



2025 - 2029 Illinois Child and Family Services Plan (CFSP)

Addendum B

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

**Illinois Department of Children and Family Services
Submitted June 30, 2025**

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FY 2025 Update
Illinois Department of Children and Family Services
Health Care Oversight - Child and Family Service Plan

The Illinois Department of Children and Family Services (DCFS) remains steadfast in its commitment to ensuring that children and families receive high-quality, accessible, and essential health care services. This report provides a comprehensive update on the state’s efforts to enhance service delivery, strengthen strategic planning, and drive systemic improvements within the child welfare system. It is organized into five key areas:

1. Framework for Healthcare Delivery
2. Delivery of Core Healthcare Services
3. Programs to Support Well-Becoming
4. Quality Assurance for Systemic Improvement
5. Planning for Growth

In alignment with the well-being outcomes identified in the Child and Family Services Review (CFSR), particularly Outcome 3—ensuring that children receive adequate services to meet their physical and mental health needs—this submission details Illinois’ approach to system execution, provides updated performance data, and showcases the innovative initiatives undertaken to improve outcomes for children and families.

Fiscal Year 2025 has been a pivotal year in strengthening the state’s empirical data collection processes. Illinois has focused on refining quantitative data sets, expanding measurement capabilities, and uncovering root causes contributing to areas needing improvement. By leveraging evidence-based insights, DCFS is making informed decisions to enhance service accessibility, effectiveness, and quality, reinforcing its commitment to the well-being of the children and families it serves.

As Illinois DCFS continues to prioritize the health and well-being of children and families, this report underscores the agency’s dedication to both immediate service delivery and long-term systemic improvements. By integrating data-driven strategies, refining service models, and addressing underlying challenges, Illinois is laying the foundation for more effective and responsive healthcare delivery in the child welfare system. Moving forward, DCFS remains committed to continuous evaluation and innovation, ensuring that every child receives the comprehensive care and support necessary to thrive, not only well-being but a focus on well-becoming.

FRAMEWORK FOR HEALTHCARE DELIVERY

DCFS remains committed to its comprehensive framework which encompasses access to medical, dental, vision and mental health services and the facilitation of seamless coordination with health care providers and community organizations. This section will outline the current framework partners, services and programs carried out and provide updated data analysis.

Components of the DCFS Healthcare Delivery Framework

During fiscal year 2025 the structure of this delivery remained consistent with the partnership between The Department of Health and Family Services (HFS) (Illinois’ Medicaid entity), YouthCare Health Choice Illinois, and the Health Works of Illinois. Added to this year’s update is the Division of Clinical Practice within DCFS that are tasked with the comprehensive medical and mental health oversight. The following provides an overview of these entities and how they interact with DCFS youth.

Division of Clinical Practice (DCFS)

The Division of Clinical Practice provides comprehensive support to youth, families, casework teams, and both internal and external stakeholders. Through clinical consultations, the division identifies and addresses the need for treatment, intervention, and care services across varying levels of acuity among youth in care. By formulating case conceptualizations and therapeutic recommendations, the division ensures access to appropriate resources, therapeutic care, and support services.

Utilizing a multi-disciplinary, trauma-informed approach, the division conducts clinical assessments, and tailored recommendations to address behavioral and physical challenges affecting youth at risk of or experiencing mental and physical health complexities. With a commitment to expertise and evidence-based practices, the division enhances clinical knowledge to meet the unique needs of each youth, ensuring interventions that promote long-term well-being.

Four key areas within the Division of Clinical Practice exist to complete DCFS' mission.

