**

Case record review is a strength for DCFS using standardized training and protocols. Please see above for more details of how Illinois has implemented this principle.

**IV. Analysis and dissemination of quality data**

Former DCFS Director Smith authorized the creation of a new team reporting to the Senior Advisor for Performance Management and Accountability dedicated to data collection and analysis. These data stewards are on board and assigned to child protection, intact, and foster care, as well as CFSR/CFSP/APSR/PIP, BH, ACR, and special/focused case reviews.

An example of a report that is disseminated by the Performance Management and Accountability team to senior DCFS leadership includes the Monthly Caseworker Visits report. This report provides aggregate data at the state, region, sub-region, and team (RSF)

level, and also includes case-level data for use by managers and supervisors that identifies the months in which a visit was not documented (since 10/1 of the federal fiscal year and updated monthly). An ongoing effort with DCFS Permanency leadership (statewide) and APME leadership (statewide) is aimed at ensuring that every agency/team has their specific data and a clear set of instructions: to review the list for missing notes, and if a visit DID happen during the month(s) in question, then enter that/those note(s). If a visit did NOT happen, then ensure that for the remainder of the months in the FFY that a monthly visit DOES occur and gets documented.

**Root cause analysis is occurring within the RSTs, and at the SPICE.** CFSR PIP Measurement data is analyzed and has been disseminated regularly, ACR data is available to all on Dnet for ongoing analysis – used specifically in the Meta Model evaluation for BH, QEST data is being shared directly with teams/agencies for CQI purposes, CIT data is shared quarterly and they also convene quarterly Grand Rounds where a specific case is debriefed and the attendees are engaged in conversations.

APME Dashboard Performance Data

There are three APME Dashboards, each with similar measures that are factored into an agency’s monitoring level: The Foster Care (HMR/Traditional) Dashboard, the Intact Dashboard, and the Specialized (Foster) Care Dashboard. Each dashboard allows agencies to view their own specific data, and agency-identified staff also have access to their case-level detail for each measure. Below is a sample of the HMR/Traditional Dashboard, specifically the performance of a particular Agency (called an “Agency Scorecard”):

Measure	Description	Goal	Agency PFY Pct	State-wide PFY Pct	Agency CFY Pct	State-wide CFY PCT	Agency LM PCT	State-wide LM PCT
1	% of Children Achieving Legal Permanency	40%	0.00	29.41	50.00	27.32		
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%	100.00	94.37	93.85	94.90	100.00	92.96
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%	100.00	89.21	100.00	89.51	100.00	87.95
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%	82.43	49.33	70.83	52.06		52.87
5a	% Weekly In-Person Parent/Child Visits (RH goals only) (per SACWIS)	80%	68.94	35.72	45.28	38.14		33.98
5b	Average # Parent/Child Visits Per Month (RH goals only) (per SACWIS)	4.00	4.62	2.38	2.58	2.55		2.33
6	% Absence of Maltreatment While In Foster Care	100%	100.00	97.75	100.00	98.30	100.00	99.97
7	% Absence of Maltreatment 6 Months Post Permanency	100%		95.58	100.00	97.30		100.00
8	% of HMR Foster Homes Licensed	70%					0.00	39.22
9	% of Children Placed With Less Than 2 Paid Providers over a 12 month period	90%	83.33	85.01	100.00	84.18		
10	% of Cases With a Service Plan Completed Within 45 Days of Child Case Opening	95%	100.00	80.11		80.38		
11	% of Children Assigned to less than 2 Info Caseworkers over a 12 month period	Only	22.22	45.58	66.67	53.78		

LM (Last Month) PCT (Percent) for Measures 1, 9, 10, & 11 is not calculated and is therefore not shown. Prior Fiscal Year (PFY Pct) and Current Fiscal Year (CFY Pct) for Measure 8 is not calculated and therefore not shown.

IF any other space is blank, that means that there was no assigned cases for that Measure under CFY or LM.

The Dashboard provides scorecard performance for State, Agency, Region and Team. The Scorecards are color coded for ease in identifying percentages that meet the goal (green), the percentages that are hovering and close to being out of compliance and not meeting the goal (yellow), and the percentages that are not meeting the goal (red). Scorecards provide a comparison in performance from last year, current year and last month where applicable.

- Performance Red Flags – This category identifies the existence, severity and duration of performance issues that are not captured on the performance dashboard, such as child deaths and OIG investigations. Other more common red flags include caseload ratio issues, staff turnover and critical ACR Feedback data that show persistent problems including delays in permanency, service issues, etc.
- Microsoft Teams – The Agency Performance Monitoring & Execution Team has transitioned most of their project tracking, audits, reviews, and reporting to Microsoft TEAMS channels. This includes caseload ratio data, audit findings, permanency updates, chronologies, reporting on critical performance issues, and many other daily, weekly, and monthly uses.
- GAPT Monthly Report Share Drive- Creation and storage of all APME monthly program performance reports for each site are stored in this group share. The monthly report format includes comprehensive information about performance and quality of each program type at each site while offering the ability to conduct a statistical analysis of trimester data in one report.
- Reports/Audits –

**Update for June 30, 2025:**

The chart below shows the number and type of reports written by the Agency Performance Monitoring & Execution Team staff year to date in FY 25 through April 2025.

Type of Report/Audit	Frequency/Type of Report/Audit	Completed
Performance Reports	Monitor Monthly Report – FC/Spec	2095
	Monitor Monthly Report - IFS	814
SACWIS Case File Audits	10%/Annual - FC	1348
	10%/Annual - IFS	156
	10%/Annual - Spec	609
Hard Copy File Audit	IFS/FC	487
Case Interviews	Staff Interview	138
	Care Provider Interview	86
	Parent Interview	74

Audits – The APME Team has conducted a multitude of agency audits in the past Fiscal Year, including, but not limited to audits related to child safety, permanency, in person contacts, quality supervision, in person contacts, closed case record management, Normalcy factors, youth credit checks & training, foster home capacity/utilization, overall services offered, and an assessment of identified services related to aftercare services.

Monthly agency site performance meetings - These continue between the APME Monitor and agency staff, including the APME Supervisor. The video calls with PowerPoint presentations

have saved both CWCA and DCFS staff time and travel and has created a more concise and detailed historical record of performance discussions for that month.

Home of Relative (HMR) Licensure reviews - APME meets monthly with the CWCA licensing staff to address unlicensed HMR foster home rates and assist with removing any barriers to licensure to focus on the importance of increasing the numbers of licensed relative foster parents to provide additional support to the youth and families served. The ongoing collaboration with the CWCA licensing staff remains a way to continually assess and assure that the agency remains in compliance with the licensure of home of relative and fictive kin foster homes.

Monitoring Collaboration - APME regularly and frequently reviews trends and case specific data from Administrative Case Review, Advocacy Office, Director’s Office, OIG, Clinical, and Agency & Institution Licensing at the agency site level. Youth moving toward adoption and guardianship are reviewed weekly by APME monitors in collaboration with CWCA Permanency and Adoption Staff to discuss barriers and progress towards permanency goals. In Cook County, every CWCA is expected to submit one case per week to the Subsidy Unit for review with the overall goal to increase permanencies in Cook County. By FY24 Q2, Cook County was ahead of their permanency goals from last Fiscal Year.

Efficacy of the Monitoring Model - Agency Performance Monitoring & Execution Team considers the primary measure of an effective model of monitoring is the extent to which CWCA performance has improved during the period of model implementation. The Agency Performance Monitoring & Execution Team has maintained historical performance data for HMR/Traditional foster care as reported on the performance dashboard. The chart below reflects CWCA system performance between FY 23 and FY 24 through April 2025.

**Update for June 30, 2025:**

Performance Measure	Measure Goal	FY 23	FY24 (updated, full year)	FY25 (thru 4/2025)
Permanency	40%/yr.	29.41%	34.10%	25.24%
CW Contact w/Children	95%	94.37%	95.87%	96.64%
CW Contact w/Care Provider	90%	89.21%	90.38%	91.88%
CW Contact w/Parents	80%	49.33%	53.17%	57.08%
Weekly Parent/Child Visits	80%	35.72%	40.04%	43.16%
4X Month Parent/Child Visits	4 visits	2.38	2.69	2.92
Lack of Maltreatment in Care	100%	97.75%	97.42	97.75%
No Maltreatment 6 Mo. Post-perm	100%	95.58%	95.80%	98.48%
HMR Licensure	70%		LM 39.22% *	LM 36.44%*
Placement Stability	90%	85.01%	84.56%	84.56%
Timely Service Plans	95%	80.11%	3.55%	83.55%
CW Stability	Info only	45.58%	53.78%	53.78%

*\*The dashboard shows LM- Last Month data only for this measure until the end of the fiscal year.*

Agency Performance Monitoring & Execution Team - Monitoring of DCFS Performance

The Division of Permanency has been monitoring the performance of DCFS foster care and intact family service teams. Currently APME is completing Quality Indicator reviews for both CWCA and DCFS teams and monitoring DCFS the same way as CWCA's.

### Agency Performance Monitoring & Execution Team - Child & Family Team Meetings

Agency Performance Monitoring & Execution Team is further monitoring the successful completion of Child & Family Team Meetings with the goal to increase permanencies. Each APME monitor is required to observe one CFTM per month. A representative from an outside consulting firm meets with the monitor prior to the CFTM to discuss expectations of the CFTM. The mentor and the APME monitor observe the CFTM and follow up to discuss the strengths and areas of improvement for the CFTM leader and score the CFTM.

Another meeting is held with the CWCA staff who were present at the CFTM, with the APME Monitor leading the discussion of the review score. This has shown to be a positive experience for the participating team members by providing recommendations when needed for a more successful CFTM.

### Enhanced Monitoring via a Specialized APME Team for specialized youth

The Statewide APME Specialized team has focused on specialized services for the youth and families served by specialized CWCA providers. This monitoring model supports statewide consistency for service provision to the specialized population served by the CWCA partners with ongoing collaboration, monitoring, guidance, and support.

The Statewide APME team has continued this work by assuring that specialized services are provided via an ongoing review of those services and reviewing the contracted numbers projected to serve youth and families in accordance with their contractual agreements. This includes the ongoing monitoring of specialized foster home numbers with the intent to provide specialized training in advance of a placement to promote a more cohesive, immediate, and individualized support system for our specialized youth.

### Update for June 30, 2025:

In FY25 a weekly update of specialized foster care capacity and contract utilization is documented via a shared drive to assure there are available foster homes with the ability to serve our specialized youth at any given time. The continued goal related to the recruitment of specialized foster home numbers with the intent to provide specialized training in advance of a placement remains a focus in FY26 that will promote a more cohesive, immediate, and individualized support system for our specialized youth.

## **V. Feedback to stakeholders and decision-makers and adjustment of programs and process.**

While providing feedback to stakeholders has been a continual process, using feedback to adjust programs and measure progress is improving (e.g., SPICE and RSTs). In addition, the various advisory groups report to the Stakeholder Collaborative Update Committee to strengthen communication loops and responsiveness to recommendations from these groups. CQI has continued to evolve from a DCFS-exclusive framework and process to one that has expanded to a collaborative process with the private agencies, the Administrative Office of Illinois Courts, stakeholders, and advisory groups. Shared vision and shared ownership are key to this integrated CQI framework and process.

### **Data Sets and Analysis to Support Decision-making and Monitoring**

Quality Assurance staff have access to data reports, scorecards and PowerBI dashboards, and have received training to run reports and use those reports in a CQI process. There is a steep learning curve for many, so the division regularly exposes the staff to the data and how to extract it and understand it. Again, data literacy plays a significant role in this process.

The Continuous Quality Improvement (CQI) framework of Plan-Do-Check-Act is infused into the work across DCFS divisions and at all levels.

*Assess the progress in making planned enhancements in capacity to the state's current CQI/QA system. Include information on training or other supports to enhance the capacity of CQI/QA staff to develop analytic questions, generate appropriate measures, understand how to evaluate outcomes during the phases of implementation, and account for variation in populations that impact the ability to observe improvements over time.*

There are two on-demand CQI trainings developed with Chapin Hall which are available to take at any time and as often as needed or wanted (one for DCFS and CWCA CQI staff, and one for all other types of DCFS and CWCA staff). These trainings have migrated from the old VTC to the new LDS (in IllinoisConnect). Minimally, these trainings support: Identifying areas in need of improvement through the data; developing a solution-focused improvement plan as a result of root cause analysis; and developing a consistent monitoring and reporting process to communicate progress to relevant stakeholders.

The training geared toward CQI staff has been enhanced for DCFS Regional Quality Specialist with hands-on technical support from the Capacity Building Center to:

- Continue building and strengthening the Regional CQI Support Teams (RSTs) statewide, and
- Continue building capacity internally (within QA) to be the CQI Experts for DCFS, which includes learning how to develop analytic questions, seek and understand relevant data and data measures, understand how to evaluate outcomes during the phases of implementation, and account for variation in populations that impact the ability to observe improvements over time.

All case reviews conducted by the Division of Quality Assurance (DQA) and Administrative Case Review (ACR) are now qualitative in nature versus compliance focused. All DQA (including ACR) reviews are accompanied by review tools that support each other and align with each other.

Examples would include:

- A qualitative CFTM defined the same way across tools, the data consistently defined and evaluated with permanency and intact service lines,
- Instructional build guides to support answers and ratings from a qualitative standpoint,
- Interview guides to support soliciting and understanding the perspective of case stakeholders,
- Validation/quality control steps to ensure inter-rater reliability,
- Databases to house the collected data, and
- PowerBI dashboards of all kinds (in collaboration with OITS).

Continuing into the 2025-2029 CFSP will be:

- The “Data for CQI” page on Dnet which provides a significant amount of data to the field for any user with an Illinois.gov email account. This, combined with DQA visits to agencies/teams around the state, supports the use of the data in CQI processes and activities across the system.
- Continuing to build and strengthen the Regional CQI Support Teams (RSTs) statewide. DCFS is receiving support and expertise from the Center for States in this endeavor.
- Building capacity internally (within QA) to be the CQI Experts for DCFS.
- Developing and enhancing data literacy for DCFS and CWCA staff statewide.
- Producing high quality data and providing real-time feedback and support to assigned caseworkers and their supervisors. To better support the PDCA cycle of improvement to utilize data collected by QA in particular, QA staff are meeting with smaller groups of operational staff, for example DCP staff in sub-regional groupings, to explore findings from

the Maltreatment in Foster Care Review and develop/implement small tests of change. This model will continue with other data from targeted reviews, and for CFSR 4 data that will be collected during the 2025-2029 CFSP. The intended goal is observable improvement in outcomes.

- Intentionally linking findings from different reviews to support the story (for example, findings from PIP Measurement data around quality contacts is limited to a maximum of 65 cases per measurement period; ACR, QEST and CIT data support the findings but on a much bigger scale. This gives value to all of the review processes that collect this data, in which the story is clearer (i.e., contacts with children, parents, foster parents are most qualitative when planning occurs and visits are intentional).
- Support/Technical Assistance from the Capacity-Building Center for States for two main projects:
  - Implementation of CFTMs in Intact cases (pilot, Cook County only), and
  - Implementation of RSTs across the state (as well as providing training and coaching to DQA staff regarding CQI skills, principles and elements).

*Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support CQI/QA and how the agency ensures coordination of CCWIS Data Quality Plan and Biennial Review strategies with ongoing CQI/QA activities.*

IllinoisConnect will include a future state for the completion of APSRs and CFSPs (process and data needed). It will also support NCANDS and AFCARS data submissions by more accurately collecting and mapping required data elements.

The Data Quality Plan has identified the following data quality priorities for state fiscal years 2024 and 2025:

- 1) Improve the accuracy of data collected and entered in the system, specifically related to permanency.
- 2) Develop policies and procedures that define terms and data measures consistently so there are established business rules, consistent measurement of indicators, and increased data literacy (note: increased data literacy is being addressed by QA through the development of a data literacy program).
- 3) Engage CWCA's to better understand data quality challenges and to increase their understanding of the Data Quality Plan and priorities.
- 4) Establish a Data Governance Structure to oversee implementation of the Data Quality Plan, its priorities, and biennial reviews; monitor progress; and update the Data Quality Plan annually.

#### **Current and Planned Activities:**

- Over the next five years, DCFS expects that the RSTs will be fully functioning CQI teams, comfortable with accessing and using data for CQI, with identified priorities and implementing/evaluating small tests of change, and actively involved in the ongoing PDSA cycle of improvement.
- The DCFS Quality Assurance division is preparing to begin qualitative case reviews using the OSRI for CFSR Round 4, with the goal of being approved to conduct a state-led review for CFSR Round 4. An additional goal of conducting case reviews beginning in FY25 is to help the system identify strengths and areas needing improvement in order to better position itself for the official CFSR 4, and ideally demonstrate improved achievement of outcomes (over previous CFSRs).

- It is expected that the QEST intact case review and data collection will continue with the enhancements noted above and expand to include cases from other regions for use in ongoing CQI activities and processes within the Division of Intact Family Services. As part of continuous improvement cycles, the review process and review tool will be modified as needed to provide data needed for CQI cycles.
- APME will continue to review intact and permanency cases using the Quality Rating Tool, which is aligned with other qualitative case review processes in order to ensure quality services to children and families served by DCFS and CWCAs.
- DCFS will continue to refine and evaluate the WIRL process to determine effectiveness. If the WIRL is determined to be effective in increasing discharges to permanency for YNI youth, DCFS will develop plans to expand implementation statewide.

### **Update for June 30, 2025:**

DQA has spent much of FFY25 communicating the big picture story – about how our CFSR, ACR and QEST data clarifies the need to address how staff engage and work with parents (especially fathers), and how that impacts our ability to achieve outcomes to the degree that DCFS desires. DQA will continue to tell that story with data and in meetings we participate in. Additional QA updates:

- **RSTs:** Regional Support Teams (RSTs) are fully operational in all regions, and all 4 are focused on increasing the quality of Child and Family Team Meetings (CFTMs) as a vehicle for improving engagement of families and improving achievement of permanency. The RSTs use ACR data (Priority Area 1, Quality of CFTMs) to measure change. There have been 2 semi-annual Statewide RST Planning Meetings, in September 2024 and March 2025. Both planning meetings have helped the leadership of all 4 groups push the RSTs through the CQI cycle of improvement (using the Plan-Do-Study-Act model). After the first planning meeting, we learned that before any action planning could begin, we needed to provide a foundation of knowledge to all caseworkers and supervisors. This was accomplished by providing three CFTM Forums (led by Implementation Directors from DCFS' Office of Research and Child Well-Being). After the second planning meeting, the RST leaders were provided structured guidance to conduct root cause analysis and draft a regional action plan. The groups have recently been provided with data from Chapin Hall that indicates CFTMs have the most impact on permanency for families with reunification goals. This may be their small test of change, but still unknown at the time of this writing.
- **CFSR:** DQA, with its University Partner (UIUC/FCURP) leading the way, has implemented the IL-CFSR4 reviews (non-official CFSR reviews using the federal tools and processes: OSRI, resources and the OMS). Staff began conducting reviews in July 2024 and have been reviewing monthly since then (except for January 2025). Data from July and August has not been communicated to anyone, as those reviews were purely practice and learning for a mostly new review team. Data from reviews conducted between September 2024 – March 2025 have been communicated to staff primarily through SPICE. A total of 91 cases have been reviewed since September: 78 Foster Care and 13 In-Home. Our federal CFSR partners began conducting Secondary Oversight of our cases in March 2025, and will continue to do so until the start of our official CFSR Round 4 Reviews, expected to begin no sooner than 4/1/26. DQA and FCURP have conducted two formal CFSR 4 Kick Off Events (one in-person and one virtual).
- **QEST:** Quality Enhancement Support Team (QEST) reviews of Intact Family Services cases have continued through FFY25. The review process expanded to the entire state on 7/1/25,

with the completion of the Cook CFTM Pilot. Since 7/1/25, 828 cases have been reviewed across the state. Efforts are made to schedule an interview with the caseworker or supervisor on every case reviewed (505 caseworkers and 49 supervisors have been interviewed). Currently, a pilot is underway to begin interviewing a parent for every case reviewed. The Child Welfare Policy and Procedures Group (aka CWG) is supporting this adaptive shift. QUEST data is shared quarterly (state and regional). The Regional Administrator for Cook and Northern regions convenes quarterly CQI meetings with her intact DCFS and CWCA staff where the QUEST Manager presents the regional level data, agencies are provided with their individual data, and agencies are asked to engage in small group discussions to explore their data and develop CQI cycles of change. DQA has developed a PowerBI dashboard for the QUEST data, which makes it much easier to generate reports. Currently, DQA is working on developing a Trends dashboard. The goal is for this dashboard to be published to DCFS' Data for CQI tab on Dnet and thereby be accessible to all staff with an Illinois.gov email address.

- **CIT:** CIT continues to review cases – a total of 123 cases were reviewed in calendar year 2024. An annual report is being published and should be available on the DCFS website soon.
- **WIRL:** There have been very few cases eligible for a WIRL review during FFY25 (a total of six). CWG is now actively involved with every WIRL youth still in care, providing coaching/mentoring/support to assigned staff to secure needed services and achieve stability.
- **Targeted Reviews:** During FFY25 DQA facilitated two targeted reviews (Re-Entry into Foster Care, and Recurrence of Maltreatment). Both are in the report-writing phase. Additionally, DQA was able to present the Maltreatment in Foster Care data collected during FFY24 to Child Protection teams across the state, at regional meetings. During the presentations, discussions consistently focused on how relatives/fictive kin are assessed at initial placement (at protective custody). These discussions led to the development and implementation of a statewide small test of change (see Item 1 updates).
- **DCFS's Data Quality Plan:** Our Biennial Update is due 6/30/25 and is being updated.
- **Data Literacy Program:** As part of the Data Quality Plan, housed within Priority 2, DQA is developing a Data Literacy Plan for DCFS and CWCA staff. A workgroup meets regularly and includes DCFS and CWCA staff, training staff, as well as information systems staff. A plan has been developed for the Data Literacy Program, and several targeted trainings are in development.
- **Augintel:** Augintel is an AI program that mines case narratives in SACWIS and includes a multitude of queries that are available. DQA uses Augintel to assist with case reviews, as it can quickly identify topics (such as “father”, “court”, “safety plan”, etc.) within cases being reviewed. This enables reviewers to be more accurate about the evidence surrounding certain practices.
- **SPICE:** During FFY25, the newly developed and implemented structure as noted above came to life. Senior staff began presenting comprehensively and in response to the CFSR outcomes and systemic factors, incorporating CFSR data where applicable, including additional data as applicable, and really connecting the day-to-day work with the CFSR. This has resulted in divisions developing action plans/strategies to address identified challenges.

APME has implemented an updated version of the APME Performance Dashboard. An example of a screen in the new dashboard is below and the color coding is the same as the prior dashboard explained above and the measures indicate prior fiscal year (PFY-state fiscal year runs July 1-June 30), current fiscal year (CFY-also state fiscal year), and last month (LM). The dashboard puts the agency performance next to the statewide performance to give context to the agency.

Goal		Agency		Statewide		Agency		Statewide	
		PFY_Pct	PFY_Pct	CFY_Pct	CFY_PCT	LM_PCT	LM_PCT		
1b	% of Children Achieving Legal Permanency (MH, MH/MD Cases)	25%	45.00	31.93	14.29	30.38	0.00		
1b1	% of Children Reunified	25%	5.00	4.72	0.00	4.12	0.00		
1b2	% of Children Achieving Guardianship	25%	40.00	27.21	14.29	26.25	0.00		
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%	87.10	58.55	89.93	60.78	56.25	58.13	
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%	96.77	91.56	95.30	93.16	56.25	89.18	
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%	65.82	56.53	77.59	59.98	62.50	63.52	
5a	% Weekly In-Person Parent/Child Visits (RH goals only) (per SACWIS)	80%	65.81	39.78	73.66	40.52	33.33	34.91	
5b	Average # Parent/Child Visits Per Month (RH goals only) (per SACWIS)	4.00	5.13	2.55	4.86	2.50	1.50	1.44	
6	Absence of Maltreatment While In Foster Care (% of Case NOT Experiencing an Episode of Indicated Maltreatment While in Agency Care)	100%	100.00	99.15	100.00	99.54	100.00	100.00	
7b	Absence of Maltreatment 6 Months Post Permanency (MH, MH/MD Cases)	100%	100.00	98.36	100.00	97.64	0.00		
9	% of Children Placed <u>With</u> Less Than 2 Paid Providers Over 12 Month Period	85%	88.89	93.44	82.76	94.63	0.00	0.00	

The APME team continues to conduct agency monitoring activities that are captured in monthly and annual reports. Quality Case Record Reviews (QCRR) are completed at every agency and site throughout the year. The QCRRs are focused on the provision of quality casework practices with an emphasis on engagement, safety, permanency, and well-being. APME also conducts Quality Indicator Reviews on a sample of cases served by CWCAs. The results of both reviews are debriefed with Administrative CWCA staff at the monthly performance meetings, unless there is a safety issue, which is communicated immediately to the CWCA. An indicator of the efficacy of the monitoring model is whether or not the performance measures in the dashboard show improvement or not. Of the 12 performance measures on the dashboard, 9 of them have increased for partial SFY 2025 (through April 2025) over SFY 2024. The new APME team that monitors specialized foster care services continues to monitor utilization and training of providers. The Statewide Monitor collaborates with Placement Administration to improve upon the matching process to ensure specialized foster homes can meet the specific needs of the youth placed in the homes.

### Staff and Provider Training (ITEMS 26-28)

#### ITEM 26: Initial Staff Training

**Response:** Please see Addendum D to this CFSP, the Training Plan, for information that supports the functioning of this Item during the 2025-2029 CFSP.

#### ITEM 27: Ongoing Staff Training

**Response:** Please see Addendum D to this CFSP, the Training Plan, for information that supports the functioning of this Item during the 2025-2029 CFSP.

#### ITEM 28: Foster and Adoptive Parent Training

**Response:** Please see Addendum D to this CFSP, the Training Plan, for information that supports the functioning of this Item during the 2025-2029 CFSP.

### Service Array and Resource Development (Items 29-30)

**ITEM 29:** *How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?*

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*

- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

**Response:** As DCFS continues to further engage with appropriate stakeholders to lead resource development, DCFS' ability to identify needs and support this development continues to evolve. DCFS is actively engaged with multiple stakeholders including YouthCare (Medicaid MCO), State of Illinois Health & Family Services (HFS), and the State of Illinois Children's Behavioral Health Transformation Initiative. All three stakeholders are responsible, within their scope of work, to identify needs and provide resource development for DCFS youth and families. Additionally, DCFS remains active in developing resources when needs are identified out of the scope of other stakeholders. Shifting DCFS focus from developing "our own" resources to working with stakeholders whose responsibility is to develop and or provide resources, has allowed DCFS to better assess how services impact youth and families in the moment and also check to assure that youth and families are stabilizing and growing towards permanency.

As YouthCare enters its 5<sup>th</sup> year in providing the Managed Care for DCFS involved youth, DCFS continues to be active in identifying needs and supporting YouthCare to bring new providers into their network. DCFS currently meets with YouthCare Leadership regularly to discuss data regarding both service needs and youth engagement in Medicaid services. These meetings are productive to assure all stakeholders understand the needs, challenges, and solutions. Additionally, YouthCare and DCFS leadership are active in developing "pilot" programs to test potential new services for some of DCFS' higher-need youth. Lastly, as very specialized needs are identified for individual youth, DCFS staff actively search nationwide to find services and collaborate with YouthCare to develop individualized contracts.

As the state's lead agency for Medicaid services, HFS is working with DCFS in developing new services to meet DCFS youth needs. Working closely with HFS, DCFS is currently supporting HFS to identify youth that may benefit from HFS's Pathways to Success program. Pathways is in current pilot status for DCFS aimed to meet the needs of youth with complex mental health and behavioral needs. Additionally, DCFS interacts closely with HFS to identify youth at risk of coming into DCFS care due to mental health needs and to support both youth / families to find services that can be supported through Medicaid. As this pilot work continues DCFS hopes to have a full statewide network of providers to work with our most challenging youth and families.

In 2023 the state of Illinois announced the State of Illinois Children's Behavioral Health Transformation Initiative. This initiative is focusing on behavioral and mental health needs for all youth and families in the state. DCFS being a stakeholder and partner in the initiative has been active in developing systems that identify both youth and system needs. Though this work is still new it has been a great source of data that is able to support development for future needs. Moving forward, the data collected is going to support building predictive models to identify both the types of diagnostic service needs as well as appropriate levels of intervention. This data work will also allow for more appropriate resource development based on geographic need and available to all youth in the state. Additionally under the Transformational Initiative the current SPIDER system will continue to support identifying current resources and assist in identifying needs.

In addition, DCFS continues to develop its own resources for youth with complex needs. The Capital Grants program, supported through the Governors office, will further our resource development focusing on out-of-home therapeutic treatment programs. Entering the third year of this development, DCFS will utilize the data collection and analysis mentioned above, shifting to be a more data-driven approach to developing resources that meet diagnostic and geographic

needs. Though lead by DCFS development, these programs, again, will also serve to be preventative in that there will be capacity to serve non-DCFS youth.

**Current and Planned Activities:** DCFS has been and will continue to collaborate with other state agencies in the Behavioral Health Transformation project, to collaborate with HFS and YouthCare to ensure development of Medicaid resources for youth in care and will continue to request funding to support Capital Grants for resource development. Over the next five years, through continuing partnerships with many stakeholders, using developing data systems and internal expertise, DCFS is targeting further growth from being the lead mental health development / system to being a consumer of services that serve all youth whether child welfare involved or not. Service development activities will equally target current youth and family needs but also focus on longer term stabilization to achieve permanency.

**ITEM 30:** *How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?*

**Response:** To ensure that service development and service needs are being identified to meet the unique needs of each youth, DCFS Clinical has implemented a new staffing model to identify and support individualized needs and support the treatment team to assure those needs are being met either through existing providers or supporting the development of new providers. At this early stage of implementation, there are no available performance measures to evaluate the effectiveness of the new process in achieving its objectives. Prior to implementing the new staffing model in the DCFS Clinical unit, there were concerns about older youth, especially those with a high level of clinical need, experiencing placement instability and sometimes spending time in an emergency setting or delays in stepping down from more restrictive placements due to challenges in identifying appropriate resources to support a family-based placement. Although this issue is related to a relatively small number of youth in the overall foster care population, these youth are at higher risk to remain in foster care rather than exiting to permanency with a family.

The staffing process will integrate the existing processes to ensure that the staffing is not duplicating processes for youth, families and all stakeholders while meeting the needs of each youth and family. The staffing will remain trauma-informed, family-centered, strength-based and support the Child and Family Team process. The process will empower families to identify challenges and needs, actively participate in case decision-making and building both formal and informal supports. The youth will be followed by the same team whenever possible for continuity and consistency. To ensure individual needs are being identified with appropriate intervention, DCFS Clinical Specialty staff and other subject matter experts will support the staffing by including expertise in: 0-3, Nursing, Domestic Violence, Substance Use, Sexual Behavior Problem, Intellectual and/or Developmental Delay, Deaf/hard of hearing/blind, Health services staff, Placement administration and Resource Development.

The Clinical staffing will determine the array and intensity of services needed for a youth to ensure that their educational, medical, mental health, behavioral health, and recreational needs are addressed. Recommendations will include “hard” services, but also recommendations for strategies to support the youth’s emotional and behavioral regulation. If there is a question regarding level of care, recommendations will be made in the staffing in partnership with Placement Administration and informed by the need recommendations. When services are not available, that information will be shared with appropriate resources development stakeholders.

Challenges and barriers in establishing an adequate service array that is able to individualize services to each youth and family are not unique to Illinois. There are nationwide reports of difficulty recruiting behavioral health providers for adolescents. Data to inform provider recruitment efforts is also challenging to obtain due to the complex funding sources, different rate structures, and extensive education and training needed by providers to adequately serve this population.

**Current and Planned Activities:** DCFS will continue to collaborate with other human services state agencies, non-profit and for-profit treatment providers, and relevant stakeholders to implement and evaluate new approaches to developing and sustaining a sufficient service array. DCFS will also continue to network with other child welfare leaders across the country to exchange ideas and learn from what has been tried in Illinois and in other jurisdictions. DCFS will continue to engage researchers and technology developers to improve data to evaluate current services and to inform future service development efforts.

**Update for June 30, 2025:**

*DCFS acknowledges that many individuals and families involved in the state's child welfare system have faced significant challenges, such as economic hardships, violence, or housing instability. These underlying conditions inform our service array development.*

With the implementation of the SAFE Model in Illinois, beginning with our Intake (hotline) unit in 2024, more cases are being referred to Intact Family Services or deferred to community partners for local support. As the SAFE Model expands, DCFS expects that the system will shift to more of a prevention focus, with many fewer youth in foster care. In anticipation of this:

- Recent re-organization of operational divisions in DCFS was motivated by a prioritization of prevention and front-end services, and a desire to align these services under shared leadership.
- The new Division of Prevention, Community Connection, and Intact Family Services now includes the following programs administered by or contracted by the Department:
  - Office of Housing and Cash Assistance, which handles all housing voucher and cash assistance requests for families with open intact cases and for youth aging out of foster care;
  - Family Advocacy Centers, which support both families involved with the Department and families in the community, providing a wide array of family strengthening services;
  - The Community Connections Program, previously known as Child Welfare Service Referrals, responds to preventative referrals and provides short-term referrals and service linkages.
  - Intact Family Services and Intact Family Recovery, which provide more formal child welfare services such as case management, service referrals, and support to families who have completed an investigation.

Aligning these programs into one division allows for improved coordination and communication with our internal and external partners.

**Agency Responsiveness to the Community (Items 31-32)**

**ITEM 31:** *How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?*

**Response:** The state has launched a Joint Stakeholder Planning Meeting series to ensure that system stakeholders and those with lived experiences are included in the development and implementation of the 2025-2029 CFSP goals, objectives and annual updates. The first meeting occurred in April 2024, with the goal of collecting information from stakeholders around key issues in order to inform the 2025-2029 CFSP Goals. A University-partner has supported the effort by gathering all of the input and organizing it for use in the identification of common goals to support in the CFSP. Moving forward, the meetings will occur twice annually – September and March. In this way, stakeholders can be informed of the final version of the CFSP and APSRs in September and be aware of the expectations to work toward for the next APSR, and then in March the group can continue by preparing to develop the APSR by 6/30 each year. Communication with the members will be ongoing throughout the year to support the implementation of goals and strategies between meetings.

The Stakeholder Collaborative is a monthly meeting that is attended by representatives and/or liaisons for each of the advisory groups. The purpose of the meeting is to promote communication and collaboration among and between advisory groups. Recently, the structure of the Stakeholder Collaborative was revised to ensure non-DCFS board member involvement is encouraged, to further engage our external stakeholders. The meeting structure has also changed to include deeper overviews of each advisory group’s purpose and projects, to reduce duplicative efforts and encourage collaboration with other groups. The meeting also provides a structured process to ensure every recommendation submitted to the DCFS Director is tracked and followed up on to ensure a response from the Director is communicated back to the originator of the recommendation. When recommendations are communicated through the proper channels, the tracking process has proved to be transparent and effective. The process requires recommendations are communicated to the Stakeholder Collaborative first for discussion. After discussion/modification, recommendations are then put into a tracking document by the Advisory Board Coordinator. The next step, recommendations are passed up to the proper division/point person and updates are made to the tracking document for communication back to the respective advisory group.

The plan for the 2025-2029 CFSP is to ensure all groups follow this protocol to ensure timely and effective responses to recommendations. Emphasis on this process will continue to ensure all groups are following the same procedure. The Stakeholder Collaborative continues to provide another method of collaboration with stakeholders in development of various DCFS plans and initiatives, such as the CFSR PIP and CFSP/APSR.

DCFS continues to support and engage a multitude of community groups and councils – please see the 2025 APSR Final Report Item 31 for more information and detail. The goal for this CFSP period is to intentionally and actively engaging relevant groups in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs).

For information regarding consultation with tribal representatives, please see Chapter 6 in this CFSP. Illinois now has one recognized tribe, the Prairie Band Potawatomi Nation. DCFS’ ICWA specialist is engaging with this tribe. The Prairie Band Potawatomi Nation is early in its re-establishment as a recognized tribe in Illinois. A goal for DCFS with regard to this tribe during the 2025-2029 CFSP will be to engage them in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs).

DCFS is also actively engaged with the Administrative Office of the Illinois Courts - please see Chapter 1 (Collaboration) for more information about this.

**Current and Planned Activities:** DCFS will continue to seek new and different opportunities to engage with and collaborate with stakeholders in the context of continuous quality improvement (CQI). Progress on these efforts will be measured by tracking participation in planning meetings, surveying stakeholders for feedback to better understand their concerns, and consistently providing data and feedback to stakeholders involved in joint planning. DCFS will also continue to reach out to the Prairie Band Potawatomi Nation to provide training on the CFSP, APSR, CFSR, and CFSR PIP to support their collaboration with DCFS in these efforts.

**Update for June 30, 2025:**

DCFS is committed to engaging with child welfare system partners semi-annually, with each convening building off of the previous. Partners include CWCA staff, legal/judicial staff, service providers, law enforcement, DCFS staff, legislators, and those with lived experience (parents, foster parents, and youth). These sessions began in April/May 2024. In September 2024, DCFS convened two joint stakeholder planning sessions: one was held in person on September 20 and the second was held virtually on September 21, 2024. Youth were engaged on September 22<sup>nd</sup> at the Statewide Youth Advisory Board meeting. The information collected from both the April/May and the September meetings informed the development of the five CFSP Goals (found in Chapter 3 of this document). In April 2025, DCFS organized five “Partnership for Progress” virtual meetings, each one organized around one of the five CFSP goals. Each meeting involved a presentation of how partner input had shaped the development of the goal being presented, a detailed description of the goal and the related objectives and measures of success and solicited their feedback to determine whether the goals reflected their input. These Partnership for Progress meetings will continue semi-annually, every fall and spring.

Illinois’ CFSR 4 Kick Off Presentations in April and May included the same partner types as the Partnership for Progress meetings, and volunteers were recruited to assist with the development of the Statewide Assessment, be shadow reviewers during the case reviews, participate in Stakeholder Interviews, and in the development of the future Program Improvement Plan.

Engagement with Prairie Band Potawatomi Nation: On April 19, 2024, 175 years after Native Americans were forced out of Illinois, the Prairie Band Potawatomi Nation was re-established as a federally recognized tribal nation in Illinois. Since then, DCFS has been engaging with the Nation through contacts and meetings with tribal representatives and working toward establishing a Memorandum of Understanding with the nation. The tribe is working toward building strong relationships with the state of IL and wants to make the least number of errors as possible for the best outcomes for their tribe and their citizens. At least one member of the tribe attended at least one of the recent Partnership for Progress meetings.

**ITEM 32:** *How well is the agency responsiveness to the community system functioning statewide to ensure that the state’s services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?*

**Response:** DCFS has been consistent in its pursuit of meaningful and strategic engagement and relationship building with intergovernmental agencies, as well as other stakeholders, to advance policy, programs, services, and initiatives that directly touch those we serve throughout Illinois. DCFS partners with other state agencies via numerous Intergovernmental Agreements (IGA’s). IGA’s have allowed DCFS to coordinate work, share information, and continually seek

improved methods of providing the children of Illinois with safety, permanency, and well-being. The agencies with whom DCFS has ongoing IGA's include, but is not limited to, the following:

- IECMHC - Infant and Early Childhood Mental Health Consultation
- HRSA - Health Resources and Services Administration
- SAMHSA - Substance Abuse and Mental Health Administration
- ACF - Administration for Children and Families
- University of Illinois at Urbana-Champaign
- University of Illinois at Springfield
- Social Security Administration

In addition, DCFS has developed agreements with the Department of Healthcare and Family Services, Department of Human Services, Illinois State Board of Education, and the Illinois Department of Juvenile Justice.

DCFS continues to serve on the Executive Task force for IECMHC. DCFS expects the partnership to develop further with the launch of the DCFS Home Visiting program, where Mental Health Consultants serve Home Visiting agencies. Federal Maternal Infant and Early Childhood Home Visiting (MIECHV) funding, along with funding from ISBE and DHS, are the primary funding streams for all Home Visiting services in Illinois.

DCFS continues to serve as representative payee for youth benefits and facilitates the social security process for verifying Social Security Numbers through the Social Security Administration (SSA). DCFS has been able to reimburse about \$19M in costs of care for youth in care. DCFS has also been working on a data exchange of system information with SSA consistent with legislative changes.

DCFS has partnered with the Department of Healthcare and Family Services in the transition of Medicaid coverage for youth in care to a Medicaid Managed Care Organization, specifically YouthCare. This transition includes the assignment of Care Coordinators to assist with connecting youth in care with resources to meet their physical and emotional health needs.

DCFS is partnering with HFS on the IL Pathways to Success program, which provides Medicaid funded high-fidelity Wraparound services to IL youth (both DCFS involved and not) with complex emotional and behavioral health needs that meet eligibility criteria.

DCFS has engaged, consulted, and coordinated activities with stakeholders across the spectrum of child welfare to address issues of importance to children, youth and families and it will continue this effort to improve the lives of the people served across the State. Evidence of these collaborations can be found in documentation from advisory group meetings and stakeholder collaboration meetings, as well as the recommendations submitted to DCFS from these groups and the DCFS responses to those recommendations. The tracking system implemented for recommendations has improved the feedback loop to ensure stakeholders receive a response to their recommendations.

**Current and Planned Activities:** DCFS will continue efforts to expand Wraparound services to all areas of the state, as one of the strengths of this model is individualized services and supports for a child and their family. DCFS intends to continue contracting with Wraparound providers to serve children in foster care and children served through Intact Family Services. DCFS will also continue the practice of collaborating with other agencies through IGA's and contracts to best serve children and families.

### **Update for June 30, 2025:**

Illinois DCFS has expanded Wraparound to 57 of the 102 counties in Illinois with a goal of making it available in all areas of the state. Illinois is working toward adding Wraparound to the Family First Prevention Services Plan as a prevention intervention. Other efforts that involve collaboration across state agencies include Kinship Navigator program development and the Illinois Children's Behavioral Health Transformation Initiative. The Kinship Navigator program development involves collaboration with Department of Aging Grandparents Raising Grandchildren program, Loyola Law School, and Chicago Volunteer Legal Services. The Children's Behavioral Health Transformation Initiative has increased access to behavioral health care for Illinois families through the launch of the BEACON portal in January 2025. The Behavioral Health Care and Ongoing Navigation (BEACON) care portal is a centralized resource for Illinois youth and families seeking youth mental health services and care, including state agency support and community-based programs. The development of BEACON involved DCFS and five other state agencies (Illinois Department of Human Services, Illinois State Board of Education, Illinois Department of Public Health, Illinois Department of Healthcare and Family Services, and Illinois Department of Juvenile Justice).

### **Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33-36)**

**ITEM 33:** *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?*

#### **Response:**

For descriptive information related to this item, please see previous APSRs. IDDFS has several different procedures that detail standards related to licensing of licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds:

- Procedures 383, Licensing Compliance, Monitoring, Complaints and Enforcement
- Procedures 401, Licensing Standards for Foster Family Homes
- Procedures 406, Licensing Standards for Day Care Homes
- Procedures 409, Licensing Standards for Youth Transitional Housing Programs

The DCFS Office of Licensing is tasked with ensuring that these standards are applied to DCFS-licensed homes/institutions during the actual licensing process (homes can only be licensed if all applicable standards are met), as well as through ongoing monitoring visits (semi-annual for foster homes and annual for childcare institutions). Currently, there are about 2000 DCFS-licensed homes, and about 8000 CWCA-licensed homes. Data specific to compliance with monitoring visits for DCFS-licensed homes/institutions is entered into CYCIS, however our CWCA's do not have access to CYCIS for data entry and DCFS does not have capacity to enter it for them. Thus, our data about compliance with monitoring visits is not currently comprehensive nor reflective of the entire system.

New in FY24 was the creation of a new, unified early childhood state agency (Department of Early Childhood) to house all early childhood programs and funding (effective 7/1/2024). This agency will assume all aspects of licensing of day care homes previously handled by DCFS, anticipated by July 2026.

Throughout the 2020-2024 CFSP period, the DCFS Office of Licensing continued to work toward ensuring that standards are applied equally to all licensed or approved foster family homes and childcare institutions receiving Title IV-B or IV-E funds by accomplishing the following:

- Rules 402-Non-Safety Waivable Standards Training went live at the Virtual Training Center on 8/15/22.
- In 2023, DCFS implemented foundations training for all DCFS and CWCA licensing workers. This training provides guidance on the licensing process, with a particular focus on helping licensing staff better explain the licensing process to potential applicants. This training should help reduce errors that may cause unnecessary delays in the licensing process. This is an on-demand training available on the DCFS Learning and Development Center.
- Information Transmittal 2024.02 was issued on March 12, 2024. This transmittal informs staff of the requirement to complete Mandatory Rules 402 Non-Safety Waiver Training within 60 days of the issuance of the transmittal for current staff, and within 60 days of completion of Foundations Training for staff hired after the effective date of the transmittal. The training course Rule 402-Non-Safety Waiver Training can be accessed via the DCFS Learning and Development Center on the D-Net, or through the Learning and Development Center website at <https://ilgov.sharepoint.com/sites/DCFSTraining>
- To improve the collaboration between caseworkers and licensing workers, assigned permanency caseworkers and assigned licensing workers are each required to meet with and facilitate a relative’s submission of an application.
- DCFS also continues to improve financial benefits to relative caregivers. In 2023, DCFS developed a process for using flex funds to alleviate barriers to licensure. DCFS increased the foster care maintenance payment to unlicensed relative caregivers in 2023 and provided an additional increase in 2024 to address inflation.
- DCFS anticipates that the work of relative licensing will be transformed by Illinois’s implementation of the new relative certification program. In response to a new rule issued by the Administration for Children and Families that allows states to establish separate approval standards for relative caregivers, DCFS is in the process of establishing the legal structure that will authorize certification of relative caregivers and require that these certified relative caregivers will receive the same foster care payments as licensed caregivers. This pilot is expected to launch 7/1/24 in a few sites.
- DCFS has also added a Public Service Administrator position to review all waiver requests. This will expedite the process while continuing to assure fair, consistent decision making on these requests. Safety standards are not waived. A waiver cannot be processed if there is a pending investigation or hold on the foster home. Data for the last several years about how many waivers approved is:
  - **2022 DCFS** - 18 waivers approved | **CWCA** - 31 waivers approved
  - **2023 DCFS** -20 waivers approved | **CWCA** - 26 waivers approved
  - **2024 DCFS** -3 waivers approved | **CWCA** - 17 waivers approved

Licensed relative home numbers have seen a slight increase in percentage over the last year:

As of November 2022:

DCFS	21.9%.
CWCA	41.8 %
<b>Combined</b>	<b>37.8 %</b>

As of November 2023:

DCFS	24.0%
CWCA	43.3%
<b>Combined</b>	<b>39.2%</b>

**Current and Planned Activities:** DCFS will complete the current relative caregiver certification pilot and will use the results of the pilot evaluation to inform development of a statewide relative caregiver certification process. DCFS will work with CWCA's to identify how they track monitoring visits to foster homes by licensing workers to ensure consistent application of standards.

**Update for June 30, 2025:**

The KIND Act passed the Illinois legislature in 2024 and takes effect on 7/1/25. DCFS is actively working to ensure that the Relative Caregiver Certification process is live on 7/1/25. Included in this work is identifying how CWCA's track licensing worker monitoring visits to foster homes to ensure consistent application of standards. In preparation for the launch of the Relative Caregiver Certification process, staff are encouraged to discuss the certification process with all unlicensed relatives and fictive kin and complete required background checks prior to July 1, to streamline securing certification for them.

*ITEM 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

**Response:** In response to the federal changes surrounding background checks, a secure background check portal was created that went live in November 2022. This portal allows external agencies/institutions to upload documents and check on status of background checks.

Rule 385 was published for Proposed Policy Review (PPR, the process where DCFS shares rule and procedure changes with DCFS staff and other stakeholders so they can comment). The Office of Child and Family Policy (OCFP) is still reviewing and responding to comments. OCFP expects Rule 385 to be filed for First Notice shortly. Until the Rule is finalized, there are still Information Transmittals in place: 2023.07 for Day Care and 2023.08 for Agencies & Institutions (A & I) to inform all staff and licensed providers of the Child Care and Development Block Grant (CCDBG) and FFPSA changes to background check requirements. OCFP also revised the CFS 718-B form to create separate authorization forms for day care (CFS 718-B-DC) and A & I (CFS 718-B-AI). DCFS administrative data can track the number of licensed homes and homes are not licensed until they meet all background check requirements. For placement with unlicensed relatives, DCFS requires a Placement Clearance Desk approval prior to placement and the clearance confirmation number must be recorded on the living arrangement form for data entry as a check and balance to ensure appropriate background checks prior to a placement. A recent IV-E review in April 2024 found compliance with background checks for licensed foster and adoptive homes during the period under review.

**Current and Planned Activities:** DCFS conducts various qualitative case reviews on foster care cases. If a safety concern is identified in the course of a case review, there is a standardized notification of concern that goes to the assigned worker, supervisor, and chain of command to ensure the safety concern is addressed. This process will continue unless or until a better process is developed to address the safety of children in foster and adoptive placements. DCFS also monitors maltreatment in foster care rates and uses data analysis and specialty case reviews to understand the underlying causes of maltreatment incidents in foster care. In response to information learned through these processes, DCFS is reviewing policies and practices related to visitation between children and their parents, as unauthorized visitation was found to be a

contributing factor for maltreatment in foster care. DCFS is also piloting a new relative caregiver certification process that includes improved support to relative caregivers to ensure they can meet the needs of related children placed in their care.

**Update for June 30, 2025:**

Please see the Maltreatment in Foster Care Review Panel, as well as the KIND Act updates (and Item 33 updates above).

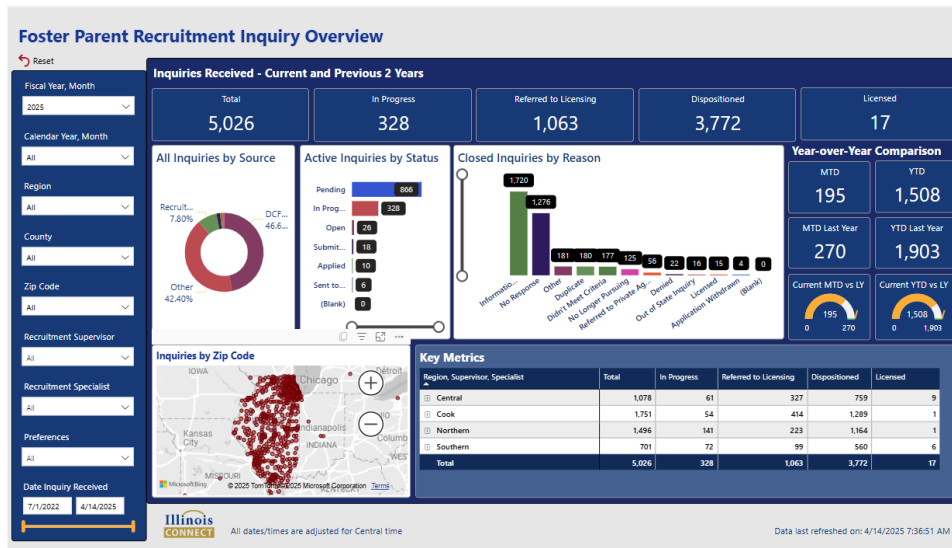
**ITEM 35:** *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

**Response:** Please see the Addendum B in this document, titled “Diligent Recruitment of Foster and Adoptive Homes.”

**Update for June 30, 2025:**

Please see the Addendum A in this document, titled “Diligent Recruitment of Foster and Adoptive Homes.”

In addition, the Resource and Recruitment Unit (RRU) conducts multiple recruitment events across the state routinely. In 2024, RRU was one of the first divisions within DCFS to go live with IL Connect, and now has a live dashboard that provides the team with essential data. (See example screenshot below.)



RRU uses this data to identify areas where children are located and where potential foster homes are needed. That information is used to select locations for recruitment events. RRU also provides outreach to local community stakeholders in the various communities to form partnerships and co-host recruitment presentations. This outreach also helps the unit learn about events in the community where recruitment can be explored. During SFY25, RRU has collected 5026 inquiries: Cook-1,751; Central-1,078; Northern-1,496; and Southern-701. After an extensive vetting process, 1,063 referrals were made to the licensing unit to begin the licensing process: Cook-414; Central-327; Northern-141; and Southern-72.

**ITEM 36:** *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

**Response:** In APSRs submitted during the 2020-2024 CFSP period, the state has provided descriptive information about how Illinois ensures that this Item is functional.

**Children identified as waiting for an adoptive or permanent placement:**

Data was obtained as of May 31, 2024 on children waiting for an adoption/guardianship placement by the Performance Management & Accountability Strategy and Performance Execution Unit. The data reflects statewide there are 527 children in an adoptive placement with a signed commitment from a caregiver willing to adopt the child. There is a much larger number of children (2279) statewide with an adoption goal that do not have a signed commitment from a caregiver willing to adopt the child.

Children with a goal of guardianship with a signed commitment from a caregiver willing to become the child’s guardian is 58. As with adoption, the number is much larger of children (1285) with a guardianship goal who do not have a committed guardian.

**Intrastate:**

Performance Management & Accountability Strategy and Performance Execution Unit provided the data for the number of children who were placed in an adoptive or guardianship intrastate placement cross-jurisdictional to achieve a timely placement.

**Youth in Care with Permanency Goal of 'Adoption' in an adoptive placement (FHA) as of 5.31.24**

Initial region	Central	Cook	Northern	Southern	Grand Total	% that change region
Central	1150	18	4	16	1188	3.2%
Cook	7	523	46	2	578	9.5%
Northern	8	25	338	4	375	9.9%
Southern	10	1	3	651	665	2.1%
<b>Grand Total</b>	<b>1175</b>	<b>567</b>	<b>391</b>	<b>673</b>	<b>2806</b>	<b>5.1%</b>

*Note: initial region is based on the initial legal county (first column); latest region is based on the current case management region of a case (1<sup>st</sup> row labels)*

The data reflects that most children are in an adoptive placement within their own region, however those children which were in Cook and Northern regions had the highest percentage 9.5% and 9.9% of placement (intrastate) in a different region. Central and Southern regions have the highest number of children with a permanency goal of adoption but the lowest percentage 3.2% and 2.1% of children changing to another region for placement.

**Youth in Care with Permanency Goal of 'Guardianship' in a guardianship placement (FGA) as of 5.31.24**

Initial region	Central	Cook	Northern	Southern	Grand Total	% that change region
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Central	346	14	4	7	371	6.7%
Cook	2	525	27		554	5.2%
Northern	2	24	174		200	13.0%
Southern	1	2	2	213	218	2.3%
<b>Grand Total</b>	<b>351</b>	<b>565</b>	<b>207</b>	<b>220</b>	<b>1343</b>	<b>6.3%</b>

*Note: initial region is based on the initial legal county (first column); latest region is based on the current case management region of a case (1<sup>st</sup> row labels)*

Data on children with the goal of guardianship also shows most children are in a guardianship placement in their initial region. Northern continued to have a high percentage of 13.0% of children in the guardianship category who changed regions to receive a guardianship placement. While the Cook region percentage 5.2% decreased in this category. Central region percentage 6.7% increased of children that changed regions for a guardianship placement.

The Southern region had the lowest percentage 2.1% in adoptive and 2.3% in guardianship placement that required a change of region for a child to receive an adoptive or guardianship placement.

### **Interstate:**

In October 2023, ICPC began processing referrals from non-NEICE (National Electronic Interstate Compact Enterprise) participating states as the receiving state in NEICE, this allows ICPC to store non-electronic cases moving toward one central point of data storage. ICPC also maintains an excel spreadsheet by fiscal year to track all referrals for YIC out-of-state and YIC incoming as well as status dates of home study completion and dispositions.

Illinois ICPC office uses internal spreadsheets to track YIC placed out of state. NEICE allows the ICPC Office to mine data for a specific period under review. For the period of 07/01/2023 to current (Fiscal Year 24), approximately 48 outgoing and 56 incoming YIC were awaiting permanency through adoption. ICPC Coordinators also request placement information (i.e., permanency plan, court order) when YIC have been in an ICPC approved placement for an extended amount of time. ICPC Coordinators are alerted through Administrative Case Review (ACR) notifications that explain actions needed by ICPC and the outcome of the ACR held with field staff. ICPC Coordinators also receive two monthly reports generated from the CYCIS 906 system that identify youth who live out of state with a goal of adoption or guardianship.

When Illinois receives an incoming home study request, the packet is reviewed to ensure that documentation that supports the ICPC Regulation type is within the packet. After a comprehensive review, the request is assigned to the Illinois contracted agency for the area in which the potential placement resource resides. The Illinois contracted agency is given a due date in conjunction with the ICPC Regulation type. These incoming home study requests are assigned to the Illinois contracted agency within 5 days on average. ICPC staff continue to monitor with NEICE dashboard data and ICPC spreadsheets timely submission of home studies by Illinois providers. The ICPC Coordinators meet with agencies to discuss barriers, home study completion, and billing. According to the ICPC NEICE data system, the following cases were received by the Illinois ICPC Office:

**Incoming ICPC Referrals:**

Fiscal Year	Total Incoming Referrals	# Referrals Completed Within 60 Days	% Completed Within 60 Days	Average # Days to Completion
FY 19	754	(estimate=513)	68%	56
FY 20	705	(estimate=465)	66%	85
FY 21	266	(estimate=40)	15%	101
FY 22	656	(estimate=472)	72%	80
FY23	599	129	25% (129/511)	88
FY24 Through May 2024	688	194	28%	85

The available data for FY24 was not complete, but what is presented is a fair representation of these statistical categories. In FY23 there was a vacancy of one foster care ICPC coordinator for 9 months. Although for the majority of FY24 there were two foster care ICPC coordinators, there were staffing issues due to the volume and complexity of the work.

**Current and Planned Activities:** DCFS will request technical assistance on this systemic factor to better understand how to demonstrate that this systemic factor is functioning as it should.

**Update for June 30, 2025:**

After the submission of the 2025-2029 CFSP, the Children’s Bureau did not renew its contract with the Capacity-Building Center for States, from whom DCFS intended to request technical assistance on this item. The contract was awarded to JBS International, with the intent of launching a new resources center for this kind of technical assistance. To-date, the new resource center is not up and running. Therefore, DCFS has not received intended technical assistance for this item.

**Chapter 3: Plan for Enacting the State’s Vision**

The Illinois DCFS vision, as stated in chapter 1 of this report, is “to build a child welfare system that supports the safety and well-being of children and families through a streamlined system of care that results in positive outcomes for families and children of Illinois.” Heidi Mueller began her appointment as the Illinois DCFS Director on February 1, 2024. In May 2024, Director Mueller invited DCFS leadership to a two-day retreat during which the group engaged in team-building and visioning activities. As DCFS leadership progresses in these processes, it is anticipated that the DCFS mission, vision, and values will be updated in the annual updates to this plan. In the meantime, DCFS leaders are committed to keeping children safe by strengthening and supporting families through the goals and strategies outlined in this plan.

Over the next five years, DCFS will be implementing the Safety Assessment and Family Evaluation (SAFE) Practice Model with Action for Child Protection. The model was developed to:

- Identify unsafe children in need of protection,
- Ensure the least intrusive safety management,
- Enhance caregiver protective capacities, and

- Create safe homes and achieve child permanency by restoring caregivers to their protective roles.

The implementation of the SAFE Practice Model is integrated into the development and implementation of the IllinoisConnect system, which is the Illinois version of the Comprehensive Child Welfare Information System (CCWIS). The first IllinoisConnect module to be released with SAFE model assessments included is the Intake module, scheduled to go live in quarter 1 of state fiscal year 2025. Illinois has already made statutory changes to support the SAFE Model, provided coaching training to intake supervisors and leaders, created SAFE training for Intake staff, and revised policy related to the State Central Register to align with the SAFE Model.

The SAFE model aligns with DCFS goals and priorities for the next five years. DCFS has four priority goals within the larger vision for Illinois child welfare.

## GOALS

### Goal 1: Decrease recurrence of maltreatment for all youth, including youth in DCFS care.

#### Rationale:

As reported in chapter 2 of this plan, DCFS did not meet the established CFSR Round 3 PIP goal for Safety Outcome 2 (Children are safely maintained in their homes whenever possible and appropriate.). The underlying reasons this goal was not met are described in chapter 2 and are not repeated here.

#### Objectives:

1-1. Implementation of the Safety Assessment Family Evaluation (SAFE) practice model over the next five years is expected to result in better assessments of caregiver protective capacity which will better focus interventions on the behaviors of parents and other caregivers that most directly impact child safety. Other jurisdictions have seen such improvements after implementation of the SAFE model.

1-2. Development of SAFE@Home resources over the next five years is expected to result in an array of supports that can be provided to families in order to keep children safe at home with their families. Other jurisdictions have seen such improvements after implementation of SAFE@Home services.

1-3. Expansion of Kinship Navigator services over the next five years to better support relatives (including fictive kin) who are caring for related children either formally or informally is expected to keep more children safely with family and reduce maltreatment in foster care. Other jurisdictions have reported positive impacts for children and families with more robust Kinship Navigator supports.

#### Measures of Progress

- CFSR Rate of Recurrence of Maltreatment (as measured by DCFS CFSR PowerBI dashboard)  
*Baseline SFY2023: 14.4%*      *Target by SFY2029: 10.6% or less*  
 Interim targets:                      SFY2024 = 13.68%  
    SFY2025 = 13.02%  
    SFY2026 = 12.37%  
    SFY2027 = 11.75%  
    SFY2028 = 11.16%
- CFSR Rate of Maltreatment in Foster Care (as measured by DCFS CFSR PowerBI dashboard; per 100,000 days of care)

*Baseline SFY2023: 15.8*

*Target by SFY2029: 11.6 or less*

Interim targets:

SFY2024 = 15.01

SFY2025 = 14.23

SFY2026 = 13.52

SFY2027 = 12.84

SFY2028 = 12.20

- CFSR Re-entry to Foster Care Rate (as measured by DCFS CFSR PowerBI dashboard)

*Baseline SFY2021: 11.9%*

*Target by SFY2029: 8.75% or less*

Interim targets:

SFY2024 = 11.31%

SFY2025 = 10.74%

SFY2026 = 10.2%

SFY2027 = 9.69%

SFY2028 = 9.21%

- Rate of Child Victims Seen and Assessed for Safety within 2 Days (as measured by Child Protection Victims Not Seen dashboard)

*Baseline PIT 3/8/23: 90.6%*

*Target by SFY2029: 95% or above*

Interim targets:

6/30/25 = 91%

6/30/26 = 92%

6/30/27 = 93%

6/30/28 = 94%

### **Update for June 30, 2025:**

The SAFE Model has been implemented at the State Central Register (SCR), which is the Illinois child abuse and neglect hotline. The intake module of IllinoisConnect has also been implemented for use by the staff at SCR. The purveyor of the model, Action For Child Protection, is providing ongoing support to ensure fidelity to the model in decisions made by SCR staff. Although investigators and caseworkers will not be implementing the case management module of IllinoisConnect right away, a soft launch of the SAFE Model has started with these divisions. Investigators and caseworkers have begun participating in training sessions to support their knowledge and understanding of the concepts of the practice model, which they can begin applying with documentation in the current SACWIS system. In the context of change management, starting with a soft launch of the model prior to full implementation of the model will ease the impact on staff of learning a new practice model and a new computer system at the same time. The case management module of IllinoisConnect will be implemented with full capability to capture the assessments that are part of the SAFE practice model.

SAFE@Home is a component of the SAFE Practice Model. It is a safety management intervention that establishes partnerships between public child welfare agencies and community family service agencies to ensure safety planning occurs as intended and remains sufficient to assure child safety. Illinois is currently in the process of developing this resource. Research on implementation of SAFE@Home in other jurisdictions has resulted in increased placement prevention, sustained placement prevention for 12 months post service, decrease in length of time in placement, decrease in length of time to case closure, and increase in child permanency with parents.

Illinois is in the process of expanding Kinship Navigator services. In May 2024 Illinois began qualitative data collection to gather input from a wide variety of individuals with lived experience. With a “snowball strategy”, these efforts are ongoing and are expected to conclude in May 2025. Input is being gathered through a combination of structured and unstructured focus group

discussions and open-ended and multiple-choice survey questions. Identification of programmatic and procedural priorities has already begun and will be formalized in summer 2025.

On the measure of Recurrence of Maltreatment, data is not yet available for the full state fiscal year 2024, but the 12-month period May 2023 to April 2024 is at 13.9 per 1,000 days for this measure. It is trending in the right direction, although has not quite achieved the target for SFY2024, for which data will be available after June 30, 2025. It is likely that this rate will rise slightly as outstanding findings are entered in pending investigations.

On the measure of Maltreatment in Foster Care, the rate per 100,000 days for state fiscal year 2024 is 17.2, which is trending in the wrong direction. Additional strategies are being introduced to address this concern. One of these strategies is the development of a Maltreatment in Care Review Panel, which is intended to deepen understanding of the policy and practice factors that may be contributing to this rate of maltreatment in foster care. With a better understanding of root causes, policy and practice changes can be implemented to achieve a reduction in maltreatment in foster care rates.

On the measure of Re-entry to Foster Care, the SFY2022 rate is 10.8% and it is the most recent full fiscal year available for state fiscal year 2024 reporting due to the data lag required to calculate this measure. The improvement exceeds our projected target and efforts at further improvement will continue.

On the measure of Child Victims Seen, for a point in time performance as of May 22, 2025 the rate of child victims seen within 2 days is 95.4%, which exceeds our improvement target for the five-year period covered by this plan. The child protection team continues to reinforce assessing alleged child victims for safety as an agency priority.

## **Goal 2:**

### **Update for June 30, 2025:**

This is in the process of revision for compliance with Presidential Executive Orders.

## **Goal 3: Keep children/youth safely at home whenever possible, return them home quickly when safe to do so, and achieve permanency through guardianship or adoption in a timely manner when reunification is not achievable.**

### **Rationale:**

The CFSR statewide indicators for permanency have consistently reflected performance that is lower than expected compared to national performance. Although Illinois cannot calculate the risk standardized performance for a more comparable performance value, the observed performance has been relatively consistent for many years and is in need of strategies that effectively improve performance. Regional differences in permanency performance have also been reflected in administrative data consistently over time, with the Cook regional performance lagging behind all other regions. Additional information about underlying causes can be found in chapter 2 of this report and is not repeated here.

### **Objectives:**

3-1. Implementation of separate standards for relative caregivers, development of a Relative Caregiver Certification process to reduce barriers for relatives to care for related youth in care.

3-2. Continue collaboration with public and private partners to expand availability of community-based services to support youth with behavioral health needs to remain in or return to their homes.

3-3 Continue efforts to expand Early Childhood Court Teams to areas of the state beyond Cook County.

## Measures of Progress

- Overall rate of Permanency (as measured by the APME PowerBI dashboard)  
*Baseline SFY2023: 29.41%      Target by SFY2029: 37.44%*  
Interim targets:  
SFY2025 = 30.88%  
SFY2026 = 32.34%  
SFY2027 = 33.96%  
SFY2028 = 35.66%
- CFSR Rate of Permanency in 12 Months for Children in Care 24 Months or More (as measured by DCFS CFSR PowerBI dashboard)  
*Baseline SFY2023: 24.9%      Target by SFY2029: 30%*  
Interim targets:  
SFY2025 = 26.15%  
SFY2026 = 27.46%  
SFY2027 = 28.83%  
SFY2028 = 30%
- CFSR Rate of Placement Stability (as measured by DCFS CFSR PowerBI dashboard as a rate per 1,000 days of care)  
*Baseline SFY2023: 4.42      Target by SFY2029: 4 or less*  
Interim targets:  
SFY2025 = 4.3  
SFY2026 = 4.2  
SFY2027 = 4.1  
SFY2028 = 4

## Update for June 30, 2025:

Illinois is moving forward with development and implementation of the Relative Caregiver Certification process. KIND Act legislation was passed that creates the legal requirement for implementation of the separate standards in Illinois. The state legislation requires implementation July 1, 2025.

Illinois DCFS has collaborated with other state agencies to address the need to expand community-based supports for youth with behavioral health needs so that they can safely remain in or return to their homes. The progress made in the context of the Illinois Children’s Behavioral Health Transformation Initiative is beginning to offer a more coordinated approach to access to resources for youth and families, regardless of the funding or referral source. In a press release on January 15, 2025, Dr. Dana Weiner, Chief Officer for Children’s Behavioral Health Transformation Initiative was quoted as saying, “By giving parents and caregivers a single place to access information and assistance for youth mental and behavioral health problems, we are empowering families to meet their own needs in their own communities.”

Early Childhood Court Teams are expanding beyond Cook County to Winnebago County. Over the past year efforts have been underway to solidify the necessary contracts and staffing for the Winnebago launch. However, a beloved key leader of the Early Childhood Court Team program was lost unexpectedly in May 2025 and the team may need additional time and support to regroup and continue forward progress.

For the overall rate of permanency as reflected in the APME Power BI dashboard, performance statewide for state fiscal year 2024 was 33.32% and is an improvement over the SFY2023 performance noted above.

For Permanency in 12 Months for Youth in Care 24 Months or More, the performance for SFY2024 was 27.8%, which is an improvement over the prior year performance as reported above.

For Placement Stability, the rate of moves per 1,000 bed days was 4.23 for state fiscal year 2024, which is an improvement over the rate reported above for the prior year.

**Goal 4: Strengthen the structure and process for Continuous Quality Improvement to engage relevant stakeholders in the Plan/Do/Study/Act improvement cycles.**

**Rationale:**

Illinois DCFS has a statewide Continuous Quality Improvement Plan and regional versions of the CQI plan, although there have been challenges and barriers to full implementation of the plans. There have also been challenges to align CQI efforts among DCFS, CWCA's, and other stakeholders, such as courts. The result is minimal improvements in performance across multiple performance measures. Regional Support Teams have been established in every region of the state and are facilitated by DCFS Regional Quality Assurance Specialists. DCFS has been receiving technical assistance from the Capacity Building Center for States to train the Regional Quality Assurance Specialists and to assist DCFS in implementation. A strategy to improve the CQI system was included in the CFSR Round 3 PIP and the activities for that strategy have provided a solid foundation to build from. (Detailed information is available in Chapter 2 of the APSR submitted as the final report to the 2020-2024 CFSP.) Implementation of CQI processes and structures will continue to be assessed and improved until it is consistently delivering results evident in the performance measures.

**Objectives:**

- 4-1. Utilize the assistance and resources available through the National Partnership for Child Safety to ensure CQI efforts are implemented in alignment with safety science.
- 4-2. Utilize the assistance and resources available through Implementation Directors in the DCFS Office of Research and Child Well-being who are trained and certified in implementation science.
- 4-3. This objective has been discontinued.
- 4-4. Improve communication strategies and collaboration internally and with external stakeholders, including parents and youth with lived experience in Illinois child welfare systems.

**Measures of Progress:**

- DCFS and CWCA participation in Regional Support Team meetings and activities (measured by active engagement of team/agency representatives in 10 or more RST activities annually).  
*Baseline still being assessed*      *Target: 90%*  
Interim targets:      Annual 5% increases until target is reached
- Proportion of staff trained in CQI (as measured by completion of on demand CQI training through the Learning and Development Center or evidence of other CQI training).  
*Baseline still being assessed*      *Target: 75%*  
Interim targets:      Annual 5% increases until target is reached
- Staff reporting a culture of psychological safety (Responses on periodic staff surveys)  
*Baseline still being assessed*      *Target: 75%*  
Interim targets:      Annual 5% increases until target is reached
- Projects, pilots, and practice changes are developed in alignment with the principles of Implementation Science (as assessed by Implementation Directors through consultation).  
*Baseline still being assessed*      *Target: 75%*  
Interim targets:      Annual 5% increases until target is reached

### **Update for June 30, 2025:**

Illinois DCFS is leveraging the membership in the National Partnership for Child Safety by accessing various tools, resources, and consultations available in the partnership. These include using elements of the Safe Systems Improvement Tool (SSIT) in our Crisis Intervention Team reviews, Awaken training, Awaken From the Other Side training, SSIT training, cross-jurisdictional CQI learning, and a comprehensive review of our system from the perspective of safety science.

DCFS has benefited from the implementation science knowledge of four Implementation Directors through their involvement in a Motivational Interviewing pilot, expansion of the Wraparound intervention, supporting CQI cycles framed through Results-Based Accountability and Plan-Do-Study-Act cycles, and development of Sponsoring Deputy guidance and support.

DCFS has continue to expand opportunities to engage with internal and external partners, including those with lived experience in child welfare. These opportunities include semi-annual partnership meetings, developing a consultation program that invites people with lived experience to tell their story and impact the child welfare system, intentional emphasis on the value of lived experience in monthly Statewide Collaborative meetings, and greater emphasis on working more intentionally with advisory groups.

At the time the CFSP was completed, DCFS was still trying to establish baseline performance for the measure under this goal. Those baselines have been identified and were shared with the partners who participated in the Goal 4 Partnership for Progress session on April 30, 2025.

For DCFS and CWCA participation in Regional Support Team meetings and activities the baseline is 92 active participants in SFY2025, with a goal of increasing that number by 5% over time. The group working on this measure has advised that it may not be feasible to use a percentage target for participation as the denominator varies and would be difficult to calculate accurately. Similarly with the proportion of staff trained in CQI, the denominator is not known so a 75% target is not a realistic target. Instead, DCFS is starting with a SFY2025 baseline of 192 with a goal of increasing that number by 5% over time. The measure of staff reporting a culture of psychological safety is being assessed from questions 6 and 10 from the SFY2025 staff survey and the baseline is 68% that responded they feel safe in question 6 and 76% reported affirmatively on collaborative environment in question 10. The final measure for this goal has also been assessed to be more appropriately expressed numerically rather than by percentage to report the numbers of projects, pilots and practice changes developed in alignment with the principles of Implementation Science, which for SFY2025 was assessed to be 4.

### **Goal 5: Cultivation of a sustainable child welfare workforce.**

#### **Rationale:**

A consistent theme from internal and external stakeholders is a need to ensure sufficient staffing to provide quality services to children and families. Nationally child welfare organizations have historically high rates of turnover and vacancies, which was exacerbated by the pandemic in 2020. Although DCFS has made admirable advances on hiring and supporting hiring efforts for CWCA's, there is still room for improvement with retention.

#### **Objectives:**

5-1. Expansion of Plan/Do/Study/Act (PDSA) cycles from the National Child Welfare Workforce Institute's Breakthrough Series Collaborative on Cultivating a Sustainable Workforce, including the development of the DCFS Employee Wellness Committee.

5-2. Continued development and implementation of IllinoisConnect (also referred to as ILC or the Illinois version of CCWIS-Comprehensive Child Welfare Information System) with an intentional focus on a reduced documentation burden for direct service staff (DCFS and CWCA).

### Measures of Progress

- Overall rate of Employee Satisfaction (as measured by the Annual DCFS Employee Survey total of Satisfied and Very Satisfied responses)  
*Baseline CY2023: 57.9%*      *Target by SFY2029: 70%*  
Interim targets:  
SFY2025 = 60.8%  
SFY2026 = 63.8%  
SFY2027 = 67.0%  
SFY2028 = 70%
- Reduced rate of direct service staff exceeding target caseload levels (as measured by monthly caseload reports).  
*Baseline still being assessed*      *Target: 80%*  
Interim targets:      Annual 5% increases until target is reached

### Update for June 30, 2025:

The first objective has been the focus of the DCFS Employee Wellness Committee, although they are not limiting options for employee retention strategies to those developed in the Breakthrough Series Collaborative on Cultivating a Sustainable Workforce. The committee has established five goals:

- 1) Foster a positive and supportive work environment.
- 2) Create a sense of community in each office.
- 3) Promoting work-life balance.
- 4) Promote the use of mental health resources.
- 5) Recognition of the outstanding work done by staff.
- 6) Create a comfortable work environment for all staff.
- 7) By changing the culture within DCFS, it will reflect in our interactions with our clients and with the public.

The expected benefits for workers from the design of new technology, referred to as IllinoisConnect, include:

- User-friendly data management
- Improved communication and information sharing
- Decreased duplicate paperwork and data entry
- Automatic reporting functions
- Modern technology features
- Strong data security
- Streamlined access to case information

The development process includes intentional inclusion of end users in the planning and building phases. The process also includes extensive user testing to ensure the finished product will better meet the needs of end users. The timeline of the remaining releases is being updated and is not yet available to report here.

### Staff Training, Technical Assistance and Evaluation

As outlined in the training plan submitted with this five-year plan, the Office of Learning and Professional Development will be an active partner in the training staff will receive related to the new IllinoisConnect system and the SAFE practice model. The DCFS Quality Assurance staff

have received training from the Capacity Building Center for States on facilitating CQI cycles across the system with DCFS and CWCA staff. The Agency Performance Monitoring and Execution staff will be receiving training on CQI cycles and how to evaluate the CQI systems used by CWCA partners. DCFS has contracts with consultants that provide support and assistance to the DCFS Office of Research and Child Wellbeing, the DCFS Quality Assurance division, and the DCFS Agency Performance Monitoring and Execution team. DCFS also has contracts and/or Intergovernmental Agreements with university partners for technical assistance and objective evaluation activities.

#### **Update for June 30, 2025:**

As noted above, State Central Register staff have been trained in the SAFE Practice Model and have implemented the model using the new Intake module of IllinoisConnect. “Soft Launch” training in the SAFE model is being delivered currently to child protection staff and this training will continue into the next year with expansion to staff in Intact and Permanency services. Training will be implemented within the next year to support implementation of the Maltreatment in Care Review Panel and the Relative Caregiver Certification, which are efforts underway to improve performance on our identified goals described above.

#### **Implementation Supports**

DCFS acknowledges that the changes required to achieve the identified goals will require new and different resources. To support direct service staff in application of the new practice model with families, DCFS is already working to add positions that will provide coaching on the engagement techniques and assessments included as part of the model. The contract with Action for Child Protection includes use of their staff for coaching while DCFS hires and trains internal coaches. DCFS also has leadership positions within the Strategy and Performance Division dedicated to supporting change management activities throughout implementation of the new model. Some of these staff were recently certified in implementation science and received training in Lean Six Sigma (green belt level). The development of the IllinoisConnect system also includes organizational change management support and training in addition to the technology that will be available to child welfare staff.

#### **Update for June 30, 2025:**

Action For Child Protection is contracted to support implementation of the SAFE practice model and these efforts will continue into the next fiscal year. DCFS also contracts with Child Welfare Policy and Practice Group and with the University of North Carolina at Chapel Hill for support in improving implementation of various practice improvement efforts related to the BH Consent Decree Superseding Implementation Plan (SIP). The implementation support is also intended to improve performance on some of the measures under Goals 1 and 3 above.

## Chapter 4A: Quality Assurance System

*Federal regulations at 45 CFR 1357.15(u) require states to describe in their CFSP the Quality Assurance (QA) system they use to regularly assess the quality of services under the CFSP and assure that there are steps taken to address identified problems. Assessment of the Continuous Quality Improvement CQI/QA system is also a systemic factor for the CFSR.*

### **Updates for June 30, 2025:**

For extensive information about DCFS' Quality Assurance System, please see Item 25 in Chapter 2 of this APSR.

Data assessing the quality of services and data produced through CQI activities in Illinois are included throughout Items 1-18.

*Building on information provided in the 2025-2029 CFSP, address the following in the 2026 APSR:*

- *Assess the progress in making planned enhancements in capacity to the state's current CQI/QA system.*

Please see Chapter 2, Item 25 for this information.

- *Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support CQI/QA and how the agency ensures coordination of CCWIS Data Quality Plan and Biennial Review strategies with ongoing CQI/QA activities.*

In the context of CCWIS/IllinoisConnect development, DCFS is introducing new roles to support transition from a “project” approach to a “product” approach to our information systems. The new roles that are being added will support the necessary capacity to better coordinate Data Quality Plan activities and Biennial Reviews. In the meantime, the data management committee is managing coordination of these activities. Also, the Product Managers are involved in the design and development of Illinois Connect modules to ensure the resulting information systems meet the needs of DCFS to support ongoing CQI activities. During FFY25, Illuminative Strategies (a contractor to support development and implementation of IllinoisConnect) continued mapping of QA processes, specifically the Illinois CFSR 4 reviews and Council on Accreditation processes (ACR, AFCARS, NCANDS, CFSP and APSR processes had already been mapped in prior FFYs). Please also see Item 19 in Chapter 2 for IllinoisConnect updates.

- *Describe the state's current case review instrument and the extent to which the state is using the data collected through federal Onsite Review Instrument (OSRI) and made available in the CFSR OMS as part of the state's ongoing QA/CQI process.*

Please see Chapter 2, Items 1-18, and Item 25 for this information.

- *Provide an update on the state's efforts to move towards or sustain the ability to conduct a State-Led Review Process for future rounds of CFSRs and to inform ongoing CQI/QA processes. (Please see Appendix A of Technical Bulletin 12 for more information.)*

DCFS intends to be a state-led CFSR 4 and submitted its Letter of Intent to the Children's Bureau in November 2024. To that end, DCFS has adopted and implemented the CFSR 4 review tools, guides, and Online Monitoring System. In addition, our review staff have completed extensive training both in-house and using the CFSR Portal E-Learning Academy trainings. The Division of Quality Assurance with support from its University Partner (UIUC/FCURP) completes monthly reviews using these tools and guidance, and in March 2025 the Children's Bureau began conducting Secondary Oversight of our cases (see also Item 25). DCFS maintains monthly meetings with its assigned CFSR partners from the Children's Bureau and JBS International, at which a consistent agenda item is Illinois' progress toward drafting its Case Review Criteria document. The document is in development, starting with Criterion 1, and then Criterion 2. Illinois intends to begin submitting drafts of the document in June 2025 for review and feedback

from our federal partners. Illinois is currently becoming connected with its newly assigned ACF Regional Office staff (Region 7).

- *If not already described in “Collaboration” in Section B1, describe how the CQI/QA process is being used to provide information to parents, families, youth, young adults, tribes, and other system partners to assist the state in system improvement efforts.*

The Partnership for Progress activities are described under “Collaboration” in Chapter 1 and there is more information about ongoing partnership in Chapter 2 Item 22 under the FFY25 updates..

*If not already addressed in the “Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes” in Section B3, describe how the CQI/QA system was used to review, update, and revise goals, objectives, and interventions.*

Illinois DCFS has a monthly leadership meeting that serves as a CQI oversight group. The meeting is known as the Strategic Plan Implementation Communication Exchange (SPICE). The agenda for the meeting includes the outcomes and systemic factors used during CFSRs and reported on in the CFSP and annual updates. A lead is identified for each outcome and each systemic factor and progress on improvement is reported out at monthly meetings with a schedule for each topic to be reported on quarterly (resulting in approximately 4 topics per meeting). This ensures consistent review, update, and revision of goals, objectives, and interventions.

*If not already addressed in “Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes” in Section B3, describe how information generated or acquired as part the CQI/QA system or for specific projects was used to measure progress on achieving goals, objectives, and interventions.*

Most of the measures of progress identified for the goals, objectives, and interventions identified in the CFSP are measures used consistently and routinely in the CQI/QA system. Some of the measures are included in performance dashboards routinely used by leaders at all levels and other measures are presented in regional CQI meetings, annual reports to legislators, and in various other venues.

## Chapter 4: Services

### *Child and Family Services Continuum*

*Describe the publicly funded child and family services continuum, including child abuse and neglect prevention, intervention, and treatment services and foster care; family preservation services; family support services; and services to support reunification, adoption, kinship care, independent living, and services for other permanent living arrangements.*

The DCFS publicly funded child and family services continuum consists of the following services. Unless otherwise noted, these services are provided statewide.

**Prevention:** The DCFS Grants unit administers funding to community-based prevention organizations and initiatives, including Prevent Child Abuse Illinois and Child Advocacy Centers. These organizations provide community education, professional development trainings, advocacy, and public awareness campaigns, in support of child abuse and neglect prevention. In SFY24, DCFS provided \$3,134,365.84 in funding for prevention in this manner, supporting public education campaigns and professional development opportunities for the human service sector.

**Update for June 30, 2025:**

In SFY25, \$1,208,253 in funding was provided for prevention.

**Intervention:** When families need child welfare system intervention, they most often come to the attention of Illinois DCFS through the child abuse hotline, referred to as the State Central Register or SCR. This toll-free hotline accepts calls from anyone who believes a child may have experienced abuse or neglect. The calls are routed to SCR) where intake workers gather information to determine if the report meets the statutory criteria for an investigation of abuse or neglect. If it does not meet criteria, but the information indicates a family may need services, supports, or intervention, the case is referred to Child Welfare Services (CWS), a child welfare prevention program delivered through contracts with community agencies. CWS provides short-term (30-60 days) voluntary services. Most often, families referred to CWS need linkages to concrete supports such as food, clothing, housing, and other needs because of poverty. In addition, CWS families are often referred to medical and behavioral health services, early intervention, and childcare resources. If at any time a CWS worker receives information that may indicate a child is experiencing abuse or neglect, that worker would make a new report to the hotline.

If a hotline report meets criteria for an investigation, the information is used to open an investigation, at which point the DCFS Division of Child Protection takes the case. An investigation can take up to 30-60 days, and during that time, the Child Protection Specialist visits the child within 24 hours and other family members within three days (per policy expectation) to gather information and determine the safety of the child. If there is sufficient indication that abuse or neglect occurred, the allegation is determined to be “indicated.” If there is not sufficient information to determine if abuse or neglect occurred, or information that indicates that abuse or neglect did NOT occur, then the allegation is determined to be “unfounded.” The finding (and accompanying reports and documentation) is retained in the child welfare information system for at least 5 years.

**Update for June 30, 2025:**

Illinois implemented the SAFE Model at SCR (the hotline) in August of 2024. The SAFE Model is an evidence-based model of child welfare practice developed by Action for Child Protection. This model focuses on improved information gathering and accurate assessment of child safety as well as caregiver protective capacities. The model prioritizes in-home supports for families who come to the attention of the child welfare system. Since implementing this model at the hotline, Illinois has seen a 30% decrease in the proportion of hotline calls that are opened for an investigation. Illinois DCFS recently made some changes in the organizational structure of the agency and created the Office of Community Connections, which is a prevention program delivered through contracts with community agencies. Community Connections agencies provide short-term referral and service linkage services in response to Child Welfare Services referrals received from the hotline who do not meet criteria for an investigation of abuse or neglect. Since implementing the SAFE Model at the hotline, referrals to OCC have increased by over 40% compared to the same month during the previous year, and some parts of the state have seen a 70% increase or more. This indicates that the SAFE Model approach at the hotline is improving Illinois DCFS hotline workers’ skills in assessing and appropriately responding to reported concerns with family-centered, needs-based service linkage and referrals, while minimizing unnecessary traumatic investigations for families. In FY26, the Department is preparing to implement the SAFE Model in the Division of Child Protection, alongside an alternative response model, which is

expected to further refine our intervention response to families to ensure effective assessment of needs and appropriate service provision

**Family Support Services:** DCFS administers 38 Family Advocacy Centers and 9 satellite offices operated by twenty-eight service providers located throughout the State of Illinois. Family Advocacy Centers (FACs) are community-based organizations that provide education, counseling, training, resource linkages, and other holistic services for families. FACs also provide additional services based on the unique needs of the communities in which they are located, including childcare programs, domestic violence education, parent coaching/mentoring, language classes, family reunification supports, and court-ordered supervised visitation. FACs can provide referrals and linkages to families in need of legal services, transportation, developmental screenings, respite care, health care, and nutrition and entitlement programs. Family Advocacy Centers serve families involved in the child welfare system (including foster, adoptive, and kinship caregiver families, and pregnant and parenting youth in care), families at risk of involvement in the child welfare system (including recently reunified families, alumni who have aged out of the foster care system, and families involved in child abuse or neglect investigations), and families outside the child welfare system, including any member of the community in need of FAC services.

**Update for June 30, 2025:**

In SFY25, Illinois expanded three Family Advocacy Centers to support additional service locations, additional domestic violence prevention and education programs, and expansion of staffing in underserved areas. Future growth (both establishing new Family Advocacy Centers or expanding existing FACs) is planned in three regions of Illinois in SFY26.

**Family Preservation Services:** A family involved in a child abuse or neglect investigation may, at the conclusion of an investigation, choose to engage in voluntary services to protect their children from harm and keep the children safely at home. DCFS identifies these services as Intact Family Services, because the family remains intact and DCFS does not have legal guardianship of any children in the family. Juvenile Court may be involved if circumstances warrant such involvement and family members may be recommended to complete substance abuse treatment, parenting classes, domestic violence services, etc. Intact services may be provided for up to 12 months, during which time DCFS or a private contracted provider (known as a Child Welfare Contributing Agency, or CWCA), will provide ongoing case management, assessment, and referral services. Families receiving intact services are eligible for Family First prevention services and other intensive, evidence-based interventions, to help children at risk of foster care placement remain with their families. Mental health and substance use treatment, parenting skills programs, and access to health care are all frequently utilized services through the Intact Family Services division. Illinois also utilizes flex funds to provide intact families with assistance with concrete supports such as housing and utility payments, transportation, food and clothing, and similar physical needs, to help stabilize the family and keep children safely with their parents.

**Update for June 30, 2025:**

During SFY25 through April 30, 2025, DCFS served 4,438 families through the Intact Family Services program. A steady increase in monthly referrals to Intact Family Services was observed between August 2024 and May 2025. Of these families, 638 were designated as High Risk and received services directly from the Department, while 3,800 received services through contracted

Child Welfare Contributing Agencies. In FY26, the Department plans to revise and update procedures for serving intact families to align with the SAFE Model of Practice.

**Foster Care:** DCFS works closely with the juvenile court system any time the family situation requires court intervention to require treatment or if the family home/parenting practices cannot be rendered safe for the child to remain in the home with services. If a child is determined to be unsafe, either prior to or after the investigation is concluded, then the court may order the child into the temporary custody of DCFS. Guardianship may be awarded to DCFS following an adjudication of abuse/neglect and dispositional hearing. DCFS is responsible to find a temporary, safe home environment for the child. These placements receive ongoing agency and judicial oversight through regular juvenile court hearings.

When foster care placement is necessary, a relative or kinship caregiver is typically identified to care for the child, but non-relative foster caregivers are also utilized. DCFS is in the process of developing alternate certification requirements for relative caregivers to reduce the barriers to placement with a relative caregiver. After the relative caregiver certification process is implemented in Illinois, certified relative caregivers and licensed, non-relative foster caregivers will receive the same level of monthly and one-time financial support from the child welfare agency, including access to up-front funds to support immediate stabilization of and sufficient resources for a child or youth in a foster home setting. Meanwhile, Foster Parent Support Specialists provide ongoing support to ensure relative and unrelated foster caregivers have sufficient resources, training, and information, to provide a safe temporary home for children in foster care.

Youth in foster care have access to health insurance and health care through DCFS's collaboration with YouthCare. For youth displaying higher levels of mental or behavioral health or medical needs, DCFS can provide short-term mental health treatment through Qualified Residential Treatment Programs (QRTP). When a foster care living arrangement is at risk of disruption due to complex issues around safety, limited resources, or other challenges, DCFS's Intensive Placement Stabilization program can provide an increased level of interdisciplinary support to stabilize the youth and family.

**Update for June 30, 2025:**

During SFY25 through April 30, 2025, DCFS served 18,974 children and youth in foster care; this is a continuation of a steady decrease in foster care placements observed since 2020. Of these, more than half were placed in a relative or fictive kin living arrangement. In FY26, the Department plans to revise and update procedures for serving children and youth in foster care to align with the SAFE Model of Practice, as well as implementation of separate standards for relatives through the Relative Caregiver Certification program.

**Services to support reunification, adoption, kinship care, and independent living:**

In some cases, reunification cannot be safely achieved despite services and efforts to reunify the family. During this time, the family receives supports and services from either DCFS or a CWCA, with the intent of preventing or remedying the problems that resulted in the abuse or neglect, towards a goal of safe reunification. Child welfare workers focus on strengthening the parents' capacity to maintain child safety. This may occur through the provision of classes, mentoring, or coaching for parents; services to ameliorate mental health, domestic violence, or substance use issues in the home; and increasing access to concrete supports such as housing, food and nutrition

programs, transportation, education, and employment. When reunification efforts are unsuccessful and a permanent placement option is necessary, both guardianship and adoption are supported as permanency outcomes.

For older youth on the cusp of independence, the DCFS Office of Education and Transition Services provides vocational training, scholarships and tuition waivers, life skill development programs, housing and cash assistance, and access to health insurance and health care. DCFS's "Countdown to 21" program helps prepare young adults for independence through financial literacy classes, transition planning, and cash assistance at emancipation.

For kinship caregivers outside the child welfare system, DCFS offers the Extended Family Support Program (EFSP) through community-based providers statewide. EFSP workers serve caregivers seeking legal guardianship of a child by connecting them to legal aid, concrete supports such as TANF and nutrition programs, and cash assistance for concrete needs. Families can also receive assistance with linkages to school enrollment, home visiting and early intervention programs, medical and behavioral health services, and childcare.

#### **Update for June 30, 2025:**

Between July 1, 2024, through April 30, 2025, DCFS made 797 referrals to DCFS contracted EFSP providers. Of this number, 589 referrals were made by the caregiver calling DCFS to seek services (of the remaining 208, 148 were made by a child protection team, 48 by an intact team and 12 by a Community Connection team).

For youth in need of a higher level of care and supervision, Independent Living/Transitional Living Programs are available. DCFS also offers long-term living arrangements such as group homes and congregate care settings designed to serve youth at risk of trafficking, youth with complex medical needs, or pregnant/parenting youth. These facilities are licensed, accredited, and closely monitored through DCFS's Licensing and Residential Monitoring divisions, to ensure high quality care and child safety.

#### **Update for June 30, 2025:**

During SFY25 through April 30, 2025, Illinois DCFS served 23,711 families through the Post Adoption and Subsidized Guardianship Program. During that same period, 4,639 youth exited foster care, including 1,959 (42%) to adoption and 455 (10%) to permanent guardianship.

#### ***Service Coordination***

*Explain how the services will be linked to, coordinated with, or integrated into other services in the child and family services continuum and how services under the plan will be coordinated over the five-year period with services or benefits under other federal or federally assisted programs serving the same populations to achieve the goals and objectives in the plan. This should include how the agency is coordinating services with those provided through the title IV-E Prevention Services plan.*

*Describe who participates in the coordination process and provide examples of how the process led or will lead to additional coordination of services.*

Across the child and family services continuum, DCFS workers assist families in utilizing the resources such as the Service Provider Identification & Exploration Resource (SPIDER) database (<https://spider.dcf.illinois.gov/>). SPIDER is a public-facing website that is maintained and updated annually, and provides contact and geographic information, as well as program descriptions, to users in need of human services including mental/behavioral health services, substance use treatment, domestic violence programs, parenting resources, health clinics, and early

childhood programs. Childcare, education, assessments/testing, crisis services, financial assistance, housing, and legal services are also catalogued on the SPIDER website. The SPIDER application is a collaborative effort between Illinois DCFS, the Northwestern University/Hospital Feinberg School of Medicine, and the IL Department of Innovation and Technology, and continues to be improved and expanded every year to increase the accessibility and utility of this coordination resource for families.

As families move through the child welfare system, DCFS and CWCA workers share information through extensive documentation in SACWIS, which is in the process of transitioning to CCWIS, referred to as IllinoisConnect. All workers across the child and family services continuum have access to the appropriate information in the system to facilitate linkages, coordination, and integration, such as SPIDER and built-in referral tools (see below). In addition, formal hand-off meetings occur between child welfare workers of different divisions, and with community providers, through Child and Family Team Meetings, a model in which DCFS continues to invest significant training and workforce support.

For example, when a child abuse hotline report does not meet the criteria for an investigation (i.e., there are no identified safety concerns), but information indicates the family may need additional supports or services, hotline workers can refer families to the Office of Community Connections (OCC, formerly known as Child Welfare Service referrals) program or the Extended Family Support Program (EFSP) program, intended as prevention services. The OCC and EFSP workers receive the appropriate information and contact the family to refer them to a wide variety of resources and services, i.e., TANF, SNAP, etc. Child welfare and prevention workers support families to access resources such as federal entitlement programs. DCFS is working to automate elements of the new CCWIS system that will facilitate even faster and more efficient referrals to resources needed by families.

Another example of this coordination is when families receiving intact services are eligible for Family First Prevention Services. If a child is identified as at risk of foster care involvement, workers are prompted to complete a child-specific prevention plan (as required by Title IV-E) and complete a referral within the Provider Portal, which community-based providers of evidence-based prevention interventions can access. Electronic referrals have been a significant accomplishment and example of increased coordination and integration across the child and family services continuum.

#### **Update for June 30, 2025:**

Illinois DCFS continues to utilize the SPIDER database and the Provider Portal to support service referrals. Illinois DCFS also continues to make progress through the phased development of CCWIS. In August 2025, the DCFS State Central Register (SCR) went live with CCWIS and new hotline reports are now accepted through that system, which is integrated with the remaining components of the existing SACWIS system. In SFY26, the Illinois DCFS Division of Child Protection will begin integration into CCWIS, with other divisions and units also launching into the new system in phases.

Also during SFY25, Illinois DCFS began the planning process for the next Title IV-E Prevention Plan, due in October 2026. The first step of that process included active engagement with both internal and external partners through a series of webinars, structured small- and large-group discussions, and virtual engagement opportunities. The goal of this partner engagement process was to gather feedback about Illinois's implementation of the Family First Prevention Services Act thus far, and identify priorities and recommendations from families, the workforce, collaborating providers, and child welfare system administrators and leadership. Illinois DCFS

plans to integrate the priorities and recommendations from our partners into the next Prevention Plan to improve coordination of prevention services in Illinois

In State Fiscal Year 2024 (07/01/2023 – 06/30/24) a total of 901 families had participated in Family First evidence-based interventions. In the first 3 quarters of SFY '25 (07/01/24 -03/31/25) a total of 694 families participated. This is a slight decline (6%) from the first three quarters of SFY 24 when 738 families participated. A total of 2,522 families have participated since program inception in SFY '23. See below:

COUNTS (N)	FY22		FY23		FY24				FY25			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	total
Intact Family Services	277	224	176	162	266	261	184	190	217	281	167	2405
Extended Family Support Program	6	0	0	2	0	0	0	0	0	0	0	8
Pregnant and Parenting Youth in Care (or Formerly in Care)	1	0	1	0	0	2	0	0	0	0	0	4
Recent Reunified	4	0	0	1	1	4	0	2	2	1	1	16
Recent Adopted	5	3	3	2	1	4	8	3	4	0	3	36
Recent Subsidized Guardianship	2	0	2	0	0	0	1	3	0	0	0	8
Not target population but approved to continue services	0	2	0	0	0	0	0	0	0	0	0	2
LEGACY CONTRACTS ONLY - Permanency Case	0	1	0	0	0	0	0	0	0	0	0	1
Intact Family Recovery	1	2	1	0	0	2	1	0	0	1	1	9
Don't Know	3	4	5	2	3	0	0	0	0	0	16	33
<b>Total</b>	<b>299</b>	<b>236</b>	<b>188</b>	<b>169</b>	<b>271</b>	<b>273</b>	<b>194</b>	<b>198</b>	<b>223</b>	<b>283</b>	<b>188</b>	<b>2522</b>

In SFY26, Illinois DCFS will be expanding the service referral component of the new CCWIS system, which will facilitate a smoother referral process for families and workers, and increased capacity for monitoring, reporting, billing and claiming.

*Discuss the approach to include, and the involvement of, other federally funded programs (e.g., Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, Supplemental Nutrition Assistance Program, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, programs funded by the Substance Abuse and Mental Health Services Administration, the Family Unification Program (FUP) vouchers, programs coordinated or funded by the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice, and the Social Security Administration, etc.).*

**Services for low-income families:** DCFS refers families to their local Illinois Department of Human Services (DHS) office when they may be eligible for TANF, the TANF Child-Only grant, or SNAP benefits. When a youth in foster care is less than 90 days from a reunification date, the DCFS worker assists the family to apply for benefits they may qualify for in advance of the reunification, to ensure the family has sufficient resources to support a smooth and stable transition

home. Families who seek services through the EFSP program also receive assistance to apply for benefits such as TANF, housing and childcare vouchers, and nutrition programs, to ensure that families outside the child welfare system are receiving the concrete supports they need. As DCFS builds our new CCWIS system, there are intentional efforts to create automated features that facilitate the connections to concrete supports to increase referral and utilization of benefits for low-income families.

**Medicaid:** DCFS provides health insurance through YouthCare, a Medicaid Managed Care organization, for youth in foster care and youth who have experienced subsidized adoption or subsidized guardianship. DCFS also works closely with the state Medicaid agency, Healthcare and Family Services (HFS), to ensure children and families in the child welfare system can access the preventative and urgent medical care they need. For example, DCFS workers receive training to provide information and resources to families about how to contact, and access medical care in their local communities. The DCFS Medical Director and DCFS Nursing program oversee and advise case management teams on any significant medical needs for youth in care.

**Childcare and Head Start:** DCFS families in need of childcare or Head Start are referred by their worker to a local provider. The SPIDER database also contains this information that families can easily access. A family in need of home visiting services is referred to the Erikson Institute through the DCFS Early Childhood Project. The Erikson Institute provides statewide referral and support services to ensure families receive the home visiting service they need from a local provider.

#### **Update for June 30, 2025:**

DCFS families in need of early childhood education options, day care or Head Start are referred by their worker. The School Readiness team assists with guaranteeing that each student is enrolled and engaged in programming that readies them for the future.

Each month, the School Readiness team receives a report listing each DCFS youth in care that is between the ages of three years and five years of age. These lists are separated by region for focus by the team member responsible for that region. The list identifies the youth who are enrolled in early childhood education programs as well as those who are not. The team reviews the SACWIS notes, ISBE education link, Administrative Case Review Feedback and reaches out to the caseworker to determine the barriers to enrollment. Often, through their diligence, the team can secure placement for the youth in a proper program.

Along with the lists, the team will receive referrals by other means. Caseworkers frequently reach out to the team when in need of assistance. The team is also notified through ACR alerts when a youth needs early childhood programming.

There is a memorandum of understanding (MOU) between DCFS and Head Start that fosters a collaborative relationship to improve outcomes for child welfare involved youth. This collaborative relationship is developed through quarterly meetings and a referral system. DCFS is in the process of creating a return data system which allows Head Start to provide enrollment status information back to the DCFS School Readiness team. The team is working with the technology department on creating a mechanism for incorporating all data into one program, also allowing partner program data to be pulled into the system for real time data reporting.

**SAMHSA:** DCFS has dedicated staff who interface with Illinois DHS, which oversees the administration of programs that receive SAMHSA funding. In addition, the DCFS Division of Clinical Practice oversees the coordination of the substance use, mental/behavioral health, and domestic violence services made available to youth in care through contracts with CWCA's and community-based providers. The DCFS Division of Child Services monitors the clinical services provided to youth in congregate care. Oversight with these facilities is accomplished by the DCFS

Agencies & Institutions Licensing team, the DCFS Residential Monitoring team, and the DCFS Contract Administration unit.

**Housing:** DCFS issues Family Unification Program (FUP) vouchers to eligible youth and families who are at risk of out-of-home care placement through our Intact Family Services program and to families preparing for reunification after a youth has been in foster care. The DCFS Office of Housing and Cash Assistance dispenses these vouchers after individual workers submit the appropriate form with the family's information. In addition, these vouchers are issued to youth aging out of foster care and foster care alumni who are at risk of homelessness, through the DCFS Office of Education and Transition Services.

**Update for June 30, 2025:**

DCFS-involved families and youth referred for a FUP voucher are also referred to a DCFS-contracted housing advocate to support the client during the application process and locate housing. Once housed, the housing advocate continues to provide follow-up services. These families and youth are also eligible for cash assistance to support their move-in costs and obtain necessary furniture and household items.

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program:** In response to learning of the benefits of home visiting for at risk families, in 2018 DCFS partnered with the Illinois Governor's Office of Early Childhood Development to receive a Preschool Developmental Grant. The funding from this grant was used to pilot a position that would work to link parents with young children involved with DCFS Intact Family services to home visiting services. This position was conceived after home visiting had been recommended to DCFS case managers after assessments, and yet home visiting partners noted that few child welfare involved families successfully enrolled in services. This piloted position embraced the idea that referrals were only the beginning of a process and that it was only through follow up that barriers for families could be understood and addressed. This model had the family followed until they were engaged in home visiting for up to six months OR the family declined or stopped service.

DCFS committed more resources to partnering with MIECHV and ISBE home visiting programs with its Family First Prevention Services Act plan. The plan includes home visiting as a service DCFS seeks to obtain reimbursement for under this federal act and hopes that this will allow more resources to be devoted to community home visiting agencies. DCFS funds a statewide team of six in the DCFS Early Childhood Project (HV Specialists) to create pathways of communication between child welfare and home visiting, support referrals, offer home visiting to eligible families who become involved with DCFS, offer home visiting resources to investigators who wish to offer this service to a family prior to closing investigations and raise awareness that young children and their parents can receive this kind of support.

In the coming five years, MIECHV and ISBE home visiting programs will all become a part of a newly formed Early Childhood Agency. The DCFS Home Visiting team will be central in identifying pathways for families and support child welfare workers in understanding how to access services. In addition, the tracking done by these HV Specialists will be mined for information about what barriers families experience. The next five years will include information gathering and developing pathways of communication, as well as support and training to create pathways for families to access services that bear their experience in mind. The goal of the state of Illinois is that families can come through any door and find the early childhood services and supports they need. In SFY25 the Home Visiting Specialists will increase outreach to families with children ages birth to 5 and increase capacity for assessments for this population to over 2,000 families.

**Update for June 30, 2025:**

In SFY25 to date, over 3,000 children aged birth to 5 receiving services from Illinois DCFS were enrolled in an early childhood care or education program, representing 72.4% of all eligible children.

Below is a summary of FY 25 Activities related to early childhood home visiting, which includes MIECHV and ISBE programs. A Family’s area and eligibility factors are the primary determinants of which home visiting programs a family is referred to.

<b>FY 25 Home Visiting</b>		
<b>Referral Activity</b>		
Quarter 1-3	<b>Number of Families</b>	<b>Percentage</b>
Families identified (receiving outreach)	584	100% received outreach
Families referred	154	26% of families identified were referred
Families enrolled	65	42% of families referred were enrolled
Families engaged	55	85% of families enrolled have continued engagement in services
Families connected to alternative early childhood services	81	14% of families identified were connected to alternative early childhood resource

In the coming five years, MIECHV and ISBE home visiting programs will all become a part of a newly formed Early Childhood Agency. The DCFS Home Visiting team will be central in identifying pathways for families and support child welfare workers in understanding how to access services. In addition, the tracking done by these HV Specialists will be mined for information about what barriers families experience. The next five years will include information gathering and developing pathways of communication, as well as support and training to create pathways for families to access services that bear their experience in mind. The goal of the state of Illinois is that families can come through any door and find the early childhood services and supports they need. In SFY25 the Home Visiting Specialists will increase outreach to families with children ages birth to 5 and increase capacity for assessments for this population to over 2,000 families.

**Juvenile Justice and Delinquency Prevention:** DCFS coordinates care and services for youth involved in the juvenile justice system through collaboration with the Illinois Department of Juvenile Justice (DJJ). These “dually involved” youth are regularly monitored through a system of staff meetings by workers, supervisors, and administrators at both agencies, to ensure youth and families receive sufficient support. Probation officers are invited to, and encouraged to attend, all Child and Family Team Meetings (CFTMs). Reports to the juvenile court include both child welfare and juvenile justice information and updates.

*Describe the state’s approach to involving state, local, Tribal, and community-based public and private providers of programs addressing issues such as substance use disorders, domestic violence, behavioral health, education, and developmental disabilities.*

Illinois DCFS utilizes a combination of public and private health and human service delivery systems. DCFS contracts with providers of substance use treatment, domestic violence services, behavioral health treatment, and services for individuals with developmental disabilities. These

providers are typically private, community-based agencies and individuals who meet all applicable licensing/certification requirements and complete the necessary documentation and reporting requirements to support effective child welfare practice. When a family is involved in the child welfare system, workers use their local connections as well as statewide resources, such as the SPIDER database, to connect families to providers.

Healthcare services to children and youth in care (foster, kinship or residential) are provided via a HFS contract with 'Youthcare' ('Illinicares', a subsidiary of Centene Corporation)<sup>1</sup>. Health services for youth in care were extensively reorganized with the YouthCare contract by HFS, effective April 1, 2020, to provide many health care services.

DCFS also has a Division of Clinical and Child Services that oversees any medical, mental/behavioral health, and developmental disability needs of youth in foster care, and ensures medically complex youth and youth with other high-level needs are sufficiently supported through the provision of community-based services. This division monitors data and reports from multiple parts of the child welfare system to identify gaps in services and make resourcing decisions. Such decisions include the establishment and administration of congregate care settings such as group homes, Qualified Residential Treatment programs (QRTPs), emergency shelters, and specialized settings for youth at risk of trafficking and youth with developmental disabilities, sexual behavior problems, or substance use disorders.

#### [Please see Addendum 'B', Healthcare Oversight and Coordination Plan](#)

Some services are administered and funded by other state agencies with which DCFS has intergovernmental agreements (IGAs) or Memoranda of Understanding (MOUs) to pass through funding and information, as needed, to facilitate service provision. For example, the Illinois Department of Human Services (DHS) provides administration and funding to Recovery-Oriented Systems of Care services and supports, which DCFS youth and families with substance use disorder utilize in their recovery, as part of their service plan or referral.

Child welfare caseworkers reach out to the designated Youth in Care Liaison within the Illinois State Board of Education, who oversees the educational needs of youth in foster care, to ensure those needs are met within individual school systems. This collaboration ensures that IEPs, 504 plans, disability accommodations and accessibility issues, and truancy issues are appropriately addressed for youth in care.

#### **Update for June 30, 2025:**

DCFS Office of Education and Transition Services School Readiness team collaborates with the school system to advocate for youth in care to receive preschool developmental screenings and/or special education evaluations to determine needed educational services. The School Readiness team collaborates with Early Intervention to ensure transitional meetings occur with the local school district when the child is approaching preschool age. If appropriate educational services are not being provided, and the team believes the school is not providing services and/or lacks service providers, the School Readiness team may recommend for the caseworker to refer the matter to legal services for further review.

In conjunction with Native American communities, organizations and agencies, DCFS utilizes a method of early identification of Native American children and their families in order to provide child welfare services that assure all the additional protections afforded by the Indian Child Welfare Act. The Indian Child Welfare Act (ICWA) Specialists are familiar with the Native American community, participate in Native American community outreach, and are a primary contact person for an ICWA case who assists and supports permanency staff regarding ICWA

compliance in child custody proceedings. The ICWA Specialist also acts as a liaison between State/Nationwide tribal child welfare staff and Illinois permanency staff, for the purposes of verifying a child's Indian lineage, engaging tribes in child welfare cases, and facilitating tribal jurisdiction and coordination of federal financial participation under Title IV-E and Title XIX. In April 2024, the Prairie Band Potawatomi Nation became the first federally recognized tribe in Illinois. DCFS has taken steps, including reaching out to the Tribal Council for the Prairie Band of the Potawatomi Nation (PBPB) to initiate collaborative discussions with the tribe to explore how DCFS can better support more Native American families in Illinois.

**Update for June 30, 2025:**

In SFY25, Illinois DCFS established a relationship with the Prairie Band Potawatomi Nation and began discussions with the tribe to explore future opportunities for collaboration.

*For each of the CB grant programs listed below, discuss the approach to engage and meaningfully involve program representatives in service coordination and support of mutual goals and strategies to prevent children abuse, protect children and improve the safety, permanency and well-being of children and families involved in the child welfare system.*

- *Community-Based Child Abuse Prevention (CBCAP) and*
- *Children's Justice Act (CJA);*

The Community-Based Child Abuse Prevention (CBCAP) and Children's Justice Act (CJA) funds are managed by the Office of Grant Management and Accountability. Additionally, the Office of Grant Management and Accountability staff includes the CBCAP Administrator and the CAPTA Project Director (who manages both CAPTA and CJA funds). With the recent increased awareness of the importance of collaboration and stakeholder engagement, both CBCAP and CJA intend to incorporate those elements more fully into the management of their respective funds and programming operations. The charge to be fully engaged and in concert with the APSR and CFSP workgroups has already begun. These officers will also be participating in the DCFS Stakeholder Collaborative (see the Citizen Review Panel Report, pages 4-5), to remain abreast of the needs, inputs, and concerns of the other affinity groups, and to keep a gauge on programming and the possible alignment and co-partnering.

The Office of Grant Management participated fully in the April 11, 2024 major event of DCFS, inviting internal and external stakeholders to a full working session to further commit to this combined effort. That effort will continue and the CBCAP and CJA administrators will remain engaged and will offer input, insight, and be careful 'listeners' to remain invested and open to ideas and programming that contribute to the DCFS mission and vision. Additionally, through CJA, the citizen review panels will return to the next plan year fully committed to communication that is more efficient and further reaching. This year the Children's Justice Task Force (CJA) was due to complete the mandated recurring 3-Year Assessment of child welfare issues in the state, with subsequent recommendations being given to the Director. In the past this report has been prepared by an outside consultant; this year, the Task Force completed the assessment in-house, and in the process built a sizeable database of child welfare professionals throughout the state to participate in a survey. These efforts will continue to grow. The CAPTA Program Instruction and the Children's Justice Act Program instruction are in full alignment with the suggested approach to work in greater collaboration.

A review of the CAPTA Report (embedded within the APSR Final Report on the 2020-2024 CFSP) shows that the varied programs addressing the Statute's 14 areas of improvement are indeed in alignment with existing goals and strategies of DCFS. Many of these funded programs are

receiving combinations of CAPTA, CBCAP, and CJA funds. Each year the programs are reviewed and held to the goals and standards already in place, which will continue.

**Update for June 30, 2025:**

The CBCAP and CJA staff, the CJA Citizen Review Panels, and providers in these grant programs are fully engaged with the APSR and CFSP workgroups and participated in the Partner Engagement Sessions on April 11, 2024 and September 20-21, 2024. Representatives also attended the launching of the CFSR4 Kickoff, held April 10, 2025 and representatives attended and contributed to the five Partnership for Progress Goal sessions, a series of five virtual meetings with DCFS staff and community partners addressing goals and action plans that resulted from the Partner Engagement Sessions. Through these planning sessions, the representatives have and continue to remain engaged. All engaged representatives will continue to offer input, insight, and analytical skills to the team, remaining invested and committed to the programming that contributes to not only the DCFS mission and vision, but also to the mutual goals and strategies established for the state



2026 APSR - CAPTA  
Plan.docx



FY25 Citizen Review  
Panel Report.docx

- **Court Improvement Project (CIP):**

**Court Improvement Program Advisory Committee (CIPAC):** CIPs are required to establish and operate a statewide multi-disciplinary task force to guide and contribute to CIP activities and to create opportunity to promote and enhance "meaningful and on-going collaboration" between the courts, the state agency, and other justice partners. The Illinois Court Improvement Program (ICIP) has an established Court Improvement Program Advisory Committee (CIPAC) that is comprised of the federally required representatives from DCFS and various judges, state's attorneys, parent and children's attorneys, trial court administration, CASA, parent and youth representatives with lived expertise, and other court partners from around the state. The CIPAC convenes on a quarterly basis. Meetings center around enhancing focus and understanding of the court's role and involvement in the federal Child and Family Services Review (CFSR) and Program Improvement Plan (PIP), Illinois' Title IV-E Review, implementation of Family First Prevention Services Act (FFPSA), ICIP-DCFS Joint Project, data sharing, and gaining input on various ICIP initiatives. Additionally, all ICIP training opportunities are discussed during CIPAC quarterly meetings and training registration information is shared with all CIPAC members to share with their appropriate contacts.

**CFSR/PIP/Title IV-E Review:** ICIP assists DCFS with the coordination of judicial and court stakeholder meetings and interviews during Illinois' CFSR Review and contributes to the PIP proposal by developing court strategies, when applicable, and collaborates with DCFS to implement and report on the approved PIP court strategies and key activities. Furthermore, ICIP staff participates in the Title IV-E Review entrance and exit meetings and throughout the week to assist state and federal reviewers with any court-related questions.

**ICIP-DCFS Joint Project:** CIPs are federally required to plan and implement a joint project with the state agency that will focus on improving a specific safety, permanency, or well-being outcome. Therefore, following the completion of the previous joint project on Intact Cases, ICIP and DCFS revisited the idea of implementing a statewide uniform caseworker court report as the next joint project. This joint project intended to address the barriers to timely permanency in

Illinois. Originally, this project was selected as the joint project in 2017. During that time, court stakeholders (including DCFS staff) helped inform the design of the caseworker court report, the court report template was developed, pilot sites were identified, and caseworkers were trained in its use. However, testing of the court report never occurred. As a result of three changes in DCFS leadership and other staff, the joint project continually stalled and eventually the project lost momentum. Therefore, during 2020, ICIP-DCFS staff agreed it was best to move forward and redirect efforts by identifying a different joint project related to Intact cases, which ended up being included in the CFSR 3 PIP.

Throughout Illinois, judicial leaders in child welfare consistently express the desire for a statewide uniform caseworker court report that would improve the quality of information being provided to judges and attorneys so that they can better ascertain the progress being made toward the permanency goal. In addition to gathering quality case information about the progress being made in the case, the uniform caseworker court report is designed to prominently display a data dashboard to better track the length of time the youth has been in care and timeliness of all major court events. The data dashboard will include:

- Total number of days youth has been in care
- Time from Original Petition to Adjudication Hearing
- Time from Original Petition to Disposition Hearing
- Time from Original Petition to First Permanency Hearing
- Time from Original Petition to TPR Hearing
- Time from Original Petition to last Permanency Hearing

Currently, ICIP and DCFS are working to modify the design of the previously developed uniform caseworker court report and integrate it into DCFS's new case management system (IllinoisConnect) before going live in 2025. ICWA inquiries, Safe Model language, and various minimal modifications. ICIP and DCFS are also working to identify 1-2 counties to test a paper version of the caseworker court report before it becomes fully automated in IllinoisConnect. DCFS will train caseworkers on the utilization of the uniform caseworker court report once it is fully integrated into their new IllinoisConnect case management system. Training details are still yet to be determined.

**Title IV-E Legal Representation Pilot Program:** Illinois developed a pilot program for the Title IV-E funding for legal representation. ICIP and DCFS initially held several informational meetings with interested counties, developed an Intergovernmental Agreement form, and discussed the tracking and reporting obligations. Four counties entered into the Intergovernmental Agreement with DCFS during 2023 and have been receiving payments. Recently, ICIP and DCFS held another informational meeting (May 2024) to expand the pilot program to include approximately five more counties. ICIP acts as a conduit between interested counties and DCFS. However, interested counties work directly with DCFS if they intend to pursue entering into an Intergovernmental Agreement to receive Title IV-E reimbursement on qualified cases for legal representation.

**Update for June 30, 2025:**

The Legal Representation Pilot Program is now operating successfully in four counties (Lake, Rock Island, Will, and Winnebago Counties) and further expansion is planned for SFY26 as both Cook County Public Defender's Office and Cook County Public Guardian's Office will begin implementing the process for utilizing Title IV-E funding for legal representation.

**Family First Prevention Services:** ICIP was actively involved in the implementation of the Illinois FFPSA plan and were members of the DCFS's former FFPSA Steering Committee and

Integration and Communications Workgroup. Per the federal FFPSA requirement, ICIP developed and implemented judicial and attorney training titled, *Family First Prevention Services Act Implementation: The Role of Judges and Attorneys*. Four regional live virtual trainings were held (southern, central, northern, Cook County) throughout February-March 2021. The regional trainings provided participants with a comprehensive overview of the significance and purpose of the Family First Act and the role of the court in monitoring and making key findings on cases, including prevention services eligible for Title IV-E reimbursement, and defining Qualified Residential Treatment Programs (QRTPs) and policies. ICIP continues to provide judges and attorneys training opportunities and resources about FFPSA. All four regional trainings were recorded and are available on demand through the Illinois Judicial College's website. The FFPSA and the Qualified Residential Treatment Program provisions, are also included in the *Anatomy of a Juvenile Abuse and Neglect Case* training session which is offered to judges every two (2) years at the Illinois Judicial Education Conference (Ed Con). Additionally, ICIP continues to meet periodically with DCFS Legal and QRTP staff to discuss any court-related concerns around QRTP hearing court practice or additional training needs. DCFS staff continues to indicate there are no QRTP court-related concerns to be addressed at this time.

**Other Committees and Workgroups:** ICIP invites DCFS staff to be part of various ICIP committees and training planning workgroups. They are key team members who assist with assessing the need for, planning, delivery, and marketing of training opportunities to justice partners, DCFS Legal and agency caseworkers, when appropriate. Such committees and workgroups include focusing on dually involved youth, modifying court forms, and ICWA training. In turn, DCFS engages ICIP to be part of various DCFS committee workgroups such as the Safe Model-Judicial Courts Committee.

#### **Update for June 30, 2025:**

As the Department transitions to the SAFE Model, we are engaged in education efforts with court stakeholders. A Judicial Sub-committee was created under the umbrella of the SAFE Model Steering Committee to begin to provide learning opportunities to select judges with the plan of engaging them in further training with other stakeholders.

#### *Service Description (cross reference with D2 Service Array)*

*Provide an assessment of the strengths and gaps in service, including mismatches between available services and family needs as identified through interviews and consultations with families, children, and youth; analysis of available data, including the CFSR results, and consultation with other partners. The state may cross-reference Service Array in section D2) rather than including data and an analysis of strengths and concerns in this section.*

Across the Continuum of Care, from primary prevention through serving families from hotline calls through investigations through permanency planning, supports for children/youth while in foster care, and treatment and service supports for transition-age youth aging out of care, the Illinois child welfare system has varied strengths and gaps. Illinois CFSR performance data shows that safety assessments are not being completed within agency-established timeframes for child maltreatment reports, the rate of maltreatment and repeat maltreatment in care is higher than national performance average, and permanency rates within 12 months, 24 months, and 36 months are also substantially lower than national performance average. Compared to these weak areas, Illinois CFSR performance data shows Illinois' CFSR performance is more effective in preventing re-entry into care after family reunification, establishing permanency goals within agency

timelines, minimizing placement moves (4.5 moves or fewer is national performance), and supporting family capacity to provide for children’s needs (well-being indicators). Reviews of Illinois CFSR performance indicators highlight areas to delve more deeply to understand root causes for weak performance areas, however, stakeholder input provides a more detailed analysis of areas for improvement.

As noted in the chapter 1 collaboration narrative, in April 2024 the Illinois Department of Children and Family Services (DCFS) convened over 150 stakeholders in a 4-hour virtual meeting to provide input on the Child and Family Services Plan (CFSP). The meeting began with a data-driven presentation and was followed by in-depth discussions on the strengths and gaps in Illinois’ child welfare system. Additionally, nearly 60 youth shared their perspectives during Youth Advisory Board meetings held in April and May 2024. All Stakeholder representatives focused on system improvements, centering their discussions around key topics: Primary Prevention, Safety, Permanency, Well-Being, DCFS and Court System Relationships, Employee Recruitment and Retention, and “One Thing DCFS Could Do Better.”

### **Key Recommendations**

1. **Expand Investment in Prevention:** Stakeholders emphasized increased investment in resources that keep children safe at home, such as family finding, kinship navigation, and father engagement. Strengthening family support services was highlighted as a means to reduce family separations and reliance on foster care.
2. **Build Support Structures for Employee Retention and Skill Development:** Stakeholders stressed the importance of enhancing skills and knowledge among DCFS staff, as well as agency partners. They recommended investing in salaries, reducing pay disparities, and strengthening leadership training to improve well-being, safety, and permanency outcomes.
3. **Center Services on Child and Family Well-being, Safety, and Permanency:** Stakeholders advocated for a system that ensures collaboration between state agencies, child protection services, courts, and other partners. Youth particularly emphasized the need for services that focus on education, mental health, and safety within their placements.
4. **Center the Expertise of Children, Youth, and Families:** Families impacted by the child welfare system must be included as experts on their own needs. Stakeholders encouraged maintaining respectful, collaborative approaches during family team meetings and casework, with an emphasis on groups such as dually involved youth.
5. **Promote Open and Transparent Communication:** Stakeholders emphasized the need for open, transparent communication to build trust and facilitate well-informed decision-making. User-friendly tools and communication strategies were recommended to support staff and families in assessment, planning, and service coordination.
6. **Generate Proactive Public Awareness:** Stakeholders suggested proactive public engagement to raise awareness of the child welfare system's needs and strengths. Educating mandated reporters and the public on the role they can play in prevention and intervention was highlighted as essential for collective support of child and family well-being.

These stakeholder discussions and recommendations form the foundation for Illinois DCFS’s ongoing efforts to improve child welfare services and outcomes for children, youth, and families. Through coordinated investment and collaboration, DCFS aims to advance prevention, promote well-being, ensure safety across the child welfare system.

*See also chapter 2 items 29 and 30 for additional information on service array (page 52-55).*

### **Update for June 30, 2025:**

During SFY25, collaboration with internal and external partners has continued through a series of structured discussions and presentations. On September 20-21, 2024, Illinois DCFS held two Joint Partner Engagement Sessions entitled the “2nd Joint Stakeholder Meeting.” Partners’ input shared during these Joint Partner Engagement sessions assists DCFS in leading continuous quality improvement efforts to promote effective practices and policies that support the well-being of Illinois children and families. The specific goals of these sessions were to 1) empower a wide range of partners to be seen and heard within the system, ensuring they can make a lasting impact in critical areas of child welfare policy and practice in Illinois, and 2) promote the well-being, and resilience of children, youth, and families, with leaders driving change that prioritizes continuous quality improvement. More than 122 individuals attended the two-day event and participated in developing priorities and insights to continue shaping Illinois child welfare policy and practice.

Subsequently, additional partner engagement sessions were conducted in April and May 2025, to respond to the recommendations gleaned from the previous sessions and provide a report on progress made thus far. During these progress meetings, Illinois DCFS representatives and guest presenters provided information on objectives and activities being conducted in response to partner priorities and feedback. Presenters also reported on metrics identified to measure progress toward goals and objectives and gathered additional feedback from attendees to ensure alignment and ongoing open communication. This feedback will continue to be incorporated into Illinois DCFS service and resourcing decisions, policy and program development, workforce training and capacity building, and other operational and administrative decision-making. In SFY26, Illinois DCFS plans to continue these partner meetings twice per year. In addition, Illinois DCFS maintains regular relationships with multiple advisory groups, which consist of community members and subject matter experts who advise the Department on matters of policy and procedure. In SFY25, DCFS and advisory group leaders began a restructuring process in order to improve the structure and communication between DCFS and its advisory groups; the new structure and processes will be announced and implemented in SFY26.

#### *Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)*

##### *Describe services to be offered under title IV-B, subpart 1. (cross reference to D2 Service Array and D4)*

See the beginning of this chapter for the description of the publicly funded child and family services continuum, including child abuse and neglect prevention, intervention, and treatment services and foster care; family preservation services; family support services; and service to support reunification, adoption, kinship care, independent living, and services for other permanency living arrangements. Chapter 2 under Service Array, also includes information about services offered.

#### *Services for Children Adopted from Other Countries*

##### *Describe the activities that the state plans to take over the next five years to support children adopted from other countries, including the provision of adoption and post-adoption supports.*

Over the next five years, DCFS intends to continue providing the same post adoption services for adopted children and their families regardless of whether they are private domestic or international adoptions. DCFS has support services available for adopted children and their families that reside in Illinois. Children residing in Illinois that were adopted from other countries are eligible for Adoption/Guardianship Support and Preservation (ASAP) services:

- Comprehensive assessment/crisis intervention: Preservation staff will respond by phone within 24 hours and make an in-home visit within three days. A therapist will help a family identify their own strengths, complete an assessment, and develop a family treatment plan within 30 days of the referral to the program.
- Clinical services: a therapist will provide clinical services based on the family treatment plan.
- Support groups: support groups are offered for both parents and youth at times and locations that meet the family's needs.
- Case management/advocacy services: the ASAP provider will manage the case and the services as outlined in the family plan.
- Children's mental health advocacy services: if a child has significant mental health needs the program will provide or facilitate services.
- Start Early, Trauma-informed, Attachment-focused, Resiliency-building, Therapeutic services (START): a customizable, flexible short-term prevention service to address the family's specific needs. These services are family focused, provide interactive, meaningful activities with children and caregivers and link families to experienced well-trained clinicians
- In DCFS is considering expansion of Respite Services to these families.
- Family First Interventions which are listed below:
  - Child Parent Psychotherapy
  - Nurturing Parenting Program
  - Multi-Systemic Therapy
  - Trauma Focused Cognitive Behavioral Therapy
  - Positive Parenting Program

Although DCFS does not currently have the capability to track these children when their families seek services outside of the DCFS contracted providers. DCFS continues to work on replacing the current multiple data systems with a Comprehensive Child Welfare Information System (CCWIS/IllinoisConnect). Manual tracking of Adoption Preservation Services for children adopted from other countries began July 1, 2019.

Adopted children (regardless of the type of adoption) are eligible to receive ASAP which includes:

- S.T.A.R.T. training tools for families,
- trauma informed therapy,
- TBRI (trust-based relationship intervention), and
- advocacy.

DCFS provides respite for adoptive families of former youth in care, and DCFS is working to expand this service to international and non-DCFS adoption families in the next five years.

DCFS will continue improving PATH (Partners Available to Help) Beyond Adoption Support phone line with a toll-free number that is answered during business hours and can accept voicemail messages at any time. The phone line is there to help connect families with DCFS post adoption staff, to help families find local services in the community, to allow families to report changes in their address to post adoption staff, for those with a subsidy to ask about coverage in the subsidy agreements, to get legal assistance around issues of guardianship or the death or illness of a caregiver, to locate a support group and to seek respite services and family therapy. DCFS has also launched a PATH Beyond Adoption website to provide information on post-adoption supports available. There are also business cards to market the website and phone line that are distributed. DCFS publishes Post Adoption and Guardianship Services booklets that can be accessed from the website or are otherwise available through DCFS.

DCFS partners are also involved in our supportive services to adoptive families. Be Strong Families holds parent cafés. Illinois adoption and guardianship support and preservation programs are located throughout the state and can help prior to a crisis. The links and information can be found on the PATH Beyond Adoption/Guardianship website, as well as the DCFS website and social media outlets. The following is a more detailed description of these services:

### **Adoption Support and Preservation Services (ASAPS)**

- Comprehensive assessment/crisis intervention: Preservation staff respond by phone within 24 hours and make an in-home visit within three days. A therapist will help a family identify their own strengths, complete an assessment, and develop a family treatment plan within 30 days of the referral to the program.
- Clinical services: a therapist will provide clinical services based on the family treatment plan.
- Support groups: support groups are offered for both parents and youth at times and locations that meet the family's needs.
- Case management/advocacy services: the ASAP provider will manage the case and the services as outlined in the family plan.
- Children's mental health advocacy services: if a child has significant mental health needs the program will provide or facilitate services.
- Cash assistance: if a family participating in the program experiences economic hardships or requires specialized services that cannot be obtained through other resources, a cash assistance payment (limited to \$500 per family per fiscal year) may be provided.
- Start Early, Trauma-informed, Attachment-focused, Resiliency-building, Therapeutic services (START): a customizable and flexible short-term prevention service to address the family's specific needs. These services are family focused, provide interactive and meaningful activities with children and caregivers and link families to experienced clinicians trained in the most effective techniques for working with the toughest situations.

**Family First:** Family First has several provisions to enhance support services for families to help children remain at home with their families, reduce unnecessary use of congregate care and build the capacity of communities to support children and families. This is being achieved by emphasizing prevention, early intervention and the use of family-centered, trauma-informed and strength-based interventions throughout Illinois. These include Motivational Interviewing, Child Parent Psychotherapy, Nurturing Parenting Program, Multi-Systemic Therapy, Trauma Focused Cognitive Behavioral Therapy and Positive Parenting Program.

**Search and Reunion Services:** Midwest Adoption Center is a statewide program that will attempt to locate files and prepare them for review by requestor, whether adoptee or their adoptive parent. It can include non-identifying information, medical records and social history.

DCFS will continue random surveys of all adoptive families receiving Post Adoption Service for continued improvement and possible expansion of services. As well as keep informed about new research developments that can shed a light on any advancements for improved service provision. DCFS IllinoisConnect will have embedded tracking of adoption preservation services for non-DCFS domestic and those children who are adopted from other countries once older systems are replaced. In the meantime, manual tracking will continue. In addition, the DCFS permanency division is planning with the division of child protection to develop within CCWIS/Illinois Connect a method to capture the non-DCFS Domestic and Internationally adopted children who come into the care of DCFS or supported by our Family First Preservation Services.

**Update for June 30, 2025:**

International Adoptions have markedly declined over the past two decades. According to the US State Department, there were 8,251 international Adoptions into the United States in 2008. Illinois received 381 of those adoptions. In 2023 (most current report available), there were 1,275 international adoptions into the United States. Illinois accounted for 66 of those adoptions.

Post-adoption services for children adopted from other countries continue through the Adoption Guardianship Support and Preservation (ASAP) Services. Across the state, six ASAP agencies support families in all four regions, alongside eight agencies providing respite and mentoring services. Although international adoptions have declined, all the services outlined remain available.

Due to a growing demand for ASAP services in the central region, the FY26 budget for the ASAP/Respite Agency will be increased to accommodate additional staff, ensuring adequate support for children adopted internationally or through private domestic adoptions.

No children or youth placed through international adoptions disrupted and were placed in the custody of the state of Illinois DCFS.

***Post Adoptive services to Non-DCFS Adoptions: # of Adoptive Children served***

<b><i>Category</i></b>	<b><i>SFY'21</i></b>	<b><i>SFY'22</i></b>	<b><i>SFY'23</i></b>	<b><i>SFY'24</i></b>	<b><i>SFY '25 05/31/25</i></b>
<i>International Adoption</i>	<i>51</i>	<i>51</i>	<i>61</i>	<i>49</i>	<i>43</i>
<i>Non-DCFS-domestic adoption</i>	<i>106</i>	<i>151</i>	<i>130</i>	<i>115</i>	<i>93</i>
<i>Total of NON-DCFS adopted children</i>	<i>157</i>	<i>202</i>	<i>191</i>	<i>164</i>	<i>136</i>

***Services for Children Under the Age of Five***

*Describe the activities the state plans to undertake over the next five years to reduce the length of time young children under the age of five are in foster care without a permanent family, and to address the developmental needs of all vulnerable children under five years of age.*

The DCFS Erikson Early Childhood Project serves families with a child ages 0-3 in intact family services and children ages 0-5 in foster care. The project addresses the developmental needs of children under five years of age.

*See also the section on Populations at Greatest Risk of Maltreatment (pages 94-98) under PSSF for additional information about services to children under age five, including the DCFS Erikson Early Childhood Project*

**Early Childhood Court Teams**

- The Early Childhood Court Team (ECCT) program in Illinois is tailored to assist families with infants or toddlers under 4 years old who are involved in child welfare services. It aims to mitigate the adversarial nature of court proceedings by fostering enhanced communication, mediation, and coordination, prioritizing the critical developmental phase and expediting permanency.
- Parents enrolled in ECCT benefit from increased access to Child and Family Team Meetings, occurring more frequently compared to non-ECCT families. They also receive greater support through evidence-informed therapeutic parenting services like the Nurturing Parenting Program (NPP) and Child Parent Psychotherapy (CPP). Addressing historical court delays,

ECCT judges now schedule court dates for the next six months, facilitating parental attendance and enabling caseworkers to address outstanding referrals and barriers to permanency.

- In a recent assessment, ECCT program leaders and partners identified 49 children with active ECCT cases as of October 1, 2021, who had been in care for over a year. By comparing their outcomes to historical data from similar cohorts, it was found that 63% of the tracked population achieved permanency within a two-year window, exceeding the baseline expectation of 59%. However, the desired target of 98% was not met.

**Several contextual factors were considered:**

- **Improvement in exit to reunification.** Though the raw counts are small, the tracked ECCT population did do proportionally better than baseline in terms of reunifying children (14% reunified compared to a baseline of 8%). This is consistent with program staff's observation that there is a high level of commitment in ECCT to engaging and supporting parents on an ongoing basis.
- **Improvement in exit to transfer.** Notably, there was an improvement over baseline in the likelihood of transfer; the group expected a baseline of 9% of cases to transfer during the two-year window, but by the end of the observation period only 4% of the tracked cases closed that way. The primary goal of ECCT is to promote timely permanent exits, but another is to minimize the transfer of cases. It is worth acknowledging a potential tradeoff at play here: If an agency's practice is to transfer out cases that are, say, too difficult to move to permanency, the agency's transfer rate will be elevated. However, if the practice changes to one in which the agency holds onto those cases, its transfer rate would decrease—and children would experience more stability—but its permanency rate may decrease consequently.
- **Likelihood of adoption.** Most permanent exits among this tracked population were discharges to adoption. This would be expected among the tracked population which consisted of children who had already been in care for one year or longer as of 10/1/2021. As a general matter, national research shows that the likelihood of reunification decreases the longer a child stays in care.
- **Projecting time to permanency (target setting).** ECCT program staff have deep knowledge about the clinical and procedural barriers to permanency and endeavored to set realistic projections for each tracked child's time to permanency. Even still, permanency for this group took longer than anticipated. At the same time, the projection process with this in-care group was helpful in supporting increased attention by the program team and the implementation evaluators to identifying and remediating specific types of delays related to case management tasks and court procedures that occur in the latter stages of the permanency planning process—especially in cases moving to adoption.
- **Influence of the COVID-19 pandemic.** It is worth noting that the baseline benchmark is set using historical outcomes prior to the pandemic. In the abovementioned discrete-time analysis, the data indicates, regardless of participation in ECCT, children entering care during the "COVID years" moved to permanency more slowly than children entering care prior. Children tracked in the projection project were already in care for at least one year as of 10/1/2021; as such, their slower pace of exit may in part be due to slowdowns associated with the pandemic.

In SFY25, the Early Childhood Court Team (ECCT) remains committed to expediting permanency for foster children and expanding its reach. Efforts to expand ECCT resumed in 2022, with plans to establish an ECCT court team in Winnebago County, IL, in partnership with DCS, Zero-to-Three, and the Winnebago County court. Implementation plans will commence in state fiscal year 2025, with both Cook and Winnebago county court teams aiming to serve families with children under 4 years old, including at least one child under 3.

This 5-year plan outlines the strategic expansion of Early Childhood Court Teams (ECCT) in Illinois. Currently, there are two ECCT programs in the state: one established 8 years ago and a newly implemented program that began 2 months ago. The goals are to:

- Expand to one additional site over the next five years,
- Focus on strengthening the existing programs and
- Ensure sustainable growth.

### **Year 1: Strengthening Foundations**

- **Establishing the Winnebago County ECCT Site**
  - **Collaborate:** Connect with judges and gain commitment from provider agencies to establish programming for ECCT in the second site.
  - **Staffing:** Hire key staff members, including Community Practice Coordinators.
  - **Training:** Implement comprehensive training for Community Practice Coordinators, including best practices in trauma-informed care, child development, and family engagement.
  - **Relationship Building:** Continue building relationships with local stakeholders, including judges, child welfare agencies, and community providers.
  - **Contracting:** Finalize contracts for Case Work (CW) services, Nurturing Parenting Program (NPP) and Child-Parent Psychotherapy (CPP) providers to ensure access to essential services.
  - **Case Mapping:** Complete mapping of the court process in Winnebago County for child welfare cases.
  - **Site Implementation Planning and Capacity Building:** Begin site implementation planning to include establishing mission, vision and system exploration. Include individuals with lived experience in planning.
- **Enhancing the Cook ECCT Site**
  - **Ongoing Training:** Hire and provide refresher training and professional development opportunities for existing staff to maintain high standards of care.
  - **Evaluation:** Conduct an evaluation of the program's impact over the past 8 years, identifying strengths and areas for improvement.
  - **Community Engagement:** Strengthen partnerships with community organizations to enhance support services available to families.

### **Update for June 30, 2025:**

In a recent analysis, permanency outcomes for ECCT in Cook County, participants were compared to permanency outcomes of non-participants. The model controlled for a number of other variables that have the potential to affect permanency, including child age, race/ethnicity, gender, the extent to which the child had any prior history in foster care, and service provider. The results revealed that, even after controlling for these factors, children enrolled in ECCT exited to permanency more quickly than non-participants did. This outcome was statistically significant ( $p=.02$ ). These findings are extremely promising and justify continued investment in the program. Since that analysis, the ECCT evaluation team has continued to monitor outcomes for children involved in the program in Cook County. Additionally, the team has worked to refine and measure the mechanisms by which ECCT is believed to be effective. This work involves operationalizing aspects of process, quality, and capacity central to ECCT's programmatic model and theory of change. Future evaluation work will focus on the relationship between implementation fidelity and permanency outcomes.

Updates on progress are provided based on the Results-Based Accountability (RBA) Framework, which asks the following core questions:

1. How much did we do?
2. How well did we do it?

3. Is anyone better off?

**Definitions/Criteria:**

- In care population—met the baseline criteria and had an active ECCT case on the first day of the fiscal year.
- Admission population—met the baseline criteria and were admitted to ECCT during the fiscal year.
- Baseline criteria—children age 0-3 served in an ECCT case management program in Cook County.

How much did we do?

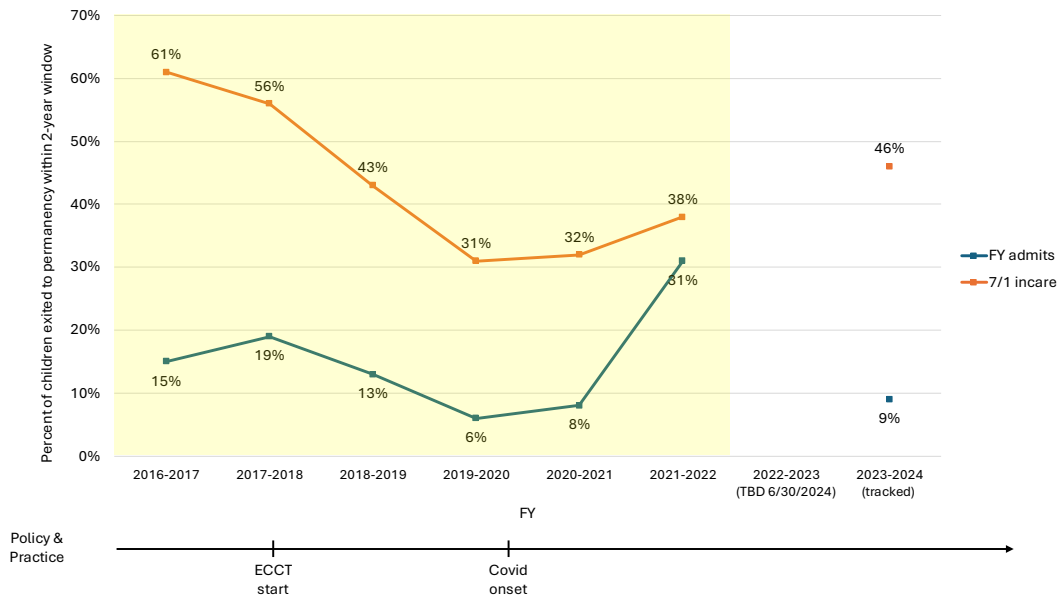
- In Care population
  - 37 children were active in ECCT cases on July 1, 2023
  - Services were already established at the beginning of the fiscal year
- Admission Population
  - 35 children admitted to ECCT between July 1, 2023 and June 30, 2024
  - Newly enrolled with full fiscal year of services

How well did we do it?

- In Care Population
  - Some received services under earlier transitional phases of ECCT
  - May have experienced delays related to COVID
- Admission Population
  - Entered under full implementation of the ECCT model
  - Benefitted from improvements in processes and service delivery

Is anyone better off?

- In Care Population
  - Outcomes to date suggest slower or delayed permanency for many
- Admission Population
  - Early indicators suggest more timely exits to permanency
  - Higher potential for improved long-term outcomes due to early intervention



In the next year we will review the baseline and determine a data tracking system that will be implemented in Cook County, as well as Winnebago County. Implementation plans continue with both Cook and Winnebago County court teams aiming to serve families with children under 4 years old, including at least one child under 3, into the next year.

The Winnebago program has been in implementation for four months. Progress on the Year 1 plan is summarized below.

- Continued engagement has occurred with judges in Winnebago County
- Contracts for both the Nurturing Parenting Program-Caregiver Version (NPP CV) and Parent Version (NPP PV) have been established
- The contract for Child-Parent Psychotherapy (CPP) is in progress, with execution planned for state fiscal year 2026 (July 1, 2025-June 30, 2026)
- Staff for NPP CV, NPP PV, and CPP have been hired
- Plans are in place to hire casework and CPC staff in state fiscal year 2026
- A joint training was conducted for Winnebago County court personnel, ECCT staff, and provider agencies. The focus was on the impact of trauma on children under 3 and the Early Childhood Court Team (ECCT) model
- Ongoing relationship-building efforts continue with court personnel, Zero to Three, researchers, and community providers
- Contracts for NPP CV and PV, and CPP have been completed. Case management contracting is underway with completion expected in state fiscal year 2026
- Statewide case mapping took place in fiscal year 2025; Winnebago-specific mapping is planned for state fiscal year 2026
- Implementation planning and capacity-building efforts are currently underway and will continue into state fiscal year 2026
- Planning includes establishing the site's mission and vision, exploring system capacity, and incorporating individuals with lived experience
- Plans are in place to continue refresher training and professional development to maintain high standards of care
- An evaluation of the Cook ECCT site's 8-year impact is planned to identify strengths and opportunities for improvement
- A Community Coordinator has been hired to support engagement efforts.
- A plan has been developed to incorporate individuals with lived experience into community engagement strategies in state fiscal year 2026

## **Year 2: Building Capacity**

- **Enhancing Service Delivery in Winnebago County ECCT Site**
  - **Continue implementation efforts from year 1**
  - **Caseload Management:** Optimize case management processes to efficiently handle an increased number of cases as the program matures.
  - **Support Systems:** Identify priority areas of support and develop support systems to improve family outcomes.

## **Year 3: Implementation of New Site**

- **Continuous Improvement of Winnebago County Site**
  - **Quality Assurance:** Implement continuous quality improvement (CQI) measures in the Winnebago site while maintaining CQI processes in Cook County, focusing on data-driven decision-making and outcomes measurement.
  - **Family Engagement:** Enhance family engagement strategies by integrating feedback from families into program development.

#### **Year 4: Integration and Collaboration**

- **Deepening Program Integration**
  - **Cross-Site Collaboration:** Foster collaboration among the two ECCT sites, sharing best practices, resources, and training opportunities.
  - **Data Integration:** Develop a unified data system to track outcomes across all sites, enabling more comprehensive program evaluation.
- **Expanding Partnerships**
  - **Community Partnerships:** Strengthen and expand partnerships with local agencies, service providers, and advocacy groups to support the holistic needs of families.
  - **Statewide Advocacy:** Begin advocating for the expansion of ECCT programs across the state, using data and success stories from the two sites to build support.
- **Explore Expansion of ECCT**
  - **Site Selection:** Begin the process of exploring a third site for ECCT expansion, considering factors such as reviewing the population of children 0-4, courts interest, community engagement opportunities, and available resources.

#### **Year 5: Evaluation and Future Planning**

- **Preparing for Expansion**
  - **Site Selection:** Begin the process of selecting a third site for ECCT expansion, considering factors such as community need, availability of resources, local support, and the Courts interest.
- **Program Evaluation**
  - **Comprehensive Review:** Conduct a comprehensive evaluation of the two ECCT sites, assessing program effectiveness, family outcomes, and community impact.
  - **Report Findings:** Publish a report detailing the successes, challenges, and lessons learned over the five-year period.

This 5-year plan sets the stage for the sustainable expansion of Early Childhood Court Teams in Illinois, ensuring that more children and families can benefit from this vital program. By focusing on stabilizing current operations, building capacity, and strategically expanding to new sites, we aim to create a robust network of support for families across the state.

#### ***Efforts to Track and Prevent Child Maltreatment Deaths***

*Provide a description of the steps the state is taking to compile complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on the deaths from the relevant organizations in the state including entities such as state vital statistics department, child death review teams, law enforcement agencies, or offices of medical examiners, or coroners. The information reported in the CFSP should be developed in consultation with officials responsible for submitting the state's annual NCANDS Agency File to ensure that all information reported to CB is complete and accurate.*

Per NCANDS reporting guidelines and procedures – states are to report annually a Child file, Agency file and Commentary. All incidents of maltreatment of children that were finalized during the reporting period are reported in the child file. If a child had an indicated death allegation, the MALDEATH indicator is set to ‘1’.

In the Agency file Illinois will report in Section 4.1 the number of children who had an indicated death allegation in multiple investigations during the reporting period. This is done because the records are Dropped from Child file during the data review process. The records are dropped because the youth cannot have more than 1 investigation with an indicated death allegation

according to the federal data processing rules. In the Commentary that is submitted each year Illinois attempts to describe the characteristics of the data in the file to help inform researchers. The charts below contain data related to child maltreatment deaths for the past 5 fiscal years that have been indicated for abuse and neglect.

	FY19	FY20	FY21	FY22	FY23	FY24*
<b>Total Number of Child Deaths Investigated</b>	283	234	273	286	220	170
<b>Total Indicated Child Deaths - Abuse</b>	27	21	22	41	23	7
<b>Total Indicated Child Deaths - Neglect</b>	87	72	83	75	36	18
<b>Total Unfounded Child Deaths - Abuse</b>	22	22	18	24	14	9
<b>Total Unfounded Child Deaths - Neglect</b>	147	119	150	143	137	41
<b>Total Pending Child Deaths Investigations</b>	0	0	0	1	10	95
<b>Total Indicated Child Deaths</b>	114	93	105	117	59	25

\*as of 4/6/24

Each week, the Illinois Department of Public Health/Division of Vital Statistics provides DCFS with a list of children who have died. Data checks are done to determine what, if any, current or prior involvement DCFS has had with that child or their family. Per Statute [[20 ILCS 515/ Child Death Review Team Act. \(ilga.gov\)](#) ], the Illinois Child Death Review Teams (CDRT) review all child deaths when the child or their family has been involved with the agency within one year prior to the death. The CDRT consists of 9 multi-disciplinary teams throughout the State that meet 8 times per month (on average) to provide in-depth review of recent child deaths. The review process includes an accurate, and comprehensive determination of the cause of each child’s death; assisting the State and counties in developing a greater understanding of the incidence and causes of a child’s death; investigating all methods to preventing similar deaths; identifying any gaps in services to children and families and developing and implementing measures to prevent future deaths from similar causes.

These multi-disciplinary teams consist of the following professionals: pediatricians (or other physicians) knowledgeable about child abuse and neglect, representatives from DCFS, State’s Attorneys, local law enforcement, psychologists, psychiatrists, representatives from a local health department, representatives from school districts or other childcare interests, coroners or forensic pathologists, representatives from local hospital/trauma/EMS, State Police, and Public Health. Per Statute, the CDRT meetings are closed to the public and not subject to FOIA.

*Provide a description of the steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts. Provide a copy or link to any comprehensive plan that has been developed.*

The Illinois Child Death Review Teams serve as the comprehensive, statewide plan to prevent child fatalities. The 9 regional teams consist of approximately 130 professionals that comprise these multi-disciplinary teams. This detailed process is outlined in the Statute:

[\[20 ILCS 515/Child Death Review Team Act. \(ilga.gov\)\]](#).

Following each review of a child’s death, the Teams make any needed recommendation to the Director of DCFS as well as any other entity as needed. Below is data related to the number of cases reviewed by CDRT and recommendations made. It is anticipated that these numbers will remain constant in coming years.

Cases Reviewed by the CDRT					
2018	2019	2020	2021	2022	2023
285	245	233	238	225	255

Recommendations by the CDRT					
2018	2019	2020	2021	2022	2023
88	85	68	94	68	48

**Update for June 30, 2025:**

Cases Reviewed by the CDRT					
2019	2020	2021	2022	2023	2024
245	233	238	225	255	259

Recommendations by the CDRT					
2019	2020	2021	2022	2023	2024
85	68	94	68	48	88

DCFS is required to respond to each recommendation within 90 days. Most of the recommendations submitted to DCFS have been implemented.

The most common causes of the child deaths reviewed are suffocation or an undetermined cause of death. Most of the cases in these two categories involve unsafe sleep practices for infants and are 100% preventable. In January 2019, Rush University Medical Center received a grant to establish a Sudden Unexpected Infant Death (SUID) Registry in Cook County. Rush University Medical Center is partnering with the Cook County Medical Examiner’s Office and the Child Death Review Teams to collect and analyze data and advance the understanding of factors associated with SUIDs. With this partnership, it is anticipated that additional data and effective prevention efforts will increase, and more children will be saved.

Continued partnership with the Cook County SUID Registry is ongoing and plans are being considered for expanding the SUID Case registry statewide. CDRT is also involved in local Fetal Infant Mortality Reviews (FIMR) and FIMR staff have joined CDRT in the past few years. These partnerships will continue in coming years.

As stated, many of the fatalities reviewed during this time frame have been sleep-related infant deaths. Another common category of fatalities reviewed is gun-related deaths. DCFS has sought increased funding for public service announcements, in the form of billboards, to address these two areas. Each DCFS Office has electronic message boards that promote safe sleep practices and gun safety. Collaborative efforts with other key stakeholders are an ongoing process, addressing sleep-related deaths. At the 2023 Springfield State Fair and the Du Quoin State Fair, DCFS had a booth and passed out free trigger locks to prevent gun-related deaths and increase awareness of this type of tragedy. All caseworkers have been provided with trigger locks that they can give away for free to any family needing and/or wanting them.

On a regular and rotating basis, DCFS posts announcements on social media sites related to prevention activities. These announcements target safe sleep, gun safety, water safety, fire prevention, newborn protection, human trafficking, Consumer Product Safety Commission product recalls, poison control, reporting child abuse/neglect and various seasonal messaging (e.g., winter weather emergency, heatstroke).

While it is impossible to measure the number of children whose deaths were prevented based on the recommendations made, the teams are confident that their efforts prevent many deaths and improve the various systems faced with ensuring the safety and well-being of youth. The Child Death Review Team process will continue to function in upcoming years as prescribed by law and as it is in the best interest of the children in Illinois. Below are some links related to prevention that have been developed by DCFS and various partners within the State.

- [IDHS: Infant Safe Sleep \(state.il.us\)](https://www.state.il.us/IDHS/InfantSafeSleep)
- [Sleep Safety \(illinois.gov\)](https://www.illinois.gov/SleepSafety)
- [Infant Sleep Safety \(chicago.gov\)](https://www.chicago.gov/InfantSleepSafety)
- [IDHS: Office of Firearm Violence Prevention \(OFVP\) \(state.il.us\)](https://www.state.il.us/IDHS/OfficeOfFirearmViolencePrevention)

### **Update for June 30, 2025:**

According to the American Academy of Pediatrics, Sudden Unexplained Infant Death (SUID) is the leading cause of death among children aged 1 month to 12 months<sup>1</sup>. In Cook County, nearly 99% of all Sleep-Related SUID Deaths occurred while the baby was in an unsafe sleep environment<sup>2</sup>.

1. Collaboration to Reduce Sudden Unexpected Infant Death With Child Fatality Review and Outreach | Pediatrics | American Academy of Pediatrics; 2. SUID. )

The most common causes of the child deaths reviewed is SUID and most of these are determined to be from suffocation or an undetermined cause of death. Most of the cases in these two categories involve unsafe sleep practices for infants and are nearly 100% preventable. We are also seeing a high number of firearm-related deaths and an increasing number of overdose deaths involving younger children. In this past Fiscal year:

1. The 9 Regional Child Death Review Teams met an average of about 6 times per month, reviewing over 230 child fatalities. Over 60 of these fatalities were sleep-related deaths. The Teams made over 75 recommendations because of these reviews. Some of the Team members have lived experience in that they have sadly lost a child themselves.
2. The Executive Council (comprised of the leaders of the 9 Regional Teams) met 11 times as a group and 6 times with the DCFS Director and the DCFS Executive Leadership. At each of these meetings, the recommendations were discussed and the majority have been implemented.
3. Some of the specific recommendations that have been implemented or are in the process of being implemented include:
  - a. The expansion of the Child Death Investigation Task Force in the Central Region.
  - b. Consideration of expanding the current binary system for findings of child maltreatment investigations.
  - c. Several staff have been commended for their great work on specific cases. One citizen was commended for his heroism in saving a child from drowning.
  - d. Expanding treatment options for youth with behavioral health needs and victims of human trafficking.
  - e. Increasing collaboration among sister agencies and other stakeholders.
4. We have issued public service campaigns related to promoting safe sleep, firearm safety and drowning prevention. We are in the process of seeking to increase the awareness of the safe use of naloxone among infants and young children given the increase we've seen in opioid deaths within this population.
5. Each October, the Illinois Governor announces "Safe Sleep Awareness Month" to remind parents of infants to practice safe sleep.

Planning for the next Fiscal year includes:

1. We will consider expanding the SUID case registry and prevention of sleep-related deaths.
2. We will seek to finalize the awareness campaign for the safe use of naloxone on infants and young children.
3. We will further explore the idea of expanding the outcome of child maltreatment findings beyond just a binary system (either indicated or unfounded).
4. We will work to expand and streamline our data collection and reporting systems to better inform our decision-making process.

	State Fiscal Year						
	2019	2020	2021	2022	2023	2024	2025*
Number of Child Deaths Investigated	283	233	273	286	220	230	115
Indicated Child Deaths - Abuse	27	20	22	42	25	16	6
Indicated Child Deaths - Neglect	87	72	83	75	39	54	12
Indicated Deaths Overturned on Appeal	8	5	7	7	2	0	0
Pending Child Deaths	0	0	0	0	0	15	61
Unfounded Child Deaths - Abuse	22	22	18	25	15	14	3
Unfounded Child Deaths - Neglect	147	119	150	144	141	131	33
Current Indicated Child Deaths	106	87	98	110	62	70	18

\*as of 4/1/25

Data from the Illinois Central Child Abuse registry on Child Deaths due to Child Abuse or Neglect (2019-2025)

Current CDRT Annual Report:



2021 CDRT Report  
Final.pdf

In addition to the CDRT, DCFS administers a Crisis Intervention Team (CIT) to further support a coordinated assessment and practice intervention response to child fatalities. Illinois DCFS joined the National Partnership for Child Safety in 2023. The CIT has been leading the implementation of Safety Culture in Critical Incident Reviews. NPCCS is “a quality improvement collaborative comprised of county, state and tribal child and family serving agencies whose mission is to improve child safety and prevent child maltreatment and fatalities by strengthening families and promoting innovations in child protection.” The goal of NPCCS is to reduce repeated maltreatment and reduction of child fatalities while improving workforce retention through a culture of safety and utilizing safety science. Safety Science provides a framework and process to understand the inherently complex nature of the work and the factors that influence decision-making. It also provides a safe and supportive environment for professionals to process, share and learn from critical incidents.

New for FY24 through the partnership with NPCCS, CIT has been trained in and began implementing the SSIT or Safe Systems Improvement Tool. The SSIT is a multi-purpose, information integration tool designed to be the output of a systems analysis process. It is also a performance and quality improvement system that supports a culture of safety, improvement, and resilience.

In FY24, CIT has implemented partial use of the SSIT through the Family Domain ratings in the file only reviews. A key component to full implementation (Professional, Team, and Environment domains) is the addition of a debriefing process which includes interviews with involved staff.

These domains provide vital information to develop quality improvement opportunities within systems and CIT plans to work towards full use of the SSIT in special focus cases in FY 25. CIT leadership is also planning to complete train the trainer in order to provide training to more staff in the coming years.

The Crisis Intervention team submits a Quarterly Special Focus Review that provides demographic data on referred families, underlying conditions, prior involvement, and key observations to offer further areas of possible learning and support for the field.

The team has identified prominent trends/underlying conditions, including, but not limited to: prior unfounded reports, multigenerational involvement, substance abuse, domestic violence, and mental health issues. While not statistically significant, CIT has monitored cases of paramour involvement. The identified underlying conditions/risk factors cannot be definitively linked to the child's cause of death; however, they are important factors to consider in how they can impact the safety and welfare of children and, if left unresolved, can create an increased risk of harm. According to a recent study of child fatalities by Batra et al. (2021), children who died from maltreatment were older, experienced prior maltreatment, lived in an overcrowded residence, and had a caregiver with history of substance abuse, interpersonal violence, criminal delinquency, and their own maltreatment. These were also observed in the CIT reviews. In FY 22 an increased focus on tracking multigenerational reviews found that 56% of the cases reviewed had multigenerational involvement. At the end of FY 23, 67% of cases had multigenerational involvement and thus far in FY 24, 65% of cases reviewed have multigenerational involvement.

In addition to quarterly reviews, the team has continued to utilize Grand Rounds which began in 2021 as an opportunity to provide training and awareness for cases involving child fatalities. Grand Rounds are provided once quarterly and give specific case examples that provide opportunities to learn to improve future casework efforts. Grand Rounds are open to staff in any specialty. Participation, discussion, and feedback has been positive thus far and it is the hope of the team that increased attendance of direct service staff will continue. Grand Rounds attendance has continued to increase and discussion around the topics has been beneficial. Since July of 2022 over 350 people have attended the quarterly Grand Rounds sessions which each featuring a new case.

Since July 2022 CIT findings have been shared with nearly 2000 attendees. These meetings consist of leadership from Division of Child Protection, Division of Intact Family Services, Child Death Review Team, Division of Learning and Professional Development, and Quality Assurance.

**Current and Planned Activities:** Illinois has various review processes for child fatalities and other child and family outcomes. Most, if not all, of these review processes result in recommendations that are made to prevent maltreatment in general and fatalities caused by maltreatment. The following is a summary of the steps Illinois is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts:

- DCFS responds to the recommendations from CDRT, OIG, and CIT fatality reviews. Most of the recommendations are implemented by DCFS. (As explained above, the CDRT is a multi-disciplinary team.)
- DCFS participates in public service announcements and advertising campaigns to increase awareness of the risks of infant sleep-related deaths, the importance of water safety to prevent child drowning deaths, and the importance of gun safety.

- DCFS is partnering with the Department of Public Health to target opioid overdoses in children.
- DCFS has joined the National Partnership for Child Safety (NPCS) and is implementing the Safe Systems Improvement Tool (SSIT) in Crisis Intervention Team fatality reviews. The NPCS uses safety science as used by other safety-critical industries, including aviation, nuclear power, and health care, and applies these same factors to child welfare systems.
- DCFS is participating in a system review from a safe systems perspective, led by safety science experts from the University of Kentucky with support from Northwestern University and the Child and Family Research Center of the University of Illinois at Urbana-Champaign. DCFS hopes to be able to adopt any resulting recommendations to further improve the prevention of child maltreatment fatalities.

### **Update for June 30, 2025:**

In FY25, CIT has continued partial use of the SSIT through the Family Domain ratings in the file only reviews. Near the end of FY25, the CIT completed train the trainer which will allow the CIT to train additional staff necessary for full implementation. CIT plans to begin training QA staff in the SSIT in FY26.

New for FY25, CIT began participation in an Applied Learning Community “Co-Designing with Lived Experts in Quality Improvement Work.” The core belief of the learning community is to recognize that those with experience as parents, former foster youth, kinship caregivers and others with child welfare involvement can be instrumental to meaningfully identifying and solving problems or challenges and that creating safe, inviting space for lived experts and their needs is critical, especially in the context of traumatic life events. Through this learning community CIT and other participants will work alongside Lived Experts to create and test systems improvement processes.

In FY25, 66% of cases reviewed by CIT had multigenerational involvement. Since July of 2022 over 500 people have attended the quarterly Grand Rounds sessions and CIT findings have been shared with nearly 2800 attendees.

### *Promoting Safe and Stable Families (PSSF)*

*Describe the services the state offers under each category in title IV-B, subpart 2: family preservation, family support, family reunification, and adoption promotion and support services. Describe how the services will assist in achieving program goals, including efforts to target culturally responsive, linguistically accessible services to previously underserved populations. (Cross referenced to D2 Service Array and D4 (Service Description)).*

The program categories summarized below are consistent and synonymous with the program categories described in D2 Service Array and D4 Service Description:

- Family preservation services: intensive family preservation/intact family services.
- Family support services: extended family support services; family habilitation; family advocacy centers.
- Family reunification and time limited family reunification services.
- Adoption promotion and support services: intensive adoption preservation, maintaining adoption connections, older caregiver programs, post-adoption counseling, therapy, therapeutically prescribed day care programs, adoption respite and ‘Norman’ services.

*See CFS 101 forms for more specific information on clients served under these programs.*

### **Family Preservation:**

As outlined at the beginning of this chapter, DCFS provides family preservation services through Intact Family Services. DCFS also provides post-permanency support to prevent children discharged to permanent families through adoption or guardianship from re-entering foster care (see adoption promotion and support services section below). Using fiscal year 2014 as a base, DCFS on average increased family preservation services by 10% in fiscal years 2015 to 2018 and increased adoption preservation services expenditures by 24% during that same period. The additional investment in preservation services amounted to more than \$4.8 million more expended in each of those four fiscal years. DCFS has expended more than \$3 million more per year on Adoption and Guardianship Preservation services and \$28 million more per year on Family Preservation services compared to the 2014 base year.

### **June 30, 2025 Update:**

In SFY26, Illinois DCFS plans to improve the quality of family preservation services by a) beginning implementation of the SAFE Model of practice, as described above, and b) offering a wider variety of family preservation services based on local and statewide data indicating family and community needs. Beyond the use of Intact Family Services, Illinois DCFS expects to offer a broader continuum of prevention services, and is developing a new Rule to support the implementation of such services, including Family First. The proposed Rule was posted for public comment in April 2025.

### **Family Support Services:**

Family Advocacy Center (FAC) staff take the Standards of Quality For Family Strengthening and Support Certification Training from the National Family Support network. The Illinois Family Support Network is comprised of the Family Advocacy Centers, Crisis Nurseries and Bright Point Parent Support Programs. The FAC providers continue to expand their community networks. During this reporting period the FAC providers began accepting referrals from the DCFS Extended Family Support Network through the Kinship Navigator Program. DCFS surveyed the EFSP contract providers and those that responded stated that at least 50% of the families they serve could benefit from services provided by Family Advocacy Centers. DCFS will use funding from the Kinship Navigator Program to help these families prosper by referring the families to FAC agencies. FAC staff also participate in monthly Kinship Navigator Meetings where information is shared by public and private agencies regarding family support services and entitlement programs. The Family Advocacy Program recently expanded their service areas in FY 23 - 24 with the addition of 5 new sites and satellites in areas of demonstrated need. Several Family Advocacy Centers provide services in English and Spanish in communities where this is needed and are able to network with other community agencies for additional interpretation or translation needs.

*DCFS has successfully applied for federal kinship navigator funds every year. Last year (fiscal year 2023) the State received \$730,939. This helps the State provide services through EFSP as well as hire our Kinship Navigator Ombudsperson (KNO). The KNO convenes the Kinship Navigator Task Force (KNTF).*

In the next reporting period DCFS Program Staff will begin to review existing data streams and processes in order to provide a streamlined referral process and outcome data. Family Advocacy Centers are providing hybrid services; remote and in-person in response to the success of virtual services during the pandemic and to accommodate participants and staff who still prefer virtual

services. Providers are initially meeting with participants in-person to conduct assessments and meet with participants one or two more times during the life of the case. In-home services continue to be provided. Participants are encouraged to submit satisfaction surveys and program suggestions anonymously either in person or by mail. Families currently engaged with family support services show a consistent 98% rate of remaining intact with no subsequent indicated reports of abuse. Family Advocacy Centers continue to work with DCFS and CWCA caseworkers to ensure that the services being provided help program participants meet their service plan goals. Family Advocacy Centers receive referrals from Child Protection, Intact Family and Placement Teams while continuing to serve the community at large.

**June 30, 2025 Update:**

Between July 1, 2024, through April 30, 2025, Illinois DCFS made 797 referrals to DCFS-contracted EFSP providers. Of this number, 589 referrals were made by the caregiver calling DCFS to seek services (of the remaining 208, 148 were made by a child protection team, 48 by an intact team, and 12 by a Community Connection team). In 2024, Illinois received \$177,212 in federal kinship navigator funds. The Kinship Navigator Ombudsman collaborated with the Illinois Department on Aging to convene 5 Kinship Navigator Task Force meetings in SFY25 to date. DCFS Program Staff have continued the process to develop a more streamlined referral process and outcome monitoring system in collaboration with contracted teams developing the new CCWIS. Mapping sessions have been largely completed for both the Family Advocacy Centers and Extended Family Support Program teams, and in SFY26, refinement sessions will be conducted in anticipation of the next release of CCWIS in SFY26.

**Family Reunification:**

As stated at the beginning of this chapter, DCFS provides foster care services through a combination of DCFS Permanency teams and CWCA foster care providers. The Agency Performance Monitoring and Execution (APME) team provides oversight to the DCFS and CWCA teams with an emphasis on quality performance. Annually, DCFS teams and CWCA agencies/teams are expected to achieve permanency for 40% of their state fiscal year starting caseload (on 7/1) by 6/30 of the next year, with 25% of those being to reunification (whenever safe and appropriate). Other than in egregious circumstances, DCFS and CWCA permanency workers focus on reunification efforts with families from the very beginning of the child's entry to foster care. A concurrent goal is also identified to ensure there is an alternate path to permanency if reunification efforts are unsuccessful. The DCFS service array includes several programs that support and promote reunification for families with children removed to foster care.

As noted earlier in this chapter under *Services for Children Under the Age of Five*, Illinois has an Early Childhood Court Team (ECCT) in Cook County that provides services to expedite permanency for infants and toddlers under four years of age in foster care. ECCT is designed to be responsive in key areas ranging from tailored case management services to family-centered practices like CFTMs that focus on the well-being and specific needs of children and families. In addition, ECCT actively engages communities to ensure that families are supported by services and courts that are sensitive to the specific needs of children and families. Efforts are in progress to expand ECCT to additional areas of the state.

Community-Based High-Fidelity Wraparound (Wraparound) is a program designed to provide flexible and appropriate resources to meet the unique needs of children and families. Wraparound identifies strengths, well-being needs, and discovers family norms with families as a way to recognize and respect their unique family dynamics. Wraparound services are coordinated with local community organizations that are part of the same communities as the families served. These

partnerships ensure that families receive relevant and appropriate services to meet their needs. In addition to the services provided, Wraparound supports include flexible funding to meet the needs of children/youth and their families when alternative funding services do not exist. These services are provided for both intact families and the families of children/youth in foster care. These services address specific needs to promote reunification with family or extended kinship resources. Wraparound services were initiated in four specific geographic areas of the state and have expanded into additional coverage areas, currently offered in about half of the counties in Illinois. DCFS eventually wants to expand Wraparound availability statewide.

Norman Services assist families who lack food, clothing, housing or other basic human needs that place children's safety at risk and could otherwise necessitate their removal from the family or would be a barrier to family reunification. The Norman Services program was created in response to a lawsuit against DCFS which led to the Norman Consent Decree. The statewide program provides:

- Cash assistance Program (CAP) purchases items needed to care for the children that the family cannot afford to purchase themselves.
- Housing Advocacy Program (HAP) assists families search for and maintain housing; and
- Expedited enrollment for Temporary Assistance for Needy Families (TANF) allows families apply for TANF 90 days before their children are returned home.

Family Unification Program: DCFS works closely with 17 housing authorities to implement the Family Unification Program (FUP) in Illinois. The housing authorities have 1,828 FUP voucher (including 55 FUP vouchers the Chicago Housing Authority received last summer). The Chicago Housing Authority has more vouchers (806) than any other housing authority in the country.

DCFS has a statewide FUP Liaison (hired through a contracted housing advocacy provider). The FUP Liaison reviews and certifies the eligibility of every client referred to FUP (following FUP eligibility criteria). The FUP Liaison meets with every housing authority that is accepting referrals at least quarterly. She meets with some housing authorities more frequently (e.g., she meets with the Chicago Housing Authority weekly).

At the meetings with the housing authorities, the FUP Liaison and the contracted Norman Housing Advocacy Provider discuss each family's involvement in FUP. They determine what services are needed so that the family will be successful. They also discuss current utilization of the vouchers to make sure that each housing authority is at capacity.

#### **June 30, 2025 Update:**

In SFY25 to date, Illinois DCFS authorized \$5,352,443.38 in Norman Cash Assistance to assist 4,191 DCFS involved families and referred 1,135 families to a Housing Advocacy Program. In that same time period, Illinois DCFS referred 10 families for expedited enrollment in TANF and assisted nine (9) housing authorities in applying for new FUP vouchers in October 2024. (Illinois DCFS is still awaiting HUD's decision on those applications.) Finally, the FUP Liaison has held 144 meetings with local housing authorities in SFY25 to date.

**Note:** In the Family Unification Section above, the correct number of housing authorities that DCFS works with is 16 and the 1,828 FUP vouchers referenced in that text did not include 55 FUP vouchers received by the Chicago Housing Authority.

The Foster Parent Support Specialist (FPSS) Program provides a wide range of support to DCFS and CWCA foster parents and assists Permanency and Licensing staff in locating foster homes that meet the needs of identified children. They promote permanency by promoting family reunification, stabilizing foster care placements, and identifying resources for the well-being of

children. They are available and reach out to assigned DCFS licensed foster parents monthly to address and assist in necessary action to address placement disruptions. The FPSS respond 24/7/365 by phone and they go to the foster homes or local DCFS offices.

### **Adoption Support:**

Adoption Support and Preservation (ASAP) has been increased \$2.371million. Respite programs tied to ASAP have been increased \$165,000. Training in this area is increasing \$244,000. Adoption listing services, which will also assist families who wish to adopt in the licensing process across the state, increased \$310,000. The Family Matters program helps with educational advocacy for adoption and guardianship cases; assists with death and incapacitated subsidy cases to transition back into permanent placements; acts as a liaison with the court system, and other legal matters for adoption and guardianship cases. Total increase is \$461,000.

The attached Post Adoption and Guardianship Services booklet includes a map of the state that shows Adoption Support providers in every county of the state. It includes a wealth of other resources to help with adoption and guardianship preservation, including tax information, subsidy information, medical coverage information, housing and transitional information. The booklet is also available in Spanish on the DCFS web site.

*For each service, report: the estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available. This information may be provided on the CFS-101 forms (Attachment B).*

### **Update for June 30, 2025:**

***This information is provided on the CFS-101 forms (Attachment B).***

*See the CFS-101 forms.*

*The CFS-101 Part I calculates the percentage of FY 2025 title IV-B, subpart 2 funds the state will plan to spend on actual service delivery of family preservation, community-based family support, family reunification and adoption promotion and support services. The state must provide an especially strong rationale if the percentage provided for any one of the four service categories is below 20 percent.*

### **Update for June 30, 2025:**

***This information is provided on the CFS-101 forms (Attachment B).***

*See the CFS-101 forms.*

### ***Service Decision Making Process for Family Support Services***

*In developing the 2025-2029 CFSP and planning for use of funds in collaboration with families, children, youth and young adults; Tribes, courts and other system partners, CB encouraged states to consider carefully how they target and distribute funds for family support services. CB urges states to examine where family support services are located in communities and the degree to which they are or could be made more physically, culturally and linguistically accessible to traditionally underserved populations.*

During FY24, a cross-agency team began regular monthly meetings to review the accessibility and coordination between the community-based services of both DCFS and the Department of Human Services (DHS). Program administrators over DCFS Family Advocacy Centers, DHS Family and Community Resource Centers, and DHS Welcome Centers, come together to review location- and region-specific needs as well as opportunities for co-location and improved coordination. This

team has also engaged the Illinois Department of Transportation – Public Transit Division, as well as their contracted partners who provide geo-mapping services, to evaluate the accessibility of these services to families who utilize public transit. This cross-agency effort is piloting in the Peoria, IL, area as a test of concept, and the team will evaluate the impact on service utilization, child welfare involvement, and well-being outcomes to determine effectiveness and next steps, including expansion to additional regions.

**June 30, 2025, Update (Inserted as appropriate):**

In SFY25, collaboration between Illinois DCFS, Illinois DHS, and IDOT has continued, although the geo-mapping supports were discontinued by IDOT for contractual reasons. Co-location of Family Advocacy Centers with other state agency resources continues to be explored where feasible, and there are currently two (2) FACs that are co-located, while several are essentially “next door.” During the past year, Illinois DCFS supported IDOT in obtaining a grant for improving access to public transit in central and southern Illinois, which will have a positive impact on the families served by all state agencies. Illinois DCFS also analyzed internal data to identify the counties that have the highest rates of placement into foster care, as well as those with fewer community resources, and identified 3 Family Advocacy Centers that could expand in SFY25. In SFY26, three NOFOs will be posted to add additional FACs in high-need areas, with more FAC’s planned in future years to achieve statewide coverage. As previously discussed, Illinois DCFS has continued to engage internal and external partners through conscientious and intentional engagement process to gather feedback and recommendations regarding service decisions and resource management.

***Populations at Greatest Risk of Maltreatment***

*Identify and describe which populations are at the greatest risk of maltreatment, how the state identifies these populations and how services will be targeted to those populations over the next five years.*

In Illinois, the young children birth to three make up 50% of children involved in cases with DCFS. These young children often have adverse early childhood experiences that increase the likelihood of developmental delay and behavioral issues. In the Recurrence of Maltreatment measure, there has been quite an increase in the percentage of children under age 1 and ages 1-5 in FFY21-22 compared to FFY20-21 (a total of 51% versus 46%). Thus, it would be fair to say that recurrence of maltreatment most frequently involves children 0-5 years old, a very vulnerable population. For this reason, DCFS has identified young children birth to five years old in care of DCFS as a priority population. In 2010, IL DCFS expanded the EC Project to identify young children birth to three in intact family services, who have indicated allegations of abuse or neglect and remain at home with their families. This initiative was in accordance with the provision in the Child Abuse Prevention and Treatment Act that states are to assure young children birth to three years old who have substantiated allegations of abuse or neglect are assessed to see whether they qualify for Early Intervention services.

The Erikson Institute DCFS Early Childhood Project is a contract of IDCFS and services only DCFS involved young children. Activities performed to meet the needs of these populations performed by the Erikson DCFS Early Childhood Project include:

The Erikson Institute DCFS Early Childhood Project receives notification from DCFS of all young children Birth to Five in care and Birth to three in newly opened Intact Family Services cases. The

Erikson Institute DCFS Early Childhood Project (EC Project) is staffed with full time Developmental/Infant Mental Health Specialists exclusively dedicated to the tasks of:

- Informing, educating and training child welfare professionals on the importance of the early childhood years
- Performing individualized outreach to the case managers of children involved with DCFS that the EC Project receives notification of. The outreach informs case managers as to the availability and entitlement of IDCFS involved families to community based early childhood services such as Early Intervention and infant and early childhood home visiting, day care, infant mental health consultation and services
- Assuring all young children who are identified as showing potential developmental or mental health concern are referred to Early Intervention for services to address concerns. This is the original purpose of the Erikson DCFS Early Childhood Project and remains a strong focus, in order to address and prevent future delays for vulnerable young children
- Provides linkage to early childhood services with appropriate consent, following up to assure that families not only received referrals, but have begun to engage in early childhood services
- Provide family centered early childhood consultation and assessments with families where conversation around family concerns are centered and family voice is a consideration in referral decisions

**Activities directed at supporting permanency for young children in care:**

- The Erikson DCFS Early Childhood Project provides early childhood developmental and mental health consultation at all IDCFS clinical staffings for children in care under five years of age. These staffings are an important entry point, as the staffings are often for young children who have had multiple placements, may have moved due to maltreatment in foster care, often have significant behavioral and mental health issues and present with caregivers in need of additional supports and services. The consultation includes linkage and follow up for services such as: early intervention, early childhood special education, day care, respite, further assessment, etc. These staffings include discussion of permanency for young children and strategize to look at goodness of fit between caregiver and child needs, assess children's needs, assure service referrals and look at services to support caregivers
- When young children are in need of infant and early childhood mental health services such as Child Parent Psychotherapy, the Erikson Institute DCFS Early Childhood Project staff help look for services that can support the family. This is often a challenge as early childhood mental health services are often not available. Providers often do not take Medicaid or Youthcare, the insurance of young children in care of DCFS.

**New activities directed at reducing risk in families with indicated allegations of abuse or neglect as well as supporting children at staying in their home:**

- Identifying pregnant parents and parents of young children at risk for future abuse and neglect and linking those families to early childhood home visiting. The evidence base for early childhood home visiting models Parents as Teachers and Healthy Families Illinois suggests that these supportive services are effective at reducing risk of future maltreatment, as well as improve maternal health and mental health outcomes.
- Maintain strong relationships with early childhood services statewide, including Department of Human Services Bureau on Early Intervention, Maternal Infant and Early Childhood Home

Visiting, the Illinois State Board of Education, Child Parent Psychotherapy providers, DCFS divisions on Domestic Violence, Psychiatry, Psychology, Developmental Disabilities

- Through individuals calling early intervention and home visiting providers, completes continuous quality improvement reviews of how families involved with DCFS fare with early childhood services. The lack of data support for this makes this a time-consuming process. An EC staff member needs to call an EI and HV provider to obtain verbal updates on each identified child with valid consent, log those results and aggregate that information by hand.
- In 2022, the state of Illinois made all young children Birth to Three automatically eligible for Early Intervention Services due to the risk adverse early childhood experiences pose to future development. The Erikson DCFS Early Childhood Project was able to immediately begin informing eligible families of this entitlement in an effort to support families who need supportive developmental services in receiving them.
- The chart below offers information about the activities of the Erikson DCFS Early Childhood Project to assure that the developmental needs of young children are met.

FY 24 Activities of Erikson DCFS Early Childhood Project	Quarters 1-3 (7.1.23-3.31.24)
Children Identified/ outreach performed	4639
Assessments	644.00
Early Childhood Service Referrals	1,566.00
Consultations (hours)	548.00
Clinical Staffings and Consults (2+ hours each)	252.00
Children Served	2,350.00
Families Served	1,719.00

Recent events have greatly shifted the landscape of services for young children in Illinois, which will impact the next five years. Most significant are the following events:

- Reporting requirements regarding how child welfare involved young children are served within Early Intervention are growing. Due to antiquated data systems for both DCFS and Early Intervention, at present there is no way to pull and report aggregate data on how child welfare involved children and families do. This leaves IDCFS without a way to easily get outcomes in Early Intervention for the children it is involved with, and Early Intervention without a way to measure it's success in serving these at risk young children
- In 2022 the state of Illinois passed Public Act 102-0926, which amended the Early Intervention Act to say that children Birth to three who are subject of a substantiated allegation of abuse and neglect are automatically eligible for Early Intervention Services. Without the shared data agreements and systems needed, reporting on the success of this act in identifying and better supporting developmentally delayed and at risk young children is compromised.
- In 2024, Governor Pritzker formed a new Early Childhood Agency in Illinois. When the Early Childhood agency is fully running, it will be a single access point for families with young children to receive early childhood services, including WIC, Early Intervention, Maternal Infant and Early Childhood Home Visiting, day care funding and licensing, and other early childhood services. This means that in the next five years, the way early childhood services will be accessed, delivered, funded, monitored and tracked will change. This is a shift that offers opportunities to simplify cross system collaboration and access for

families to all services in the long term. In the short term, it creates additional uncertainty and change for all families and professionals who need to access early childhood services, as well as for early childhood service providers.

Through the Erikson DCFS Early Childhood Project (EC Project), IL DCFS already has long standing relationships with early childhood providers and collaborates closely with early intervention and home visiting services. The development of this new agency will provide opportunities to think together about new opportunities to reduce risk of maltreatment for young children and meet the needs of vulnerable young children by connecting families with services. In the next five years, through the activities of the EC Project, IL DCFS will:

- Participate in planning meetings with all collaborating agencies around implementation of this Early Childhood Agency
- Will advocate for investing in new, technologically advanced shared data systems, including the necessary consent and permissions, which allow providers in child welfare and early childhood services to communicate easily about progress child welfare involved young children make in services to address developmental delays, mental health needs, and ongoing family support
- Develop shared goals to measure success in serving young children with the different Early Childhood services as well as ways to track success in these goals.

#### **Reducing subsequent maltreatment for children under 5 in the care of DCFS who reach the clinical staffing process:**

When children have multiple placements, multiple medical and developmental needs, behavioral issues or a placement is in jeopardy, DCFS calls a clinical staffing to outline the needs of the child and put additional services in place. An EC Project Developmental/Infant Mental Health Specialist is invited to all clinical staffings for children under 5. The children under five who have staffings come to these staffings because of the factors listed above, which not only require service, but also raise the risk of future maltreatment. In the next five years the DCFS Early Childhood Project, already involved in these staffing processes, will spearhead efforts to support this process more effectively assuring that the needs of these children are met, address barriers to services for these children, and identify service needs.

At present, EC Project Developmental/Infant Mental Health Specialists review case files and information and listen to the experience of the caregivers in the staffing, as well as ask questions regarding what services have been in place and what result that is. They hold the experience of the caregivers closely, as primary caregivers are the number one agent of change in the lives of young children. After gathering information, the EC Project Developmental/Infant Mental Health Specialist reviews recommended services with the caregiver and explains what different early childhood services address. They work to help the caregiver understand what to expect, given the child's developmental and mental health picture, and offer a narrative of the child's difficult symptoms as resulting from the child's experience.

#### **Current and Planned Activities:**

- The Erikson DCFS Early Childhood Project (EC Project) will spearhead efforts to meet with DCFS Clinical staffing personnel to discuss current process and identify opportunities to track incidents of maltreatment and identified developmental delays of children birth to five in this process.

- EC Project will seek researchers to evaluate process, satisfaction of users, including families and staff who participate in this process to determine ways process can better support families and professionals.
- EC Project will look to develop a tracking system of their individual staffing activities and experience. The tracking system would need to be developed to include barriers to permanency, caregiver needs, experiences of maltreatment in foster care and other significant markers.
- EC Project will begin tracking characteristics of young children and their activities, along with their results.
- EC Project will spearhead a group of stakeholders to look at how this service serves young children and propose ways it could become more effective at supporting these high need children and their families.

**Update for June 30, 2025:**

The Erikson DCFS Early Childhood Project continues to inform eligible families that all young children Birth to Three are automatically eligible for Early Intervention Services due to the risks adverse childhood experiences pose to future development.

As the Illinois early intervention system is currently having a substantial provider shortage, the EC Project’s vetting of families before they are referred for early intervention plays an important role in assuring families referred are interested in the voluntary service, and offers other services for families for whom early intervention is not the best fit for their needs.

<b>FY 25 Activities of Erikson DCFS Early Childhood Project</b>	<b>Current FY Quarters 1-3 (7.1.24-3.31.25)</b>
Children Identified/ outreach performed	3843
Assessments	564
Early Childhood Service Referrals	1366
Consultations (hours)	1410
Clinical Staffings and Consults (2+ hours each)	207
Children Served	3843
Families Served	3253

The Illinois Early Learning Access Project (IL ELAP) is a federally funded effort led by a collaboration of Illinois-based organizations, Chapin Hall, Start Early and including DCFS, through a three-year grant focused on strengthening Early Childhood and Child Welfare partnerships. The project aims to explore and test strategies that help make early childhood education (ECE) services more accessible for children in traditional or kinship foster care, as well as those in families receiving intact family services. ECE and child welfare (CW) professionals, along with families engaged in the CW system, are working together in dedicated “work groups” to develop practical solutions that expand access to high-quality, community-based early learning opportunities for these children.

In the context of transition to the new Early Childhood agency, the shifting of early childhood staff from multiple different funders and service delivery organizations (i.e. the Illinois Board of Education, the Department of Human Services, etc.) has begun. Simultaneously, early childhood

services, including WIC, Early Intervention, Maternal Infant and Early Childhood Home Visiting, day care funding and licensing, are continuing to be delivered. The ongoing changes in early childhood systems have begun and are leading to confusion and uncertainty. Unprecedented staffing shortages also greatly impact all services for young children. Through the Erikson DCFS Early Childhood Project (EC Project), IL DCFS is maintaining relationships with these providers as they negotiate their uncertainty. Recent uncertainty in early intervention providers about DCFS auto-eligibility has led to the EC Project completing three recent trainings with large numbers of early intervention providers about the eligibility and the system questions they have about delivering services. Erikson DCFS EC Project activities directed at maintaining communication and access to early childhood services include:

- Participation in planning meetings with all collaborating agencies around implementation of this Early Childhood Agency
- Advocacy for investing in new, technologically advanced shared data systems, including the necessary consent and permissions, which allow providers in child welfare and early childhood services to communicate easily about progress child welfare involved young children make in services to address developmental delays, mental health needs, and ongoing family support

In a grant funded project with the Ohio State University, the Erikson DCFS EC Project is undergoing a data curation process. The current information the EC Project has about young children is being curated and organized in a database which would allow for queries of the data to be made by a future researcher. It should be noted this project is funded by Public Interest Technology University Network and offers resources not regularly available to DCFS or Erikson Institute. Recommendations for a database will be an outcome of this Project

The EC Project continues to have working groups at multiple levels of early intervention, home visiting and child welfare, as well as Child Parent Psychotherapy and Early childhood Court to collaborate in innovative ways to address the many barriers to service for the vulnerable population of child welfare involved young children under 5 years old.

### ***Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits***

*Describe the state's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the state, which, at a minimum, ensure that the children are visited on a monthly basis and that caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the children.*

*Describe how the state plans to use the Monthly Caseworker Visit Grant over the next five years to improve the quality of caseworker visits, to continue to meet state and federal standards for caseworker visits, and to improve caseworker decision-making on the safety, permanency, and well-being of foster children, and to improve caseworker recruitment, retention and training.*

Illinois complies with CB standards for frequency of Caseworker visits. Illinois achieved 94% compliance in 2023 for seeing children in foster care at least monthly. The state aims to hit the 95% requirement for FFY24.

The DCFS Performance Management and Accountability team provides reports to senior DCFS leadership that includes the Monthly Caseworker Visits report. This report pulls data from SACWIS contact notes and provides aggregate data at the state, region, sub-region, and team (RSF) level, and also includes case-level data for use by managers and supervisors that identifies

the months in which a visit was not documented (since 10/1 of the federal fiscal year and updated monthly).

**Current and Planned Activities:** An effort is underway by DCFS Permanency leadership (statewide) and APME leadership (statewide) to ensure that every agency/team has their specific data and a clear set of instructions: to review the list for missing notes, and if a visit DID happen during the month(s) in question, then enter that/those note(s). If a visit did NOT happen, then ensure that for the remainder of the months in the FFY that a monthly visit DOES occur and gets documented. It appears common that the youth and caregivers have actually been seen in a given month, but that the data entry of the case notes were not completed within the required timeframes to document compliance. This appears especially present with CWCA cases. DCFS continues with the Random Moment Surveys for this item.

**Update for June 30, 2025:**

Permanency leadership distributed data as described in the plan above and consistently communicated the importance of making the visits and documenting the visits. The activities outlined above appear to be effective, as DCFS is meeting or exceeding the 95% monthly caseworker visits requirement as of May 2025.

**Update for June 30, 2025:**

*Adoption and Legal Guardianship Incentive Payments*

*In the 2026 APSR, describe:*

- How the state used Adoption and Legal Guardianship Incentive Payment funds in the past year.*
- Services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds in FY 2026.*
- Any changes, issues, or challenges the state has encountered to the plan outlined in the 2025-2029 CFSP for timely expenditure of the funds.*

Prior to FFY14, DCFS had not received an Adoption Incentive Payment since FFY10. The large number of children in placement in the mid-1990s enabled DCFS to achieve a significant number of adoptions in those earlier years and the resulting adoption incentive awards to DCFS were therefore substantial. However, with the decrease in the foster care population to one third the number of children in care during those peak years, even fairly high percentage rates of adoption did not result in recent incentive awards. With a change in regulations, which create a modified program of Adoption and Legal Guardianship Incentive payments, the situation is now different and DCFS may again find encouragement for improved performance through fiscal incentives. For FFY14, half of the incentives were calculated on a 2007 base (prior methodology) and the second half calculated using the new methodology.

DCFS did receive an award for FFY14 performance in FFY15 totaling \$2,761,500 (please note that due to some corrections needed to AFCARS data, the final FFY14 award was not actually received until FFY16 but is still labeled as a FFY15 grant award). Beginning in FFY15 and forward, the incentive is calculated based solely on the new methodology. Since FFY14, DCFS has received the following awards

FFY15	\$2,761,500
FFY16	\$1,017,500
FFY17	\$1,082,000
FFY18	\$3,598,500
FFY19	\$4,059,500

FFY20	\$704,000	
FFY21	\$0	Decrease in adoption numbers attributable to COVID-19 slow down
FFY22	\$301,000	
FFY23	\$1,083,500	
FFY24	\$3,429,500	
<b>Total</b>	<b>\$18,037,000</b>	

Regarding permissible uses of AIPP funds: Title IV-E agencies receiving adoption and legal guardianship incentive awards must spend the funds for services (including post-adoption services) and activities allowable under titles IV-B and IV-E of the Act. Incentive funds expended by the title IV-E agency may not be used as non-federal (i.e., state, local, or tribal) matching funds for federal financial participation. Payments must be used to supplement and not supplant federal or non-federal funds for services under title IV-B or IV-E. DCFS has elected to use the AIPP funds to expand existing adoption preservation and permanency improvement services. Using fiscal year 2014 as a base, DCFS on average increased adoption preservation services expenditures by 24% in fiscal years 2015 to 2018 and increased family preservation services by 10% during that same period. The additional investment in preservation services amounted to more than \$4.8 million more expended in each of those four fiscal years. And expansion has continued as noted below. Therapeutic day care services continue to be assessed on individual youth needs. Any additional funding or contracts based on individual youth needs are added as determined to be appropriate. After some review of client needs, psychologists and additional therapists were added to a few of the Adoption and Guardianship Support and Preservation contracts (ASAP) in FY'20 to work with higher needs families. These additional investments and ongoing review of additional service needs are being sustained in fiscal years 2021 through 2025 and plan to be sustained in fiscal year 2026. For fiscal years 2020 through 2024, DCFS has expended in excess of \$3 million more per year on Adoption and Guardianship Preservation services and \$28 million more per year on Family Preservation services compared to the 2014 base year. Adoption preservation services include community-based grants to provide a multitude of services to adoptive families to stabilize and maintain adoptive placements; counseling/therapy day care and other specific services purchased directly by DCFS for post adoption families to preserve adoption placements. \$51.6 million expended on adoption preservation services in FFYs 2020 – 2024.

**Update for June 30, 2025:**

**Adoption Savings (section 473(a)(8) of the Act)**

*In the 2026 APSR:*

- *Provide an update on services the state provided to children and families using Adoption Savings since the submission of the 2025-2029 CFSP.*
- *Describe services the state expects to provide to children and families using Adoption Savings over the next year.*
- *Provide an estimated timetable for spending unused savings calculated for previous years.*
- *Discuss any challenges the state agency has experienced in accessing and spending the funds and how the state is addressing these challenges.*
- *All title IV-E agencies previously notified CB of the methodology they are using to calculate Adoption Savings. If the state wishes to make changes in its Adoption Savings methodology,*

*complete and submit the Adoption Savings Methodology form at ACYF-CB-PI-19-02 Attachment E and return it with the 2026 APSR.*

As a Title IV-E agency, DCFS is now required to calculate and report annually the savings from the agency de-linking of Title IV-E adoption assistance eligibility from the Aid to Families with Dependent Children (AFDC) eligibility requirements, the methodology used to calculate the savings, how savings are spent, and on what services. DCFS uses the actual case identification methodology specified by the Secretary of the Department of Health and Human Services. DCFS must spend the savings on Titles IV-B and IV-E programs; 30% of which must be spent on post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. A minimum of two-thirds of the 30% must be spent on post-adoption and post-guardianship services. DCFS must also use the savings to supplement and not supplant any Federal or non-Federal funds used to provide any service under Titles IV-B or IV-E.

FFY 2024: DCFS calculated \$11,140,960 in Applicable Child Savings - Maintenance, and \$4,514,2218 in Applicable Child Savings – Administration, for a total of \$ \$15,655,178. A minimum 20% must be spent on Adoption Preservation Services (\$3,131,036) and up to 10% (\$1,565,518) can be spent on post-adoption services, post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care. DCFS met this requirement spending \$3,619,061 on Adoption Preservation Services and \$1,809,530 on foster care prevention services. The final report showing the entire \$ \$15,655,178 plus \$2,440,125<sup>2</sup> in unused savings from the previous year was fully expended in FFY 2024 for qualifying purposes, was submitted by the October 30, 2024, due date. In the FFY24 submission of the CB-496 Part 4 (Annual Adoption Savings Calculation and Accounting Report), DCFS recognized and expended cumulative savings from FFY 15 through FFY 24 of \$86,642,532. In fiscal years 2019 and 2020 the following increases were made, and these investments have been maintained or increased for fiscal years 2021 thru 2024:

- Adoption Support and Preservation (ASAP) has been increased \$2.371M.
- Respite programs tied to ASAP have been increased \$165,000.
- Training in this area is increasing \$244,000.
- Adoption listing services, which will also assist families who wish to adopt in the licensing process across the state, increased \$310,000. And,

The Family Matters program helps with educational advocacy for adoption and guardianship cases; assists with death and incapacitated subsidy cases to transition back into permanent placements; acts as a liaison with the court system, and other legal matters for adoption and guardianship cases. Total increase is \$461,000.

### **Family First Prevention Services Act Transition Grants**

*In the 2026 APSR, each state must report the following information on its use of FFPSA Transition Grants for the final time:*

- *If applicable, how FFPSA Transition Grant funds have been used to implement each part of FFPSA, with a separate statement with respect to each such part;*
- *All programs, services, and operational costs for which the grant has been used;*

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<sup>2</sup> FFY 2023 was the first year DCFS could not fully expend AA Savings due to a large retroactive correction to FFY21and 22 AA Savings calculation recognized inf the FFY23 AA Savings calculation. This correction was discussed with ACF Fiscal Region 5 staff as well as ACF Central Office.

- *The characteristics of the families and children served;*
- *For states that previously operated a title IV-E waiver demonstration under the authority of section 1130 of the Act, the amounts, if any, the agency has used to continue activities previously funded under a waiver, and*
  - *the agency’s plan to transition the activities so that needed activities can be provided under the agency’s title IV-E plan; or,*
  - *if expenditures for the activities would not be eligible for payment under title IV-E the reason for it not being eligible and the funding sources the agency plans to use to cover the costs of needed activities.*

*The plan to fully obligate funds by September 30, 2025.*

**Update for June 30, 2025:**

Family First Prevention Services Act Transition Grant to continue funding activities that had previously been funded under the title IV-E waiver.

Illinois’FFPSA Transition Grant funds (\$17,448,847) have been fully utilized to provide services authorized under Illinois’ Capped Allocation Waiver consisting of:

1. Recovery Coaches for drug addicted parents of youth in foster care: Alcohol and Other Drug Addictions (AODA) – provided Recovery Coaches under the TASC contract to parents with a drug addiction and children coming into foster care. Current SFY2024 contracted dollars to be spent on TASC Recovery Coaches including Toxicology Testing is \$3,659,649 all of which is State funded.

AODA Post Demonstration Services continue	Desc Code	Contract #	Contract Amount FY22	Contract Amount FY23	Contract Amount FY24	Total
<b>TASC Contracts</b>						
TASC - Consultation Substance Abuse	CSA	061748-904x	\$ 2,550,000.00	\$ 2,690,467.00	\$ 3,164,649.00	\$ 8,405,116.00
TASC - Toxicology Testing	CST	061748-905x	\$ 320,000.00	\$ 495,000.00	\$ 495,000.00	\$ 1,310,000.00
<b>TASC - Total</b>			<b>\$ 2,870,000.00</b>	<b>\$ 3,185,467.00</b>	<b>\$ 3,659,649.00</b>	<b>\$ 9,715,116.00</b>

2. Child Parent Psychotherapy (CPP)\* and Nurturing Parent Program (NPP)\* for the families and foster families of youth in foster care. Illinois Birth to 3 (IB3) provided Nurturing Parent Program (NPP) and Child Parent Psychotherapy (CPP) services to biological families and to foster parents of children coming into foster care who were under 3 years of age. DCFS continues to provide these services (NPP, CPP) to this population under our Prevention Plan. These program services are primarily directed toward our ‘Intact’ cases (Children remaining in placement with their parents/families). The amount projected for these contracted services:
  - NPP in FY 2024 is \$2,361,272.99 (100% State funded) and
  - CPP in FY 2024 is \$907,887.81 (approximately 17.5% funded with federal IV-E Prevention Services funds and the remainder state funded).

Evidence Based Interventions - Family First	Desc Code	Contract #	Contract Amount FY22	Contract Amount FY23	Contract Amount FY24	Total
<b>Child Parent Psychotherapy (CPP)</b>						
Bethany Christian Services of MO	EBI	595441-828x	\$ 303,588.00	\$ 303,588.00	\$ 303,588.00	\$ 910,764.00
Casa Central	EBI	003906-828x	\$ 16,444.35	\$ 36,431.00	\$ 57,840.81	\$ 110,716.16
Children’s Home & Aid Society of IL	EBI	004236-828x	\$ 278,078.18	\$ 394,665.00	\$ 394,665.00	\$ 1,067,408.18
Hoyelton Youth and Family Services	EBI	010020-828x	\$ 121,435.20	\$ 121,435.20	\$ -	\$ 242,870.40
Webster Cantrell Youth Advocacy	EBI	585499-828x	\$ 151,794.00	\$ 151,794.00	\$ 151,794.00	\$ 455,382.00
<b>CPP - Total</b>			<b>\$ 871,339.73</b>	<b>\$ 1,007,913.20</b>	<b>\$ 907,887.81</b>	<b>\$ 2,787,140.74</b>

Evidence Based Interventions - Family First	Desc Code	Contract #	Contract Amount FY22	Contract Amount FY23	Contract Amount FY24	Total
<b>Nurturing Parenting Program (NPP)</b>						
Bethany for Children & Families	EBI	310510-818x	\$ 109,629.00	\$ 96,980.00	\$ 222,259.58	\$ 428,868.58
Camelot Care Centers, Inc.	EBI	580924-818x	\$ 242,448.00	\$ 242,448.00	\$ 86,448.00	\$ 571,344.00
Chaddock	EBI	004048-818x	\$ 64,653.00	\$ 64,653.00	\$ -	\$ 129,306.00
Children's Home & Aid Society of IL	EBI	004236-818x	\$ 382,242.00	\$ 382,242.00	\$ 382,242.00	\$ 1,146,726.00
Community Youth Network, Inc.	EBI	064145-818x	\$ 103,444.80	\$ 103,444.80	\$ 279,641.00	\$ 486,530.60
Guardian Angel Community Services	EBI	032673-818x	\$ 129,306.00	\$ 129,306.00	\$ 129,306.00	\$ 387,918.00
Hoyelton Youth and Family Services	EBI	010020-818x	\$ 413,779.20	\$ 413,779.20	\$ 413,779.00	\$ 1,241,337.40
One Hope United	EBI	004019-818x	\$ 145,469.25	\$ 145,469.25	\$ 215,469.00	\$ 506,407.50
Spero Family Services	EBI	041292-818x	\$ 436,407.75	\$ 436,407.75	\$ 357,353.41	\$ 1,230,168.91
Webster Cantrell Youth Advocacy	EBI	585499-818x	\$ 274,775.25	\$ 274,775.25	\$ 274,775.00	\$ 824,325.50
<b>NPP - Total</b>			<b>\$ 2,302,154.25</b>	<b>\$ 2,289,505.25</b>	<b>\$ 2,361,272.99</b>	<b>\$ 6,952,932.49</b>

3. WRAP (Wraparound services which include flexible funding to meet the needs of children/youth and their families when alternative funding services do not exist). These services are provided for both intact families and the families of children/youth in foster care. These services address specific needs to promote reunification with family or extended kinship resources. Immersion sites are still being operated with state dollars. Amount planned or contracted to be spent in SFY 2024 is 8,745,644.62.

Evidence Based Interventions - Family First	Desc Code	Contract #	Contract Amount FY22	Contract Amount FY23	Contract Amount FY24	Total
<b>Immersion Site RAP Contracts</b>						
Hoyelton Youth and Family Services	RAP	010020-901x	584,446.00	621,684.00	683,643.00	1,889,773.00
Bethany for Children & Families	RAP	060717-901x	693,916.00	753,932.00	849,487.00	2,297,335.00
Spero Family Services	RAP	311438-901x	707,161.00	1,588,153.00	2,688,580.00	4,983,894.00
Conscience Community Network, LLC	RAP	554280902x	2,586,208.62	2,586,208.62	2,586,208.62	7,758,625.86
Conscience Community Network, LLC	RAP	554280903x	618,110.00	1,236,652.81	1,937,726.00	3,792,488.81
<b>RAP - Total</b>			<b>5,189,841.62</b>	<b>6,786,630.43</b>	<b>8,745,644.62</b>	<b>20,722,116.67</b>

FFPSA Transition Grant funds also offset costs of Illinois DCFS's implementation of FFPSA with

- o Family Preservation services and
- o Congregate care changes.

**Summary of Expenditures Transition Grant Helped Support:**

Category	Contract Amount FY22	Contract Amount FY23	Contract Amount FY24	Total
TASC	\$ 2,870,000.00	\$ 3,185,467.00	\$ 3,659,649.00	\$ 9,715,116.00
CPP	\$ 871,339.73	\$ 1,007,913.20	\$ 907,887.81	\$ 2,787,140.74
NPP	\$ 2,302,154.25	\$ 2,289,505.25	\$ 2,361,272.99	\$ 6,952,932.49
W-RAP	5,189,841.62	6,786,630.43	8,745,644.62	\$ 20,722,116.67
<b>Total</b>	<b>\$ 11,233,335.60</b>	<b>\$ 13,269,515.88</b>	<b>\$ 15,674,454.42</b>	<b>\$ 40,177,305.90</b>

The transition grant was fully earned before the end of FY 2023.

*John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)*

*Agency Administering the Chafee Program*

*Identify the state agency or agencies that will administer, supervise or oversee the Chafee program. Describe how the agency that administers the program provides oversight to the programs or agencies that directly provide Chafee services and supports.*

DCFS will administer, supervise, and oversee the Chafee Program. The DCFS Office of Education and Transition Services (OETS) assigns a staff person to monitor the contracts with private providers that deliver Chafee Program services. The staff are available on an on-going basis for providers to discuss issues of concern or seek clarification to ensure compliance with program guidelines. The vendors participate in an annual service and fiscal review where the provider and contract monitor discuss expenditures and evaluate extremes to determine the success of the program. The vendors are required to submit a monthly data collection report to DCFS. This follows a Chafee certification that the state has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan. OETS staff are trained annually on the use of the DCFS standard monitoring tool developed by the Contracts Unit and are required to implement the tool in on-site monitoring visits.

### ***Description of the Chafee Program Design and Delivery***

*Describe how the state designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years (section 477(b)(2)(A) of the Act). Indicate how these activities and any identified goals align with the state's vision and support those developed as part of the CFSP/CFSR PIP.*

The philosophy and values of Empowerment and Responsibility are the driving force for the provision of education, training, mentoring and financial support to youth that can be instrumental in paving the way for their successful transition to adulthood. Chafee is providing funding for the resources needed to offer programs to better support youth in care and former youth in care facilitating their transition to adulthood. The focus of the Chafee Program includes achievement of the following outcomes for youth who have experienced foster care at age 14 or older:

- Increase Level of Educational Attainment;
- Increase Employment Opportunities & Number of Youth Working;
- Achieve meaningful, permanent connections with caring adults;
- Engagement in age or developmentally-appropriate activities;
- Reduce at-risk behavior;
- Provide pregnancy prevention education;
- Reduce incarceration; and
- Reduce homelessness.

DCFS procedure 302, Appendix M outlines the requirements for DCFS and CWCA permanency workers for transition planning with adolescent youth in care ages 14 and older. The Casey Life Skills Assessment is used at ages 14, 16, and within six months of a youth's planned discharge from care. The Permanency Worker, in consultation with the youth's caregiver and involved providers, develops a transition plan with the youth that contains individualized objectives, tasks, and resources. The youth's assessment is used as a guide developing the transition plan. Much of the practical independent living training for youth in care is provided in their placement environment. Permanency Workers also refer youth to community-based life skills training programs when available and appropriate. Program curricula may provide practical experiences that reinforce money management, consumer awareness, food management, personal appearance, health, housekeeping, transportation, educational planning, job-seeking skills, emergency and safety skills, knowledge of community resources, interpersonal skills, and housing. Classes are structured to meet the identified needs of the participants.

For youth in high school, formalized planning, high school credits earned and work experience are considered annually starting by the youth's high school freshman year and included in the youth's

educational and transition plans. Youth eligible for special education services will have post-secondary education or employment planning as part of the IEP transition plan starting at age 14.5. All other youth develop a Youth Driven Transition Plan at age 17.

DCFS offers the Countdown to 21 Program (C21), which is an initiative aimed at improving outcomes for youth leaving care. The program embeds improved youth driven transition planning activities at age 19 and continuing until the youth's 21<sup>st</sup> birthday. The program includes facilitated transition planning at C21 meetings held when youth are ages 19 and 20.75. C21 meeting objectives are as follows:

- Improve discharge outcomes by ensuring:
  - the youth identifies and develops a detailed plan to address their top 2 or 3 goals toward transition out of DCFS care or the child welfare system,
  - There is a well-developed plan in place for the youth to reside in a sustainable final living arrangement prior to transition from care,
  - The youth's connections to family, community, and social supports are nurtured and maintained,
  - The youth's educational and vocational plans are realistic and in process prior to transition from care, and
  - The youth is working toward financial stability.
- Improve access to and use of local, community-based support services in the youth's community as related to successful transition from care (e.g., DHS resources, vocational training/planning, housing resources).
- Improve access to and use of local, community-based support to meet the youth's physical and mental health needs (e.g., dental care, medical care, Affordable Care Act enrollment).
- Improve collaboration between team members assisting the youth in preparing to transition from care (e.g., ensuring the youth's identified family and community supports are actively involved in their transition planning).
- Ensure youth leaving care prior to age 21 are making an informed decision with knowledge of the benefits that they may still access and those that they will lose access to. In this meeting, the path to reinstatement of care is discussed and documented.

As part of C21, youth are required to complete a DCFS approved financial literacy course, within 30 days of attaining 19 years of age, that focuses on basic financial choices, plan for the future, spend wisely, and manage the challenges associated with life events such as job loss, saving for retirement, or paying for a child's education. Every CWCA, residential program, and ILO/TLP program that services youth ages 18-21 is expected to maintain at least one certified financial literacy instructor on staff. The DCFS Office of Workforce Development will train these financial literacy instructors. For youth in a DCFS foster home, the DCFS Permanency Worker for the youth completes and submits the referral to the appropriate Transition Manager at the Office of Education and Transition Services (OETS). In order to receive transition funds, youth must be in an eligible placement type, must attend the C21 meeting 90 days prior to the planned discharge date, must complete a Youth Driven Transition Plan or ILO/TLP Quarterly Transition Discharge Launch Plan, identify a supportive resource person, successfully complete the approved financial literacy course, and complete the Transition Funding Application and Disbursement Plan. The Permanency Worker must ensure the youth has obtained or compiled all documents required for the youth to function as an independent adult. These documents are to be provided for all youth emancipating from DCFS care, regardless of eligibility for C21 transition funds and includes:

- Social Security card;
- Driver’s license and/or State-Issued Identification Card. At 16 years of age, each youth should have a State of Illinois Identification Card or a driver’s license;;
- Medical records and documentation to include, but not be limited to:
  - Health Passport;
  - Dental Reports;
  - Immunization records;
  - Name and contact information for all current medical, dental and mental health providers working with the youth, and clinics used;
  - Name and contact information for OB/GYN, when applicable;
  - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- Certified copy of birth certificate;
- Documents and information on the youth’s religious background;
- Voter Registration Card
- U.S. documentation of immigration, citizenship, or naturalization;
- Death certificate(s) of parent(s), if deceased;
- Medicaid card or other health eligibility documentation;
- Life book or compilation of personal history and photographs
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
- Copy of Court Order for Case Closure;
- Resume;
- List of schools attended, previous placements, clinics used;
- Educational records, such as high school diploma or general equivalency diploma; and
- List of community resources with self-referral information, including Medicaid, WIC, TANF, SSI, and the Midwest Adoption Center for search and reunion services for former youth in care, whether or not they were adopted (Phone: 1-847-298-9096 or [info@macadopt.org](mailto:info@macadopt.org), website: [mac@macadopt.org](mailto:mac@macadopt.org)); and the Illinois Chapter of Foster Care Alumni of America).

The following state and federal programs are available to assist youth in becoming successful members of their community, work, and school.

- Youth in College/Vocational Training Program (YIC/VT);
- Education and Training Voucher Program (ETV);
- Independent Living Placement Services (ILO);
- DCFS Scholarship Program;
- Tuition and Mandatory Fee Waiver Program;
- Pregnant and/or Parenting Program;
- Employment/Job Training/Apprenticeship Incentive Program (EIP);
- Lincoln’s Challenge Program; and
- Job Corps.

The DCFS website ([Brighter Futures \(illinois.gov\)](http://BrighterFutures.illinois.gov)) provides information on DCFS programs and services for older youth under the “Brighter Futures” tab on the homepage.

For compliance with the federal National Youth Transition Database (NYTD) requirements, Permanency Workers must report any independent living services that are delivered to youth or

that are arranged for youth and delivered by another person/entity. These services are recorded in the youth's case record in SACWIS. Every third year, youth who are in care on or within 45 days of their 17<sup>th</sup> birthday must complete the NYTD baseline survey. The Permanency Worker for each youth is to ensure this mandate is met. The youth can complete the survey online, via email, or in person at the youth's residence or the Permanency Worker's office. Youth from the baseline population who are designated by the Administration on Children and Families as the follow-up population are required to complete the NYTD follow-up survey at ages 19 and 21. For those youth still under legal guardianship of DCFS, the Permanency Worker must ensure this requirement is met. As with the baseline survey, the youth can complete the survey online, via email, or in person at the youth's residence or the Permanency Worker's office.

**Current and Planned Activities:** The DCFS Office of Education and Transition Services (OETS) is partnering with the Operations/ Permanency leadership to improve the collection of independent living services data and completion of the NYTD surveys. There are also plans to use IllinoisConnect to improve the collection of independent living services data.

**Update for June 30, 2025**  
**Summarized later in this section.**

*Describe how the state has involved youth/young adults in the development of the Chafee plan. Provide the name(s) of the youth organization(s), advisory boards, leadership councils, how they were consulted, and information on any support (financial or other) the state provides to the group or organization.*

The DCFS Statewide Youth Advisory Board (SYAB) is a legislatively commissioned state board. On an on-going basis, the commissioned board shall:

- Provide DCFS and the General Assembly with the perspective of youth in foster care;
- Recommend solutions to any issues concerning youth in foster care;
- Review and advise DCFS on proposed legislation concerning youth in foster care;
- Make recommendations to DCFS on policies and guidelines as it relates to foster care youth;
- Engage youth in positive leadership development.
- Continue to develop recruitment and retention strategies of board members.

The DCFS Office of Strategy and Performance attended (4) regional board meetings to obtain youth input in the CFSP, including the Chafee program. A summary of the input was compiled and shared with the DCFS administration and integrated into this 5-year plan. Some of the feedback provided by youth in care was related to a need for more educational support, mental health support, and safety within their placements. Ongoing efforts at resource development are informed by such feedback from youth in care, including delivery of Chafee services and supports.

There are four Regional Youth Advisory Boards that meet monthly and the chairs of the regional boards participate in the SYAB meetings.

Facilitation of the youth advisory is supported by a contract with Be Strong Families. The meetings are held in person and caseworkers for the youth are to assist with transportation options for youth to attend meetings. For youth who are unable to get to in person meetings, virtual participation is also available.

*Describe how the state is incorporating principles of Positive Youth Development (PYD) in its Chafee program.*

Positive Youth Development, or PYD, is based on research suggesting that certain “protective factors,” or positive influences, can help young people succeed and be better prepared for a successful transition to adulthood. Some of the elements that can protect youth in care and formerly in care, and promote success include connections with caring adults, positive peer groups, a strong sense of self and self-esteem, and involvement at school and in the community.

- Illinois DCFS encourages and supports PYD programming. The examples below will be continued and additional opportunities to strengthen PYD or implement it in new programs will be explored, although there are no current plans for changes to PYD.
- The Illinois DCFS Youth Advisory Boards engage youth in positive leadership development, positive peer groups, link them with caring adults, and help build self-esteem.
- Continue the Countdown to 21 Program, a DCFS initiative aimed at improving outcomes for youth leaving care that embeds improved *youth driven* transition planning activities at age 19 and continuing until the youth’s 21st birthday. It brings the voice of the youth, caregiver, youth’s adult relationships and worker toward a collaborative effort in developing a plan going forward.
- The Y-CAP model is built on positive peer relationships. The Peer Advocate is a paid position for a student with lived experience in care. It empowers the Peer Advocate to provide support and assistance to their peers on campus to assist with their successful integration into campus life and completion of their post-secondary goals. Y-CAP will continue to expand to Illinois post-secondary campuses.
- Maintain an interactive life skills program via individual instruction with hands-on, interactive learning.
- DCFS will continue to explore the possibility of expanding mentoring services to youth statewide.
- Illinois DCFS initiated a three-year pilot in SFY 20 with three current ILO/TLP programs, two in the Cook County region and one in the southern region. The pilot implemented the YVLifeSets curriculum. The focus of the program is service based, not placement, the youth have case-management service available 24 hours 7 days a week. The case managers meet weekly with the youth where they are in the community, when and where the youth is able to meet. The YVLifeSets model includes building and maintaining healthy relationships, with family supports when appropriate, as a key component.

*Describe the state’s process for sharing the results of NYTD data collection with families, children, and youth; tribes, courts, and other partners; independent living coordinators; service providers and the public. Describe how the state, in consultation with youth and other stakeholders, is using these data and any other available data to improve service delivery.*

DCFS has information posted on the internal D-Net site about the history of NYTD, definitions of all relevant terms, and a power point training presentation on NYTD independent living services and survey response reporting in the SACWIS system. An on-demand training for caseworkers is available via the DCFS Virtual Training Center.

DCFS shares data from the independent living services reporting and surveys with Chapin Hall for research purposes. Chapin Hall has submitted preliminary research findings that have not yet been shared publicly.

Illinois is not currently using NYTD data to improve service delivery. The DCFS Office of Education and Transition Services (OETS) is partnering with the Operations/Permanency leadership to improve the collection of independent living services data and completion of the

NYTD surveys. There are also plans to use IllinoisConnect to improve the collection of independent living services data. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

**Current and Planned Activities:** DCFS currently has a NYTD Improvement Plan. The goals to be achieved through the strategies in the IP include:

- Improve reporting of Independent Living services as require per NYTD regulations.
- Improve participation levels of youth in the NYTD Baseline and Follow-Up Surveys.

The strategies and activities to accomplish the above 2 NYTD goals include:

- Revising Case Plan templates in the data system to seamlessly transfer NYTD service information to the NYTD report.
- Providing \$25 e-gift cards to youth for completing baseline and follow-up surveys.
- Supervisory controls are to be implemented to ensure that each youth's date of birth is entered correctly in the electronic case record.
- The DCFS system is not able to report on whether a youth has ever been adjudicated delinquent and this will need to be included in the development of the IllinoisConnect (CCWIS) system.
- The DCFS system does not always report correctly the last grade level completed by youth and special education status.
- The DCFS system does not accurately report completion of independent living assessments or the specific independent living supports and services provided to youth.
- DCFS is to develop a quality assurance process to ensure participation status or reason for non-participation is consistently and accurately reported, as well as foster care status-outcomes.
- Corrections were needed to the survey instruments and it appears these corrections have been made.
- The other activities in the IP have been resolved.

#### **Update for June 30, 2025:**

DCFS previously shared data from the independent living services reporting and surveys with Chapin Hall for research purposes. Several key findings emerged from Chapin Hall's data collection activities. The first is a lack of awareness or understanding of the NYTD reporting requirements among DCFS and CWCA caseworkers. The second is that DCFS and CWCA caseworkers contend with a number of logistical and other challenges which impede their efforts to comply with those requirements. The third is that knowledge about NYTD among youth is very limited.

The Department has implemented several recommendations that were provided: interactive training for caseworkers; links to NYTD history, terms, reports, and current survey period information available on the D-Net (internal communication board); addressing the logistical barriers that contribute to the low level of independent living services via the developing IllinoisConnect system; increased awareness of NYTD among youth via presentations to the Youth Advisory Boards and in Countdown to 21 meetings; and \$25 e-gift cards to incentivize participation in the NYTD surveys.

*Provide information of the state's plan to continue to collect high-quality data through NYTD over the next five years.*

DCFS will continue to request completion of the NYTD survey in each of the baseline and follow up survey years as required. Currently, information is shared with the private agencies regarding

youth in their care who are in either of the populations. The caseworker and supervisor also receive direct emails for youth on their caseload in a NYTD survey population. The DCFS Office of Education and Transition Services (OETS) is partnering with the Operations/ Permanency leadership to improve the collection of independent living services data and completion of the NYTD surveys. There are also plans to use IllinoisConnect to improve the collection of independent living services data. The IllinoisConnect system is scheduled to be fully implemented mid-to-late calendar year 2026. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

### *Serving Youth Across the State*

*Describe how the state has ensured and will continue to ensure that all political subdivisions in the State are served by the program, though not necessarily in a uniform manner.*

The DCFS Youth in College/Vocational Program, Employment Incentive Program, Education and Training Voucher (ETV) Program, Scholarship Program, and Tuition and Fee Waiver are available to youth regardless of where they reside in the state, if they meet the eligibility requirements for the program. The availability of contracted services is more concentrated in the Chicago/Cook County region of the state as historically that is where the majority of the population has been. Recent trends show an equalizing of the numbers in Cook County compared with the downstate regions of the state. DCFS is committed to looking at ways to expand contracted services in the downstate regions of the state to meet the service needs of the youth. DCFS will also continue to identify community-based resources for youth in care to access.

The DCFS Educational Access Project provides Education Advisors across the state and since SFY 20, advisors are assigned to work with specific foster care liaisons identified by the school districts.

*Provide relevant data from NYTD or other sources that addresses how services vary by region or county.*

The Statewide Provider Database (SPIDER) provides a tool for staff throughout the state network to identify and to locate community-based services for children and families. A search can be initiated in the system with a child's CYCIS ID, by selecting services within a given area, or to obtain details about programs and services.

### *Serving Youth of Various Ages and States of Achieving Independence*

*Describe how Youth of Various Ages and at Various Stages of Achieving Independence are to be Served.*

Illinois has allowed youth to remain in care until age 21 since 1992.

**Services Offered to Foster Youth Ages 14 – 16:** The following are services available to youth in this age range.

- Life Skills Assessment: All youth in care are required to participate in the Casey life skills assessment, which should become the basis for the transitional service planning for the youth. A well-developed service plan should include clear and concise objectives for all youth in care ages 14 – 21. These objectives should address specific areas for development and timeframes for task completion, person's responsible, desired outcomes and progress evaluations. Peer-to-peer mentoring is encouraged along with participative, community-based field trips which facilitate experiential learning.
- Tutoring services

- Mentoring services
- Educational advocacy and support services through Education Advisors
- Pregnant and Parenting Teen services, if applicable.
- Obtaining a state identification card
- Membership on Regional and/or Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment resources as well as community-based resources.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting, the student's academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun. Education Advisors participate in the planning team when problems are identified to provide advocacy and support. The Plan is to be brought to the youth's next Administrative Case Review.

**Services Offered to Foster Youth Ages 16 – 18:** The following are services available to youth in this age range.

- Development of Youth Driven Transition Plan at age 17
- Education on a Healthcare Power of Attorney and opportunity to complete one at age 18
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance to complete referral application to Youth in College/Vocational Training program
- Assistance in completing the Education & Training Voucher application
- Assistance in accessing the Tuition and Fee Waiver
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Life skills classes that utilize “hands on” instruction and real-life experiences
- Membership on Regional and Statewide Youth Advisory Boards
- Referral and follow up for Employment programs to engage youth in the program, especially Transitional Jobs Programs; ensuring they obtain work experience before emancipation.
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establish on their own.
- Connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing the Employment Incentive Program (if youth meet eligibility requirements)
- TLP placement (if meet eligibility criteria)
- Placement Alternative Contract living arrangement (if meet eligibility criteria)
- Assistance with obtaining a state ID.
- Educational advocacy and support services through Education Advisors and Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting, the student's academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun. Education Advisors participate in the planning team

when problems are identified to provide advocacy and support. The Plan is to be brought to the youth's next Administrative Case Review.

*For states that extended or plan to extend title IV-E foster care assistance to youth people ages 18 – 21, address how implementation of this program option has changed or will change the way in which Chafee services are targeted to support the successful transition to adulthood. The state must provide available data on participation and discuss how it affects or may drive continuous quality improvement in the delivery of Chafee services.*

**Participation Data**

The available data on participation is reported based on contract capacity and youth served through those contracts and is divided between Cook region and Downstate regions. The data presented here is aggregated for simplicity to show total youth served statewide for each type of program.

<b>Program</b>	<b>Unduplicated # Youth Served</b>
Educational Programs	3,644
Employment Programs	411
Pregnant and Parenting Teen Programs	546

**Employment Incentive Program**

***July- September Statistics (Statewide)***

# of new applications Received: 58  
 # Applications Approved: 17  
 # of Youth enrolled in EIP: 97  
 # of Youth received payment: 56

***January - March (Statewide)***

# of new applications Received: 64  
 # Applications Approved: 23  
 # of Youth enrolled in EIP: 171  
 # of Youth received payment: 101

***October- December Statistics (Statewide)***

# of new applications Received: 30  
 # Applications Approved: 22  
 # of Youth enrolled in EIP: 53  
 # of Youth received payment: 73

***April - June (Statewide)***

# of new applications Received: 76  
 # Applications Approved: 29  
 # of Youth enrolled in EIP: 229  
 # of Youth received payment: 99

**Youth in College / Vocational Training Program**

***July-September Statistics (Downstate)***

# Applications Approved: 18

***July-September Statistics (Cook)***

# Applications Approved: 30

**Total Statewide YIC/VT Youth in Pay Status as of 10/1/23: 137; 51 are 21+ years old**

***October-December Statistics (Downstate)***

# Applications Approved: 5

***October-December Statistics (Cook)***

# Applications Approved: 6

**Total Statewide YIC/VT Youth in Pay Status as of 1/1/24: 161; 64 are 21+ years old**

***January-March Statistics (Downstate)***

# Applications Approved: 6

***January-March Statistics (Cook)***

# Applications Approved: 3

**Total Statewide YIC/VT Youth in Pay Status as of 4/1/24: 148; 63 are 21+ years old**

***April-June Statistics (Downstate)***

# Applications Approved: 3

***April-June Statistics (Cook)***

# Applications Approved: 1

**Total Statewide YIC/VT Youth in Pay Status as of 7/1/24: 136; 63 are 21+ years old**

**DCFS Scholarship Program**

***July-September Statistics (Statewide)***

# of new youth awarded scholarship in 2023: 259

# of 2023 awardees enrolled and attending Fall 2023 term: 259

**Total Scholarship Recipients in Pay Status as of 10/1/23: 381; 89 are 21+ years old**

***October-December Statistics (Statewide)***

# of new youth awarded scholarship in 2023: 259

# of 2023 awardees completed Spring 2024 term: 259

**Total Scholarship Recipients in Pay Status as of 1/1/24: 370; 106 are 21+ years old**

***January-March Statistics (Statewide)***

# of new youth awarded scholarship in 2023: 259

# of 2023 awardees enrolled and attending Spring 2024 term: 259

**Total Scholarship Recipients in Pay Status as of 4/1/24: 357; 115 are 21+ years old**

***April-June Statistics (Statewide)***

# of new youth awarded scholarship in 2023: 259

# of 2023 awardees completed Spring 2024 term: 259

**Total Scholarship Recipients in Pay Status as of 7/1/24: 347 ;130 are 21+ years old**

**Education and Training Voucher (ETV) Program**

***July-September Statistics (Statewide)***

# of new applications Received: 69

# Payments Approved: 67

# of new applications Pending for additional information: 11

# of Denied applications: 1

**Total ETV funds expended: \$169,439.00**

***October-December Statistics (Statewide)***

# of new applications Received: 16

# Payments Approved: 18

# of new applications Pending for additional information: 6

# of Denied applications: 0

**Total ETV funds expended: \$28,886.22**

***January-March Statistics (Statewide)***

# of new applications Received: 29

# Payments Approved: 33

# of new applications Pending for additional information: 12

# of Denied applications: 0  
**Total ETV funds expended: \$ 65,270.12**

***April-June Statistics (Statewide)***

# of new applications Received: 12  
 # Payments Approved: 13  
 # of new applications Pending for additional information: 3  
 # of Denied applications: 1  
**Total ETV funds expended: \$ 31,009.74**

**Update for June 30, 2025**

<b>Program</b>	<b>Unduplicated # Youth Served</b>
Cook Educational Programs	871
Cook Employment Programs	291
Cook Pregnant and Parenting Teen Programs	521

**Employment Incentive Program**

***July- September Statistics (Statewide)***

# of new applications Received: 82  
 # Applications Approved: 49  
 # of Youth enrolled in EIP: 105  
 # of Youth received payment: 65

***January - March (Statewide)***

# of new applications Received: 42  
 # Applications Approved: 37  
 # of Youth enrolled in EIP: 219  
 # of Youth received payment: 133

***October- December Statistics (Statewide)***

# of new applications Received: 62  
 # Applications Approved: 48  
 # of Youth enrolled in EIP: 230  
 # of Youth received payment: 142

***April - June (Statewide)***

# of new applications Received:  
 # Applications Approved:  
 # of Youth enrolled in EIP:  
 # of Youth received payment:

**Youth in College / Vocational Training Program**

***July-September Statistics (Downstate)***

# Applications Approved: 11

***July-September Statistics (Cook)***

# Applications Approved: 13

**Total Statewide YIC/VT Youth in Pay Status as of 10/1/24: 128; 48 are 21+ years old**

***October-December Statistics (Downstate)***

# Applications Approved: 3

***October-December Statistics (Cook)***

# Applications Approved: 3

**Total Statewide YIC/VT Youth in Pay Status as of 1/1/25: 146; 52 are 21+ years old**

***January-March Statistics (Downstate)***

# Applications Approved: 5

***January-March Statistics (Cook)***

# Applications Approved: 0

**Total Statewide YIC/VT Youth in Pay Status as of 4/1/25: 142; 51 are 21+ years old**

***April-June Statistics (Downstate)***

# Applications Approved:

***April-June Statistics (Cook)***

# Applications Approved:

**Total Statewide YIC/VT Youth in Pay Status as of 7/1/25: \_\_\_; \_\_\_ are 21+ years old**

**DCFS Scholarship Program**

***July-September Statistics (Statewide)***

# of new youth awarded scholarship in 2024: 356

# of 2024 awardees enrolled and attending Fall 2024 term: 333

**Total Scholarship Recipients in Pay Status as of 10/1/24: 568; 174 are 21+ years old**

***October-December Statistics (Statewide)***

# of new youth awarded scholarship in 2024: 356

# of 2024 awardees completed Fall 2024 term: 335

**Total Scholarship Recipients in Pay Status as of 1/1/25: 598; 199 are 21+ years old**

***January-March Statistics (Statewide)***

# of new youth awarded scholarship in 2024: 356

# of 2025 awardees enrolled and attending Spring 2025 term: 335

**Total Scholarship Recipients in Pay Status as of 4/1/25: 562; 217 are 21+ years old**

***April-June Statistics (Statewide)***

# of new youth awarded scholarship in 2024:

# of 2025 awardees completed Spring 2025 term:

**Total Scholarship Recipients in Pay Status as of 7/1/25: \_\_\_; \_\_\_ are 21+ years old**

**Services Offered to Foster Youth Ages 18 through 20:** The following are services available to youth in this age range (note that eligibility for some services in this category starts at 17.5 years of age).

- Develop a community resource directory to link youth to community resources
- Monitor academic and vocational training progress
- Assist with housing needs: develop “step down” program to transition youth to self-sufficiency while still eligible for DCFS funded services; during the “step down” phase, ensure youth are acquiring sufficient cash savings for emergencies that will arise after emancipation
- Assist with career planning and follow through with youth
- Assist with comparing and calculating actual costs of various post-secondary education programs
- Membership on Regional and Statewide Youth Advisory Boards
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance in completing the Education & Training Voucher application
- Assistance in completing the referral application to Youth in College/Vocational Training program
- Assistance in accessing the Tuition and Fee Waiver

- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Referral for Employment programs and follow-up to ensure youth engages in the program
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establish on their own.
- Connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing Employment Incentive Program (if meet eligibility requirements)
- TLP or ILO placement (if meet eligibility criteria)
- Placement Alternative Contract living arrangement (if meet eligibility criteria)
- Educational advocacy and support services through Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Participation in Countdown to 21 Meetings at age 19 and 20.9.

**The following placements are available to youth ages 18-20 (In addition to foster homes):**

**Transitional Living Program/ Transitional Living Arrangements (TLP)**

The purpose of the TLP is to provide a youth, coming from any other living arrangement, an opportunity to practice skills that will be necessary to live independently while continuing to be provided supervision and supportive services. There are four levels of placement under the TLP programming. In general, the levels are defined by the amount of autonomy that the youth can manage. Youth who are engaged in school/work and who are managing their treatment needs with minimal support will be allowed commensurate program structures. Youth who require more direct support to manage their behavioral health needs, and those who require intensive programming focused on developing the skill set that will be required of them upon emancipation will receive more intensive support. This group will be divided by age, as this is likely to represent a large subset of this population. Finally, those with developmental disabilities and/or chronic, severe mental illness and who have an increased likelihood of reliance on the adult service providers in these areas, will have specialized programming focused on promoting this transition.

TLP's offer a mix of services and resources wholly dependent on the needs and capabilities of the youths they serve. These direct and indirect services include:

- Support of the youth's academic development, including school involvement, tutoring, and GED programs;
- Vocational/employment preparation, including employment readiness, job coaching, trade programs, and mentorship;
- Mental health services, including psychiatric monitoring, professional counseling, group services, and substance misuse services;
- Kinship reconnection, including outreach to kin and fictive kin to develop long-term relationships, and visitation;
- Juvenile Justice, including gang intervention, specialized community re-engagement, and specialized employability services;
- Parenting education, support, child care, and preparation;
- Department of Mental Health (DMH)/Office of Rehabilitation Services (ORS) linkages;
- Housing advocacy, assisting youth over age 19 in locating and maintaining a community-based apartment as they demonstrate readiness.

TLP programs are required to refer and monitor youth in workforce development programs to ensure youth obtain a career pathway, work experience, and unsubsidized employment by age 18.

TLP's are single-site locations of various descriptions, with on-site staff 24 hours per day and 7 days per week. The eligibility requirements for placement into a TLP are:

- Age 17½ to 20 years at entry (youth within three months of turning 17 ½ may be considered if they demonstrate mastery of the identified requirements);
- Court ordered goal of independence;
- One or more of the following is true:
  - Is enrolled and attending an accredited high school, vocational, or college program;
  - Is employed or diligently seeking employment;
  - Is participating in a vocational or job readiness program.
- Has been substance free for 90 days or has completed a substance abuse assessment that indicates use does not interfere with the client's work towards self-sufficiency;
- Able to manage any treatment needs with or without support; and
- Is willing to participate in the following:
  - Weekly case management sessions;
  - Routine self-sufficiency skills group training;
  - Completing agreed upon tasks towards self-sufficiency and independence; and
  - Spenddown starting at age 18 or within 30 days of enrollment.

### **Independent Living Program/ Independent Living Arrangements (ILO)**

The purpose of the ILO is to offer prepared youth the opportunity to practice living autonomously with a "safety-net" of supports while they progress toward full independence, usually by emancipation. ILO is available to youth 19 and older who have demonstrated the capacity to live independently and to maintain themselves, with limited support, in a sustainable community-based apartment of their choosing. While many of the same services as above will be available, most will be available via referral to community-based providers. The hallmark of ILO is the creation of stable, sustainable circumstances. The role of the provider is to monitor and enhance the youth's progressive independence.

Youth in ILO are placed in apartments that they are expected to remain in after their DCFS involvement ends. To this end, they will be required to make an increasing contribution to the costs associated with their apartment and required to save money earned through their employment to cover post-emancipation expenses.

### **Placement Alternative Contract**

The Placement Alternative Contract program provides selected youth, over 18 years of age, who are unable to accept a traditional placement option the opportunity to choose their own placement, provided the youth has:

- selected a safe dwelling within Illinois for themselves and their children, if any;
- established written goals that promote the youth's ability to achieve economic self-sufficiency; and
- identified an advocate who will assist the youth in achieving his/her goals and cooperating with the youth's caseworker.

The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background (fingerprint and LEADS) check.

The youth and advocate must complete the *CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan*, identifying the youth's goals in preparing for independent living/adulthood,

listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth's caseworker.

*Also refer to "Services Offered to Former Foster Youth Ages 18 through 20" below.*

### **Youth in College / Vocational Training Placement**

Youth in care who are enrolled and attending an accredited post-secondary program at full time status are eligible for the YIC/VT placement. The youth receives the \$1577 monthly board payment, a \$235 start-up payment, and financial assistance with books and supplies not covered by financial aid grant funds. Youth in the program at age 21/case closure can remain in the program through age 25 or completion of their post-secondary program.

*For states that have elected or plan to extend Chafee services to age 23, provide a description of the services offered or to be offered to youth ages 21-22 (up through 23<sup>rd</sup> birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners were or will be informed of the change.*

*Examples of support that extends to youth beyond age 21 are including throughout the following text and in the description of YIC/VT above.*

### **Services Offered to Former Foster Youth Ages 18 through 20:**

Traditionally, DCFS keeps youth in care until their 21st birthday. Most youth residing in Cook County in Illinois remain under the state's legal care until age 21. The remainder of the state is not as consistent and tends to be dependent on the court having jurisdiction over the case.

#### *Education*

Youth who age out of care at age 18 or older are eligible to apply for the DCFS Scholarship. The Scholarship includes a tuition and fee waiver for an Illinois public university or community college, a monthly grant payment, and the Illinois medical card.

Youth who are participating in the DCFS Youth in College/Vocational (YIC/VT) Program at age 21 and case closure are eligible to remain in the program through the semester they turn 25 years old if they continue to meet the eligibility requirements. The youth must maintain full time status in their post-secondary program with a minimum 2.0 GPA and submit their program schedule confirming enrollment and grades each semester to the Office of Education and Transition Services. Participation in the YIC/VT program provides them with a \$1577 monthly grant and financial assistance with required books and supplies that financial aid does not cover.

Youth in care, youth who aged out of care at age 18 or older, and youth who went to guardianship or adoption from DCFS care are eligible for a tuition and fee waiver at an Illinois public university or community college. Eligible applicants must access it prior to age 26 and can access it for up to 5 consecutive years.

In addition, former foster youth who encounter significant hardship upon case closure are eligible to reengage with DCFS and Juvenile Court through the Supporting Youth Services program. The program works to secure essential supports and services that will enable these youth to live independently as adults. Youth who aged out of care age 18 or older may request reinstatement up to his/her 21st birthday. The youth would then be eligible for all services listed under "Services Offered to Foster Youth Ages 18 through 20".

#### *Housing*

The goal of DCFS is to provide financial and housing services to youth in care and former foster care youth who need it, between their 18th (17.5 years for housing advocacy) and 21st birthday to complement their own efforts in achieving self-sufficiency, recognizing, and accepting personal responsibility in preparing for and then making the transition from adolescence to adulthood. DCFS uses federal Independence Facilitation Grant (Chafee) and state funds to administer to the Youth Housing Assistance Program (YHAP).

The following services will continue to be offered to youth:

- Housing advocacy;
- Cash assistance; and
- Partial housing subsidy (for youth with closed cases under 21).

Youth 17.5 and over are eligible to receive housing advocacy services. Advocacy agencies help youth prepare a budget, teach them about being a good tenant, help obtain employment and community resources, and help them locate and acquire appropriate and affordable housing. These services are also available to youth who move to adoption or guardianship, or were returned home, after age 14, if they wish to access it. Youth may receive housing advocacy services until they turn 21. Youth who participate in Fostering Youth to Independence (FYI) or Family Unification Program (FUP) vouchers are eligible for housing advocacy services until they turn 27.

Youth 18 and older may receive up to \$2,000 annually, on an as-needed basis, to facilitate independence (youth who enter adoption or guardianship after age 16, or are returned home after 18, are also eligible). This cash assistance will cover such expenses as security deposits and necessities that many youths may not have upon leaving foster care. It also helps with items like car repairs, rent or utility arrears as needed. Funding will be provided only when the youth has a balanced budget or is likely to have a balanced budget within the month. Funding through YHAP will also be available to help former wards who have aged out of care and whose housing is unstable up until their 21st birthday. Youth who participate in FYI or FUP vouchers are eligible for cash assistance until they are 23.

Cash assistance may be authorized for up to \$2,000 per 12 months, with a lifetime limit of \$4,000. The youth must have an income that will likely meet monthly expenses after the assistance is provided.

If a youth ages out of care prior to turning 21 years of age and has housing costs that exceed 30% of their income, they are eligible for a partial housing subsidy calculated upon the youth's income, rent and utility costs. The subsidy's maximum is \$500 per month for 6 months, reducing by \$100 maximum every 6 months until the youth turns 21 or is no longer needed. The subsidy ensures that the youth prepares to pay the full cost of rent as the subsidy ends. This assistance is not part of the \$2,000 twelve month or \$4,000 lifetime limit.

**Update for June 30, 2025:**

Between July 1, 2024, and April 30, 2025, DCFS referred 305 youth to DCFS contracted Youth Housing Advocacy Program providers. Between July 1, 2024, and April 30, 2025, DCFS authorized \$220,651.33 in cash assistance to 179 youth.

*Describe how the state ensures it makes available services to youth formerly in foster who moved to the state after exiting foster care in another state.*

Youth who age out of care in another state and re-locate to Illinois can access the Youth Housing Assistance Program (YHAP), including advocacy services to locate housing and cash assistance,

and the Education and Training Voucher (ETV) program. In addition, the DCFS SPIDER system can assist them to locate community-based resources. Youth can call the DCFS Youth Hotline to gain information about these services or their previous caseworker can contact the OETS office via email to gain access to information or link the youth directly to an OETS staff person.

Family Advocacy Centers (FACs) also work together with YHAP to provide some services for youth who have aged out of foster care in Illinois up to age 30 under the DCFS Alumni Drop-In Center, FACs work with youth in care as to provide other services and assistance when funds are available. Since FACs provide services to everyone, youth who were in foster care from other states are eligible for regular FAC services.

### *Collaboration with Other Private and Public Agencies*

*Discuss how the state involves the public and private sectors in helping youth in foster care achieve independence.*

The State of Illinois is continuing to use a variety of means to involve the public and private sector stakeholders in helping adolescents in foster care achieve independence. DCFS has ongoing coordination efforts with a variety of public and private groups. DCFS takes all major policy development and implementation issues to its Child Welfare Advisory Committee, which is made up of private sector stakeholders.

DCFS also maintains a close working relationship, on program development and implementation issues, with the Child Care Association of Illinois, which includes most of the members of the state's child welfare services provider community. DCFS convenes Advisory Councils consisting of foster parents and adoptive parents. All DCFS rule changes go through a public approval process with the Joint Committee on Administrative Rules (JCAR), which allows the public to comment.

DCFS maintains a close working relationship with a number of other state departments, including: the Department of Human Services (DHS) in regards to TANF and Daycare; the Division of Alcoholism and Substance Abuse; the Division of Mental Health; the Division of Developmental Disabilities; a vast array of Youth Services programs and DHS-funded Medicaid services; the Departments of Employment Security and Commerce and Economic Opportunity in regards to employment programs; and the State Board of Education. In addition, DCFS maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority and the Chicago Public Schools.

Former foster care youth will continue to access counseling services through community-based organizations and Department of Human Services' funded programs/services. Counseling services offered by community-based organizations include substance abuse and mental health counseling, parenting classes offered by local hospitals, domestic violence counseling and shelter services, and church-based support groups and general counseling. Career / employment counseling is available through local state unemployment offices and State of Illinois Central Management Services' career counselors. In addition, the state Department of Human Services funds such programs as AmeriCorps where youth can receive skill training, serve as part of a team, receive a small living stipend, and an education award. Local Department of Human Services' offices in each county also provide cash, food, and medical assistance to those who qualify.

DCFS contracts with private agencies for the delivery of job coaching, mentoring, financial literacy training, Regional and State Youth Advisory Board coordination, and tutoring to help

prepare youth for the successful transition to independence. In addition, Illinois contracts with public and private agencies statewide for the delivery of life skills classes, trainings, and experiential activities for youth to participate in where they can learn and practice the skills necessary to make a successful transition to self-sufficient adulthood.

DCFS believes it is critically important to connect youth to public and private resources that will sustain them through life for disease prevention and health promotion:

- Local county and city public health departments offer to adolescents and young adults a broad range of health-related services.
- Federally funded Community Health Centers were established with a mission to deliver comprehensive, high-quality primary health care as well as supportive services to community residents regardless of their ability to pay. Community Health Centers are committed to the concept of the “medical home”, defined as primary care, which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and effective. Community Health Centers operate in more than 450 service locations throughout the state of Illinois.
- The Illinois Provider Directory for Children and Adolescents with Special Health Care Needs is an online resource to assist in locating health care providers – pediatricians, family physicians, pediatric specialists, occupational therapists, physical therapists, speech pathologists, audiologists, mental health specialists, pediatric dentists, and other health care providers -- who serve Illinois children and adolescents with special health care needs.
- The Statewide Provider Database (SPIDER) provides a tool for staff throughout the DCFS network to identify and to locate community-based services for children and families.

Efforts have been made, and will continue to be made, in the next five- years to provide training to the Public Guardian’s Office, Juvenile Justice System, and court systems across the state to help them understand the services that are available to older youth.

For downstate Illinois (defined as all regions outside of Cook County and its five Collar counties), the services provided for Pregnant/Parenting youth are provided by community-based service providers. DCFS contracts directly with 5 local agencies to provide specialized, supportive services for the identified Pregnant/Parenting youth. In counties that do not have a DCFS P/P contract, workers link P/P youth with community-based resources that have different funding, when available. These programs are usually funded by state or federal programs. For example, P/P youth and their children receive medical cards, participate in the WIC program, may be eligible for the Link program for food, use day care services funded by another state agency and many live-in settings funded with federal funds. When needed, DCFS program staff meet with staff from various agencies to look at the eligibility of DCFS P/P youth and the appropriateness of their use of different programs funded with state and federal money.

DCFS has housing advocacy contracts with local community housing agencies throughout the state. These programs maintain contact with statewide subsidized housing programs to assist youth in applying for and accessing appropriate housing. These housing advocacy programs participate in their local Continuum of Care and are knowledgeable of federal, state, and local funded programs in their area. Some of them have sought funding through other funding sources to assist clients referred by DCFS.

DCFS has relationships with 15 housing authorities throughout the state to provide FUP and 6 housing authorities to provide FYI vouchers to youth. Those housing authorities are in Chicago, Danville, DuPage, Rock Island, Springfield and Winnebago County. There are approximately 350

FYI vouchers available in Illinois to youth aging out, or who have aged out, of DCFS care. FUP provides a housing choice voucher to DCFS involved families in inadequate housing and youth who are aging out of, or have aged out of, DCFS care and are homeless or at risk of becoming homeless. FYI provides a housing choice voucher to youth who are aging out, or have aged out, of DCFS care. To meet program requirements, all participants must have already aged out of care and move into their new housing before they turn 19.5 years of age.

**Update for June 30, 2025:**

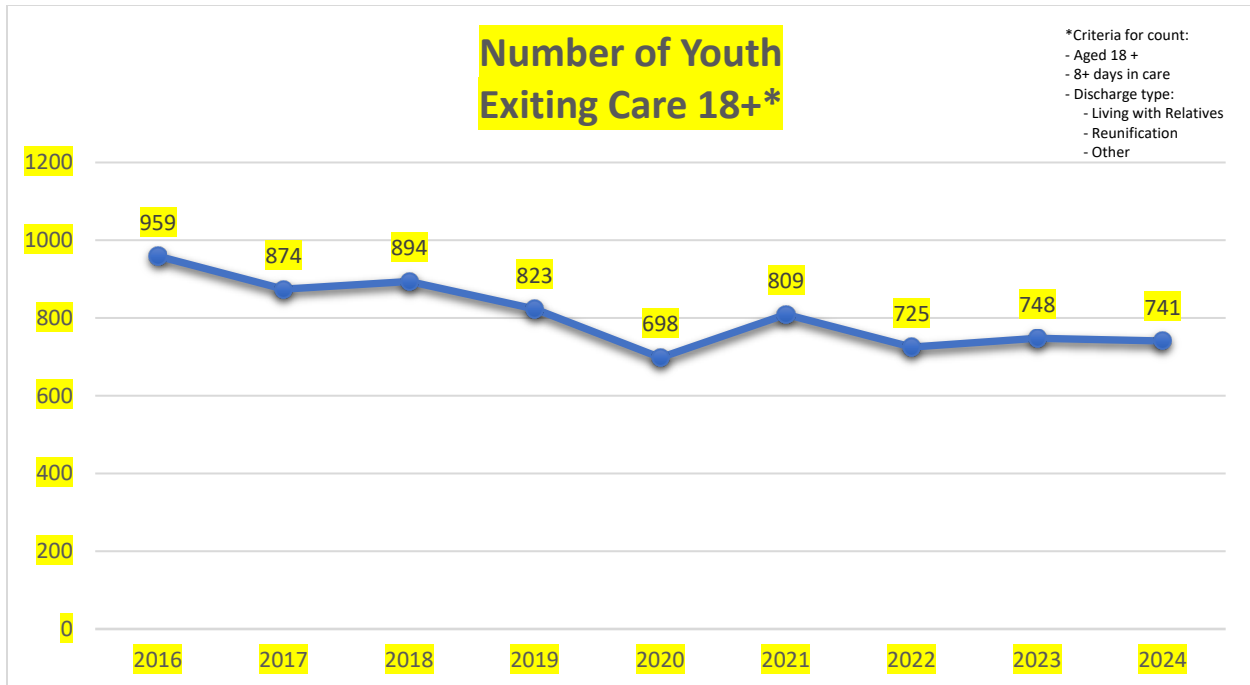
DCFS works closely with the Suburban Cook County and Chicago Continuum of Care which each received separate federal Youth Homeless Demonstration Program Grants to end youth homelessness in their region. Last year, DCFS helped three new housing authorities successfully apply for FYI vouchers (as well as one housing authority who already received FYI funding). DCFS increased the Housing Authorities they work with from 6 to 9. Between July 1, 2024, and April 30, 2025, we referred 4 youth for FUP vouchers and 212 youth for FYI vouchers.

DCFS has a collaborative process in place with the Department of Human Services' Division of Developmental Disabilities and the Guardianship and Advocacy Commission's Office of the State Guardian to ensure the appropriate, stable and complete transition of youth with developmental disabilities into adult services. This process includes the involvement of a community-based Pre-Admission Screening (PAS) agency that works to ensure all proper assessments are completed on the youth and the required documents are in order. Once the appropriate level of care is determined for the youth to transition to, the PAS agency coordinates the referral process. Recommended levels of care traditionally include CILAs (Community Integrated Living Arrangements, both 24-hour and intermittent) and Home-Based Services. For individuals with very special needs, Intermediate Care Facilities (ICF/DDs) or State Operated Developmental Centers (SODC) may be considered. The DCFS assigned caseworker also remains involved throughout this process and ensures that transitional visits occur prior to the new placement being effective. Finally, the worker will assure the vacating of guardianship or its transfer to an appropriate adult guardian.

DCFS, including staff from the Division of Clinical Services, also collaborates with the Department of Healthcare and Family Services on a variety of issues impacting Medicaid-funded services for youth in DCFS care. Such collaborative activities include participating in interagency committees that oversee policy areas and working with DHFS staff to resolve operational, programmatic and case-specific issues. Data sharing includes obtaining paid claims data upon request as needed for examining trends in health care services for youth in care. In addition, DCFS collaborated with the Department of Healthcare and Family Services to implement the expansion of Medicaid eligibility for former foster youth to age 26.

*Provide information on the title IV-B/IV-E agency's efforts to coordinate with the state Medicaid agency to support the state's implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023*

Illinois had 7,271 youth age out of foster care in the past nine-year span (2016 – 2024). The mean was 808 youth aging out each year with a range of 698 to 959 per year. It is not known how many of these youth moved to other states or how many former foster care children (FFCC) from other states moved into Illinois.



On March 19<sup>th</sup>, 2024 the Illinois Department of Human Services (DHS) published Manual Release # 24.07 (MR # 24.07) *'Former Foster Youth Update'*. That update expanded the Former Foster Care (FFC) program to include FFC individuals who aged out of foster care outside of Illinois and turned 18 years of age on or after 01/01/2023.

*In compliance with Public Law No. 115-271 (10/24/2018), commonly known as the SUPPORT Act, Illinois residents who aged out of foster care, regardless of the state in which they aged out, may be eligible for Medicaid under the Former Foster Care program.*

***Eligibility for the Former Foster Care Program***

*Individuals are eligible to receive Medicaid coverage under the Former Foster Care program if the criteria below are met.*

*Applicants must:*

- *have received Medicaid under foster care until they aged out (exited) at age 18 or older, either from Illinois or another state. Please see specific criteria below.*
  - *Illinois Former Foster Care: There are no changes to how these cases are currently processed. Generally, individuals who aged out of Illinois foster care will first receive continuous eligibility until their 19th birthday, at which point they would be eligible for Former Foster Care Coverage through the age 25. [PM 06-28-01](#)*
  - *Out of State Former Foster Care: Individuals who aged out of foster care outside of Illinois may apply from age 18 through their 25th year. Individuals must have turned 18 on or after 01/01/2023.*
- *be between age 18 and 25. Applicants are eligible through their 25th year.*
- *be an Illinois resident [PM 03-02-00](#).*
- *have a Social Security Number (SSN) or proof of application for an SSN [PM 03-11-00](#).*
- *meet U.S. citizenship or immigration requirements in [PM 03-01-00](#).*

**REMINDER:** *If the applicant aged out of foster care outside of Illinois AND turned 18 before 01/01/2023, they are not eligible to receive Medicaid through the Former Foster Care program in Illinois but may still be considered for other medical programs.*

**NOTE:** *The Former Foster Care program has no income limits and resources (assets) are not considered.*

[IDHS OneNet: MR #24.07 Former Foster Care Update \(illinois.gov\)](#)



Medicaid - Former  
Foster Care Update.

YouthCare has also expanded its coverage due to a recent change to section 1002 (a) of the Support Act (Public Law No. 115-271 (10/24/2018)) This change allows former foster youth to automatically qualify for Medicaid coverage with YouthCare. This change helps former foster youth who have relocated to the state of Illinois have access to healthcare benefits immediately.

*Provide information on the actions taken to address the housing needs of young adults in transition from foster care. Outline the federal, state, local, and public/private resources utilized to support a range of safe, affordable, and age-appropriate housing options for young people. Include information on the state's proposed efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities (PHAs) to utilize Foster Youth to Independence (FYI) vouchers.*

DCFS offers housing supports for youth transitioning from foster care through the Youth Housing Assistance Program, which has two components. The first is the Youth Housing Advocacy Program (YHAP) designed to ensure that a youth's housing situation becomes or remains stable. Housing advocacy services may include the following:

- Assistance in securing affordable housing;
- Consumer education;
- Budget counseling;
- Linkages to community-based resources for assistance, for example utilities, food, health services, and clothing;
- Connection to the local Homeless Continuum of Care; and
- Follow-up services, including home visits, monthly contacts, and contacts with the property manager, after the youth secures appropriate housing.

The other component to the housing assistance program is the Youth Cash Assistance Program (YCAP) to purchase hard goods on behalf of youth who meet eligibility criteria to ensure the youth's housing situation becomes or remains stable. The cash assistance can be used for:

- Housing security deposit;
- Rent, if the youth can make future rent payments;
- Beds and furniture for the youth and his or her children;
- Utility deposits or bills, if the youth can make future utility payments;
- Appliances; and
- Household items.

The YCAP program has YCAP Transition to provide cash assistance to stabilize a youth's housing situation as the youth prepares to transition from DCFS care, provided eligibility criteria are met, and YCAP Crisis to provide cash assistance to youth who have already aged out of DCFS care,

provided eligibility criteria are met. The YCAP Housing Subsidy for eligible youth provides a housing subsidy of up to \$500 per month until the youth's 21<sup>st</sup> birthday. Youth are required to contribute 30% of their income towards the cost of their housing (rent and utilities). The amount of the housing subsidy is reduced by \$100 every 6 months until the youth turns 21.

### ***Determining Eligibility for Benefits and Services***

*Address how the state uses objective criteria to determine eligibility for benefits and services under the Chafee and the ETV Programs, and for ensuring fair and equitable treatment of benefit recipients.*

The state's policy requires using a combination of state and federal funds to provide independent living services to youth 14–21 years and continues to use state funds to offer specific services to youth up to their 23rd birthday. The State is responsible to ensure all youth leave the foster care system with skills to maintain self-sufficiency. The objective criteria are based upon the number of youth who are likely to remain in foster care until age 18. These youth in foster care are older and need more supportive services to prepare for self-sufficiency. Evaluation studies have pointed to the fact that youth who leave care without a transition plan end up homeless, incarcerated, unemployed and have low educational achievement.

The process of developing the criteria included the following:

- Review of the national trends of what services the other states are offering to older youth in foster care
- The Governor of Illinois' initiatives
- The priorities of the Director of DCFS
- A "needs assessment" of older youth
- Recommendations of results of the Chapin Hall Center for Children and other research studies

The eligibility criteria used for the Chafee services are as follows:

- Provide services to youth aged 14-21 to help them make the transition from foster care to adulthood: education, vocational and employment training, post-secondary education, daily living skills, substance abuse prevention, PPT prevention and preventive health activities.
- Provide training for foster parents, adoptive parents and workers to address issues confronting older youth.
- Provide services for older youth aged 18-20 who have left foster care but have not reached age 21.
- Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.
- Serve children of various ages at various stages of achieving independence.
- Use a variety of providers to deliver independent living services.
- Serve youth who otherwise meet the eligibility criteria, but who are temporarily residing out of State, and not terminate ongoing assistance solely because a youth is temporarily residing out of State.

The eligibility requirements for the ETV services are as follows:

- Provide vouchers of up to \$5,000 to youth otherwise eligible for services under the State CFCIP program. The youth must be enrolled and attending an accredited post-secondary education or training program and making satisfactory academic progress toward completion of the program.
- Provide services to youth in care or left care at age 18 or older,

- Provide services to youth adopted or placed in subsidized guardianship from foster care after attaining age 16.
- Provide services to youth up to age 26.
- The vouchers will cover tuition, fees, books, supplies, equipment, and other education related costs listed as cost of attendance at the school attending.
- For SFYs 2024 and 2025, the state has committed \$2500 state funds for students eligible for ETV funds. Students can receive up to \$7500 for SFYs 2024 and 2025.

DCFS will ensure that all youth are aware of the service appeal process that exists and their rights to appeal.

Chafee and other funding will be made available to all youth in care, and former youth in care, by the following:

- Statewide training, including on-site trainings, webinars, program mailers, and email updates, to increase the awareness of available services to include DCFS and private agency staff. Policies and procedures help guide service delivery.
- Continue to maintain a resource of information regarding services, resources, etc. on SPIDER. SPIDER is a statewide database and directory that is accessible to both DCFS and CWCA agencies to help locate services and programs (via GPS technology). Links to information regarding services and programs for older youth currently exist on the DCFS intranet and internet site. These links will be updated as necessary and made prominent and accessible to youth, caseworkers, caregivers, and others accessing the sites.
- Use of social media to inform youth of programs and how to access.
- Offer Chafee services to youth regardless of placement or living arrangement type.
- Conduct one day “Educational Seminars” for youth in care to educate them on the costs/benefits of community college/public universities vs. proprietary schools to help them make educated post-secondary attendance choices.
- Identify youth likely to be graduating from high school and send information regarding the YIC/VT program, ETV program, and EIP to the youth and their caseworker via email notifications.

### *Cooperation in National Evaluations*

DCFS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

### *Education and Training Vouchers (ETV) Program and Its Components*

The Education and Training Vouchers Program (ETV) will provide additional resources specifically to meet the financial needs for educational and training programs of youth aging out of the DCFS foster care system. The purpose of the Education & Training Vouchers program is to ensure every eligible youth can attend a post-secondary or career and technical education program in order to learn or enhance skills needed to make a smooth transition to self-sufficiency.

The ETV program can be used to pay the following items at an accredited post-secondary school or institution if they are included in the school’s cost of attendance and are not paid by other grants/scholarships/funding:

- Tuition & fees
- Books & supplies;
- Uniforms & Equipment
- Transportation,

- Cost of medical insurance
- Computer
- Room & board (If not in another IL DCFS paid placement)

The amount spent for each youth varies, but an amount not to exceed \$5,000.00 per youth may be issued as a partial payment to the educational institution to cover school charges. If there is funding left of the \$5000 per fiscal year after the school or institution is paid, other cost of attendance items may be paid directly to the youth or other providers. For SFY 2024 and 2025, DCFS has approved up to \$7500 per student. The additional \$2500 will be paid with state general revenue funds.

*Describe the methods the state will use to operate the ETV program efficiently over the next five years.*

To operate the ETV program efficiently, the ETV funding is coordinated by an individual who works with the other DCFS Office of Education and Transition Services (OETS) personnel. This allows DCFS to identify youth who are already attending a post-secondary program and make them aware of the ETV funding for school. These youth are easily identified and are a priority for the funding. Case workers and GALs receive training that includes information on the ETV program and how it is accessed. The ETV information is also listed on the DCFS Website and the application is available on the interagency intranet. Applications can be mailed, faxed, or emailed as an attachment to a dedicated email, [DCFS.ETVCoordinator@illinois.gov](mailto:DCFS.ETVCoordinator@illinois.gov), that is monitored by the ETV coordinator. All portions of the ETV process which includes applications, letters of intent, approval letters, payment vouchers, and data collection are coordinated by a single source so that a total review of need and payments to the schools and other entities are consistent from start to finish. DCFS developed a web based ETV application to make it more user friendly and increase accessibility. The web-based application is scheduled to launch for SFY 2025.

*Describe the methods the state will use to: (1) ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance; and (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program.*

To ensure that the total amount of education assistance to youth does not exceed total cost of attendance and to avoid duplication of benefits, youth submit application packets each term. This consists of an application form along with student schedule, grades, and financial aid award information. Once a review of the packet is complete and eligibility established, a letter of intent is sent to the school advising that the funding can only be used for cost of attendance items not covered by other grants or scholarships. The items ETV can cover are listed on the letter of intent. If a youth is already receiving DCFS assistance for housing costs (YIC, PAC, TLP, ILO), only housing costs more than the amount received are considered for ETV funds. The school is also told that the ETV funding plus other funding sources cannot exceed cost of attendance. The school must send a student's detailed student account showing charges and payments to the ETV coordinator for review. When those detailed accounts are received, each line item is reviewed and if there are any questions about exceeding cost of attendance or duplicating benefits, the school is contacted for clarification. Approval letters and payments are only made once it is established that ETV funding plus other funding, including a tuition and fee waiver under the DCFS scholarship program or the tuition waiver program do not exceed cost of attendance and that there is no duplication of benefit.

The ETV coordinator maintains data bases of all ETV activity which is on the share drive so that the information is available to all in the OETS division. This data base includes names of all students, age, school attending, amounts spent in Chafee categories as well as the total amount spent, whether the youth is an initial or renewal student, attending an academic or vocation program, and case worker information. The website application will track all data entered for applicants and reduce the manual entry required by the ETV Coordinator.

DCFS developed a comprehensive survey, in collaboration with researchers from the University of Illinois Urbana-Champaign, to seek input from previous and current ETV constituents and stakeholders. The survey is scheduled to launch 6/1/2024. The feedback from the survey respondents will improve and strengthen the ETV program. The launch of the ETV website application will improve accessibility and hopefully increase utilization by eligible students statewide.

#### *Describe how the program is coordinated with other appropriate education and training programs*

DCFS collaboration with the Illinois Department of Employment Security (IDES) and the Illinois Department of Commerce and Economic Opportunity (IDCEO) will continue to provide employment and training opportunities for youth. DCFS will continue to present employment opportunity events to youth, caregivers, DCFS staff and POS staff.

In addition, DCFS will explore the possibility of DCEO providing bi-annual Orientations to DCFS/POS staff about resources, services, Workforce Investment Act programs, etc. and of improved linkages between DCFS offices linking with local DCEO offices to increase access/awareness to resources for employment and career preparation.

The Cook County contracted employment providers will provide to DCFS youth the following services: Pre-Employment Workshops, Job Readiness Workshops, Career Readiness Trainings, One on One Counseling, Job Placement, Case Management, Employment Mentoring, Subsidized Employment (80 hours a month), Unsubsidized Employment and Post Employment assistance and support.

The Building Futures program work with youth ages 15-20 who are aging out of care in the East St. Louis area (southern region), helping them to find living wage employment and/or get into a post-secondary educational setting or trade school. Transportation support, financial planning, personal and professional development, life planning, communication skills, mentoring, employment services and higher education guidance are some of the many areas of importance Building Futures participants focus on.

DCFS will continue to explore ways to provide information to former Foster Care recipients about employment and training opportunities that are available statewide through federal, state, local and city funding. DCFS is working on increased collaboration with the Job Corps sites to encourage former youth in care to take advantage of this opportunity, when appropriate.

#### *Chafee Training*

*States must provide information on specific training planned for FYs 2025-2029 in support of the goals and objectives of the Chafee plan. (Cross reference with D6 Training Plan)*

DCFS conducts specific training on pregnant and parenting teen issues for DCFS and private agency caseworkers. DCFS, through TPSN, will continue to offer Parenting Specialty Training Curricula statewide annually.

In addition, OETS staff, including a Transition Manager in each DCFS region and two Post-Secondary Education Specialists, provide on-site and teleconference training to private agency staff on request, participate in Countdown to 21 meetings with older youth in care, and participate in regional management and staff meetings when possible, to educate caseworkers and other staff on the available programs and services for older youth. A “back to school” webinar series is provided each August that includes information on early childhood education, K-12 education, and post-secondary education services, in addition to employment preparation, life skills, and financial literacy training. The OETS is committed to strengthening these training efforts to reach more staff and provide more technical assistance to ensure all eligible youth are accessing the programs and services designed to prepare them for adulthood.

Finally, DCFS ensures information about available programs and resources for older youth is accessible to caseworkers, foster parents, and youth via direct links to this information on the DCFS intra and internet web sites home pages.

### ***Consultation with Tribes***

*States are required to consult with each Indian Tribe located in the state as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. The required information is outlined in section D5, “Consultation and Coordination Between States and Tribes.” States may address these requirements separately in the update to Chafee/ETV services or as part of their overall update for section D5, but are requested to indicate clearly where the information is provided.*

*See chapter 5: Tribes for the information as to the state’s consultation with the Prairie Band Potawatomi Nation (page 119-123).*

## **Chapter 5: Tribes**

### ***Consultation with Tribes***

*Describe the state’s process to gather input from Tribes for the development of the 2025-2029 CFSP, including the steps taken to reach out to all federally recognized Tribes in the state. Provide specific information on the name of Tribes and Tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations.*

As stated in the APSR (2020-2024), the U.S. Department of Interior re-established Prairie Band of the Potawatomi Nation (PBPN) as a federally recognized tribe in the state of IL on April 19, 2024. The tribe has been inundated with various requests to meet with several federal and state agencies. They have assured the Indian Child Welfare Act (ICWA) Specialist they are willing to work with IL DCFS but they need some time to organize themselves as they have only been reestablished in the state of IL for less than 90 days. The ICWA Specialist has already begun building a relationship with them and has requested a meeting dedicated to that relationship. Once a meeting is scheduled, documentation of collecting their input on the DCFS CFSP will commence although more than likely it will be past the deadline.

### **Update for June 30, 2025:**

The Indian Child Welfare Act (ICWA) Specialist continues to build a working relationship with the tribe. Representatives of IL DCFS and PBPN lawyers and a council member, Mr. Darren Root, Mr. Russell Brien and Mr. Raphael Wahwassuck, convened an informal meet and greet in January 2025 to begin laying the groundwork to construct a mutually beneficial partnership. While PBPN is fully aware DCFS is to collect their input into our annual reports and share our reports with

them, they need to first enter into a formal similar relationship directly with the state of Illinois. They expect this to be a lengthy process but they are certainly committed to completion. In the interim, the ICWA Specialist invited them to attend the “Partnership for Progress” meetings that were held in April 2025 to gain feedback for this APSR.

**Background:** In 1833, the Potawatomi signed the Treaty of Chicago, ceding nearly all their Illinois land along the western shore of Lake Michigan except the two square miles in DeKalb County preserved for the tribe in an earlier treaty.

The Potawatomi had bought a 30-by-30-mile reservation in what’s now Kansas with money they received for ceding their Illinois land. The tribe’s chief Shab-eh-nay and about 20 to 30 members of his extended family stayed behind in Illinois. The chief took a trip to the Prairie Band’s new home in Kansas. In his absence, the General Land Office of the U.S. government took the land. Efforts to regain the land in the court systems failed. The courts ruled he had abandoned his land, thereby giving the General Land Office authority to sell it.

Nearly 200 years later, Prairie Band of the Potawatomi Nation (PBPB) has become the first federally recognized tribal nation in the state after a decision from the U.S. Department of the Interior in April 2024. They are the 9<sup>th</sup> tribal nation of the Potawatomi Tribe. The move represents the first victory in the tribe’s larger effort to regain the approximately 1,280 acres of its ancestral land in Illinois via legislation in both the General Assembly and Congress.

Prairie Band leaders initiated the process with the federal government 30 years ago. The tribe made the three purchases of private land that make up the 130 acres signed over on Friday. In 2004, the tribe purchased a house located on the historic reservation, then in 2006 it bought a 128-acre farm. More than 13 years passed until the tribe could buy another house in the area.

After a 2020 U.S. Supreme Court ruling that found Native American tribes still have a claim to their reservations unless Congress took specific actions to disestablish a reservation, the Prairie Band re-filed its land trust application with the Department of the Interior last year.

A bill pending in the Illinois House would also give the Prairie Band tribe the title to the approximately 1,500 acres that make up Shabbona Lake State Park, located a little less than 20 miles southwest of DeKalb. Shabbona Lake State Park is named for Chief Shab-eh-nay and covers much of the Prairie Band's original reservation. It has bipartisan support, however failed to gain passage in the final moments of the Legislature as Budget disputes tied up the Legislature. There are hopes that when the Legislature returns for the ‘Veto’ session that the bill might be passed.

*Provide a description of the state’s plan for ongoing coordination and collaboration with Tribes in the implementation and assessment of the 2025-2029 CFSP. Describe any barriers to this coordination and the state’s plans to address these barriers.*

The major barrier presenting itself right now is the fact that the Prairie Band of the Potawatomi Nation became reestablished so close to the report’s deadlines. Obtaining a meeting in a timely manner has proven to be quite difficult. As the tribe settles in and becomes reacquainted with the state and agencies, coordinating and collaborating with them will become much easier.

**Update for June 30, 2025:**

DCFS has been actively working on building a positive relationship with Prairie Band Potawatomi Nation. The tribe has only been re-established in the state for approximately one year. Due to the unique sovereign nation status of the tribe, there are more necessary steps to achieving our plan to

coordinate directly with them as a sovereign nation compared to another organization or agencies located within the state of Illinois. It is going to take some time to establish these formal agreements and DCFS is doing all it can to support this process.

*Describe the arrangements jointly developed with Tribes as to roles and responsibilities for providing child welfare services and the protections delineated in section 422(b)(8) of the Act to Tribal children, whether under state or Tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements outlined in section 475(5)(C) and 475A(a) of the Act.*

Conversations and initial consultation have taken place with members of the Tribal Council for the Prairie Band Potawatomi Nation. Tribal Recognition only occurred in April of this year

All child welfare services and protections are provided for all tribal children taken into care by the IL DCFS. Illinois' priority is to preserve and/or reunify the family unit. Intact Family Services are provided to all families that are at risk of entering foster care to hopefully prevent the dismantling of a family. In the event it is determined that the children in care cannot be reunited with their family due to unsafe or inappropriate conditions, the state of Illinois will assume responsibility in placing a child in an adoptive home, legal guardianship, or other planned permanent living arrangements if the tribe chooses not to take jurisdiction. All services that are available for youth in care will be made available for all youth who have been identified as ICWA eligible.

#### **Update for June 30, 2025:**

As described earlier, no formal consultation with PBPN has taken place at this time. They are still attempting to build their official framework with the state of Illinois so that they may enter into formal agreements with state run agencies like DCFS. DCFS provides all child welfare services and protections for any and all tribal children who are taken into their care. The overall goal for Illinois is to preserve and/or reunify the family unit. Families that have been identified as being at risk of entering foster care are offered Intact Family services with the hope to prevent the breakup of a family. In the event it is determined that the children in care cannot be reunited with their family due to unsafe or inappropriate conditions, the state of Illinois will assume responsibility in placing a child in an adoptive home, legal guardianship, or other planned permanent living arrangements if the tribe chooses not to take jurisdiction. All services that are available for youth in care will be made available for all youth who have been identified as ICWA eligible.

*Provide a description, developed after consultation with Tribes, of the specific measures taken by the state to comply with ICWA.*

As stated previously, consultation has not occurred with Prairie Band Potawatomi Nation.

A family who comes into DCFS care is presented with multiple pathways to identify themselves as having AI/AN ancestry. At the beginning of any case, one of the top 5 questions asked are if they have any AI/AN ancestry. This question is asked multiple times throughout the life of the case. It is asked in the court room and in the integrated assessment. If at any time, the family

reports AI/AN ancestry the caseworker is responsible for submitting an ICWA intake form to the agency ICWA Specialists.. The ICWA intake form is processed and an ICWA inquiry is certified mailed to the respective tribes and/or Bureau of Indian Affairs (BIA). The ICWA Specialists will provide any technical assistance and advocacy services to the caseworkers and others, to further support DCFS in meeting their obligations with the federal ICWA requirements. In the event of a verified ICWA case, the ICWA Specialists will also attend court hearings to make sure the tribes are receiving proper notice of court hearings and that the court is following proper procedures if they are preparing a case for termination of parental rights. The ICWA Specialist collaborates with the child’s case management team which includes the tribal representative, to review services and participate in case planning for the child and the child’s family. The ICWA Specialist also maintains communication with the child’s confirmed tribe to offer follow-up and/or assistance as requested. The ICWA Specialists works as a liaison between state, federal and tribal agencies to ensure ICWA compliance.

As mentioned in the APSR 2020-2024; In the past four years (Calendar years 2020-2023), Illinois DCFS has processed a total 1,755 ICWA intakes, an average of 439 each year. The annual tallies are as follows:

**Update for June 30, 2025**

<u>Calendar Year</u>	<u># of ICWA Intakes</u>	<u># Confirmations of Tribal Membership</u>
2020	438	8
2021	451	16
2022	441	9
2023	425	7
2024	492	6
2025	246 (05/31/25)	3 (05/31/25)

*Describe the results of the state’s consultation with each Indian Tribe in the state regarding eligibility for Chafee and ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care.*

*Specifically:*

- *Describe how each Indian Tribe in the state has been consulted about the programs to be carried out under the Chafee program.*
- *Describe the efforts to coordinate the programs with such Tribes.*
- *Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.*
- *Describe the Chafee benefits and services currently available and provided for Indian children and youth.*
- *Report on whether any Tribe requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state’s allotment for such administration or supervision. Describe the outcome of that negotiation and provide an explanation if the state and Tribe were unable to come to an agreement.*

*(Cross reference with D4 Chafee/ETV Consultation with Tribes)*

As stated previously, no consultation with Prairie Band Potawatomi Nation has taken place at this time and none of their children are currently in DCFS care. This will be further discussed once consultation with them occurs.

The services that Illinois makes available to youth and families in DCFS care are also made available to any and all AI/AN youth and families who are in DCFS care. AI/AN youth and families in care do not need to do anything differently than their peers to gain eligibility for programs like Chafee or the ETV program. The only thing that separates AI/AN youth and families is that tribes have the option to supervise/oversee these programs with respect to eligible AI/AN children and to receive an appropriate portion of the state's allotment for such administration or supervision however, none of the AI/AN youth in care's tribes are within the state of IL jurisdiction. The only tribe that is now in the state of IL is the Prairie Band Potawatomi Nation and they do not have any children currently in DCFS care.

#### **Update for June 30, 2025:**

Any and all services that the state of Illinois offered to youth and families in DCFS care are made accessible to all AI/AN youth and families. Special programs like Chafee or the ETV programs are all made available to AI/AN youth and families. Although tribes do have the ability to manage these programs themselves for their children, PBPN currently has no youth in care in the state of IL making this a moot point.

*Describe in detail how the state will exchange copies with Tribes of their 2025-2029 CFSP and the plan for exchanging future APSRs.*

Personal contact has been established with the Chair and other members of the Tribal Council of the PBPN by the DCFS ICWA Specialist. This is a friendly and established relationship, the lines of communication are very good. This relationship was established in January, 2024. The state will share a copy of both the APSR and CFSP with the Prairie Band Potawatomi Nation and further discuss how to incorporate their feedback into the plans as DCFS moves forward. Both reports are accessible online via IL DCFS website or the Children's Bureau of Administration on Children and Families website.

#### Targeted Plans within the CFSP

*See addenda submitted with this plan for the following plans:*

- *Addendum A: Foster and Adoptive Parent Diligent Recruitment Plan*
- *Addendum B: Health Care Oversight and Coordination Plan*
- *Addendum C: Disaster Plan*
- *Addenda D and D-1: Training Plan and Cost Allocation*

#### Financial Information (Section E)

##### ***Payment Limitation: Title IV-B, Subpart 1***

*States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments in any fiscal year than the state expended for those purposes in FY 2005 (section 424(c) of the Act).*

DCFS does not claim any Foster Care Maintenance payments or Adoption Assistance subsidies under title IV-B subparts 1 or 2; title IV-E eligible foster care maintenance payments and adoption assistance subsidies are included for federal reimbursement in the development of the title IV-E claim. Except for therapeutically prescribed day care programs, DCFS never claims any day care (childcare) expenses under title IV-B or title IV-E for reimbursement; instead, expenditures for those services are paid from state funds. The Illinois Department of Human Services funds

expenses for employment related childcare services through state funds and federal title XX Block Grant funds.

**Update for FFY2026 ASPR:**

No Change

***Payment Limitation: Title IV-B, Subpart 1***

*The amount of state expenditures of non-federal funds for foster care maintenance payments that may be used as match for any fiscal year for the title IV-B, subpart 1 program may not exceed the amount of such non-federal expenditures applied as state match for title IV-B, subpart 1 for the FY 2005 grant (section 424(d) of the Act). **The CFSP submission must include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005.** States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.*

State expenditures of non-federal funds for foster care maintenance payments used as state match for title IV-B, subpart 1 funds awarded for FFY's 2025 – 2029 will not exceed the amount of non-federal fund expenditures applied as state match for that program during FFY 2005 (per section 424(d) of the Act). DCFS' CFSP includes information on the amount of non-federal funds expended for foster care maintenance payments which were used as title IV-B, subpart 1 state match for FY 2005. The amount used in FFY 2005 was zero.

**Update for June 30, 2025:**

The amount of non-federal funds for foster care maintenance payments used as match for the title IV-B, subpart 1 program continues to be zero.

***Payment Limitation: Title IV-B, Subpart 1***

*States may spend no more than 10 percent of title IV-B, subpart 1 federal funds for administrative costs (section 424(e) of the Act). **States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recently completed grant year on the CFS-101, Part III (Attachment B of this PI).***

Illinois has not in the past and will not going forward use any portion of the Title IV-B, Subpart 1 federal funds for administrative costs.

**Update for June 30, 2025:**

Illinois did not use any portion of the Title IV-B, Subpart 1 federal funds for administrative costs.

***Payment Limitation: Title IV-B, Subpart 2***

*States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services.*

*For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the CFSP a rationale for the disproportion. The amount allocated to each of the service categories should only include funds for service delivery. States should report separately the amount to be allocated to planning and service coordination.*

DCFS agrees to spend a “significant” portion of the title IV-B, subpart 2, Preserving Safe and Stable Families (PSSF) grant on each of the four PSSF service categories: family preservation, community-based family support, time-limited family reunification, and adoption promotion and

support services. Currently, the term “significant” is interpreted by ACF to mean at least 20 percent of the grant total. Information will be included in the DCFS’ APSR if DCFS does not continue to spend a “significant” portion of its title IV-B, subpart 2 grant award on any of those four service categories. The amount allocated/assigned to each service category will only include funds expended for service delivery. Any amount allocated/identified with planning and service coordination will be reported separately.

**Update for June 30, 2025:**

DCFS has continued to spend a “significant” portion (at least 20% of the allotment plus the required 25% match) of the title IV-B, subpart 2, Preserving Safe and Stable Families (PSSF) grant on each of the four PSSF service categories: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. Currently, the term “significant” is interpreted by ACF to mean at least 20 percent of the grant total.

*States must provide the estimated expenditures for the described services on the CFS-101, Parts I and II (Attachment B).*

**Update 2026 ASPR:**

The estimated expenditures for services provided has been reported on the CFS-101, Part II.

The estimated expenditures for services provided will be reported on the CFS-101, Part II.

***Payment Limitation: Title IV-B, Subpart 2***

*Provide the state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state’s 1992 base year amount, as required to meet the non-supplantation requirements.*

**Update for June 30, 2025:**

DCFS has complied with the non-supplantation requirements during the first year covered by this ASPR and assures DCFS will comply with these requirements the remainder of FFY 2025 and in FFY 2026.

**Non-Supplantation:** DCFS will comply with the non-supplantation requirements during each of the years covered by and reported on under the current 5-year plan covering FFY’s 2025 – 2029 and assures it will comply with these requirements the remainder of FFY 2024 and in FFY 2025.

Data regarding the non-supplementation level of expenditures established by HHS is included in the chapter covering documentation of the non-supplantation and maintenance of effort requirements of DCFS. The base year used to establish that expenditure level was FFY 1992. This base level was determined by DCFS’ Office of Planning and Budget through a search of various databases from the 1990s when these requirements were put in place. Once the base level of expenditures has been determined it does not change.

Several years ago, DHHS’s Administration for Children and Families decided to collect 1979 base year data. The maximum levels of 1979 State expenditures were determined by a combination of available data and logic. In the early 1980s, the Governor’s Bureau of the Budget (now titled the Governor’s Office of Management and Budget) supported DCFS’ efforts to increase its claims for reimbursement and obtain additional title IV-E and title IV-B revenue. However, DCFS was required to transfer the first \$13 million received from DHHS each year to the state’s General Revenue Fund. This equated to the title IV-E and title IV-B receipts in the year prior to the enactment of the legislation creating the Children’s Services Fund. Therefore, it may be

demonstrated that the combined title IV-E and title IV-B receipts for FY 1979 were, at most, \$13 million. This sets a maximum possible base.

DCFS does not claim any Foster Care Maintenance payments or Adoption Assistance subsidies under title IV-B subparts 1 or 2; title IV-E eligible foster care maintenance payments and adoption assistance subsidies are included for federal reimbursement in the development of the title IV-E claim. Except for therapeutically prescribed day care programs, DCFS never claims any day care (childcare) expenses under title IV-B or title IV-E for reimbursement. Expenditures for those services are paid from state funds. The Illinois Department of Human Services funds expenses for employment related childcare services through state funds and federal title XX Block Grant funds.

**Non-Supplantation Baseline:** Originally two categories of service were eligible for title IV-B, subpart 2 funding. These included the Family Support Services category and the Family Preservation Services category. Several years later additional categories were added for Time-Limited Family Reunification Services and for Adoption Promotion and Support Services. Baseline non-supplantation amounts are set for each of these four categories.

**Family Support Services:** The FFY 1992 baseline level was initially calculated in the “FY94 Plan to Plan,” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under the “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the level established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Support Services under title IV-B, subpart 2 is \$740,200.

**Family Preservation Services:** The FFY 1992 baseline level was initially calculated in the “FY 94 Plan to Plan” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Preservation Services under title IV-B, subpart 2 is \$13,019,600.

**Time-Limited Family Reunification Services:** The FFY 1992 baseline for Time-Limited Family Reunification services was established by retrofitting the definition and provisions of title IV-B, subpart 2 with comparable/equivalent target population, expenditures and services. During FFY 1992, the Department’s total estimated expenditures and service level for all Family Reunification Services was \$4.2 million for approximately 354 families. The baseline for Time Limited Family Reunification Services is much smaller because only a small portion of title IV- B, subpart 2 funds

was spent for those services. Additional analysis of services during the baseline period revealed that the length of time children remained in substitute care during FFY 1992 baseline period was 30 months in downstate counties, and 60 months in Cook County. The FFY 1992 rate of time-limited reunification was calculated to be approximately 20% of the total based on the length of placement before reunification. (In other words, in the baseline year, 20% of all reunifications met the timeline later set for early reunification). Consequently, the baseline for Time-Limited Family Reunification Services under title IV-B, subpart 2 is \$834,500.

The level of services and expenditures will continue to exceed those established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Time-Limited Family Reunification. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

**Adoption Promotion and Support Services:** The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Adoption Promotion and Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/ community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

DCFS Adoption Promotion and Support Services baseline is difficult to calculate as so few services were offered or purchased during or prior to FFY 1992. The oldest data available at the time that DHHS established a baseline for these services was FFY 1996. The program grew more than 50% between SFY 1992 and FFY 1996. Therefore, the Adoption Promotion and Support Services baseline is well below the FFY 1996 expenditures. In FFY 1996, \$1,279,858 was spent on adoption preservation services and not more than \$1,360,572 was spent on post-adoption support services. Therefore, the FFY 1996 baseline would be no more than \$2,640,430. The FFY 1992 baseline for these services would be lower, estimated at less than \$1.8 million.

**Summary of Non-Supplantation Amounts in the Base Year-FFY 1992:**

<u>Title IV-B, part 2 Service</u>	<u>Baseline Amount</u>
Family Preservation Services	\$13,019,600
Family Support Services	\$740,200
Time Limited Family Reunification	\$834,500
Adoption Promotion and Support	Less than \$1,800,000

**Chafee Program**

*States are required to certify that no more than 30 percent of their allotment of federal Chafee funds will be expended for room and board for youth who left foster care after 18 years of age and have not yet attained age 21.*

*For states that operate an extended foster care program and that choose to exercise the Chafee option to serve youth up to age 23, the limitation applies to providing room and board to youth who left foster care after attaining ages 18 and have not yet attained age 23.*

Illinois certifies it will not spend more than 30 percent of our federal Chafee funds for room and board for youth who left foster care after 18 years of age and have not yet reached age 23, during any of the five years covered by the CFSP for FFY's 2025 – 2029.

**Update for June 30, 2025:**

Illinois will not spend more than 30 percent of our federal Chafee funds for room and board for youth who left foster care after 18 years of age and have not yet reached age 23, during the remainder of FFY 2025 or FFY 2026.

*Reallotment of FY 2024 (Current Year Funding)*

*Allotment Requested by State?* YES, for CWS, PSSF and MCV

**Update for June 30, 2025:**

Yes, for CWS, PSSF and MCV

*Date Submitted to RO by State:* June 2025

*FY 2022 Title IV-B Expenditure Report—CFS-101, Part III*

*Identify the number of individuals and families served, a description of the population served, and the geographic service area within which the services were provided. Demographic and geographic information must be reported on the Part III.*

**Update for June 30, 2025:**

This information has been included on the CFS-101, Part III.

*If the state's expenditure of FY 2022 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information in the APSR narrative on: 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2022; and 2) the rationale for the disproportion in the actual expenditure of FY 2022 grant funds.*

**Update for June 30, 2025:**

Illinois expended 20 percent or more in each of the four PSSF service categories.

Explanatory Notes for the CFS 101 Parts II and III:

1. CFS 101 Part II Line 1 - DCFS had defined clients served as the number of hotline calls received. We were concerned this may be resulting in an inaccurately inflated count of population served and switched to the number of unique individuals served by the Department, taken from the stats we publish on our website.
2. CFS 101 Part III line 6 - Everything else on Part III listed either families served, or clients served but not both. So, to be more consistent we indicated only families served on line 6.