- ***Behavioral Health:*** The Clinical Behavioral Health Specialty Services Program strengthens staff support, expands service awareness, and ensures the integration of evidence-based practices to enhance the well-being of youth in care. Through expert consultations, staffings, and case analyses, specialists provide tailored recommendations addressing behavioral health, developmental, and medical needs. The program oversees key initiatives, including Integrated Assessments (IA), Mental Health Services for youth with serious mental illness (SMI), LGBTQ+ Statewide Services, Intellectual & Developmental Disabilities Coordination, Deaf and Blind Services, Domestic Violence Intervention (DVIP), Substance Use & Recovery (SUR) Services, and Health Services oversight. Health Services is responsible for upholding quality assurance, ensuring that all youth receive appropriate care, resources, and interventions that align with best practices and promote long-term well-being.
- ***Nursing:*** The Nursing Program, through Child Welfare Nurse Specialists (CWNS) serve as health services consultants, providing expert guidance on health-related concerns for children with special healthcare needs, including those involved in child abuse or neglect investigations. DCFS nurses interpret medical and clinical information, conducting thorough record reviews to deliver accurate recommendations. Their expertise ensures that children requiring specialized care receive the necessary interventions and support to promote their overall health, safety, and well-being.
- ***Psychology & Psychiatry:*** The Psychology & Psychiatry Program is grounded in clinical expertise and extensive experience and provides expert consultation to support the developmental, social, educational, medical, psychological, and psychiatric needs of children and families involved with DCFS. Consulting psychologists conduct in-depth analyses to ensure accurate assessments are referred for, precise diagnoses, and appropriate treatments, helping to secure the best possible outcomes for those they serve.
- ***Social Work Practice:*** The Social Work Practice Program provides clinical consultations, assessments, and trauma-informed interventions. It oversees key initiatives such as the Comprehensive Clinical Assessment Program (CCAP), ensuring appropriate care for youth in Qualified Residential Treatment Programs (QRTPs) under the Family First Act of 2018. Additionally, Psychiatric Hospital Liaisons/Specialists monitor hospital programs for compliance, while the Sexual Behavior Problems (SBP) Program provides expert assessments for youth with sexually problematic behaviors. Together, these services ensure children and families receive high-quality, evidence-based support.

Department of Healthcare and Family Services

The Illinois Department of Healthcare and Family Services (HFS) is the state agency responsible for administering Medicaid and ensuring access to quality healthcare for eligible Illinois residents. Its mission is to support low-income families, children, seniors, and individuals with disabilities by providing comprehensive healthcare coverage and essential support services. Through a specialized Managed Care Organization (MCO) contract, HFS and DCFS partner to ensure healthcare, dental, and mental health services are tailored through coordinated care efforts to meet the unique needs of DCFS youth.

YouthCare HealthChoice Illinois

YouthCare HealthChoice Illinois, is the current designated specialized MCO offering healthcare initiatives designed specifically for DCFS youth in care and former youth in care. It offers a wide array of tailored services to meet the unique needs of all youth in care from dental care to specialized behavioral health and developmental care.

As part of YouthCare HealthChoice Illinois, youth receive assessments to determine their required level of intervention and gain access to a diverse range of services and resources. YouthCare's experienced staff members assist with selecting appropriate providers, scheduling appointments and coordinating transportation. YouthCare's extensive range of services aims to ensure that youth and caregivers feel valued and supported throughout their journey toward improved health and well-being.

HealthWorks of Illinois

The HealthWorks of Illinois is a collaborative initiative managed by multiple lead agencies across Illinois. In 2020, YouthCare took over service monitoring under the HFS specialized MCO contract, replacing the previous oversight by DCFS. These HealthWorks Lead Agencies (HWLA) play a crucial role in ensuring youth in care have access to essential health services, including initial screenings, comprehensive assessments, and medical, behavioral health, dental, vision, and pharmacy care.

Committed to high-quality healthcare, the program relies on meticulous health documentation, supported by substitute caregivers, healthcare providers, and caseworkers. It also provides interim medical case management for the first 45 days of enrollment. After this period, children aged 0-5 transition to Medical Case Management Agencies for continued care, while youth aged 6 and older receive ongoing case management through YouthCare and the DCFS and CWCA permanency teams. Through its comprehensive approach and diligent oversight, the HealthWorks program enhances the well-being of youth in care across Illinois.

DELIVERY OF CORE HEALTHCARE SERVICES FOR DCFS YOUTH

During fiscal year 2025 the overall services and programs offered to DCFS youth remain consistent. The portfolio of programs outlined below are designed to comprehensively address all healthcare needs of youth in care.

Updates of Key Medical Functions for Well-Being

Initial Health Screens (IHS)

Upon a youth's entry into DCFS care, a protocol ensures their immediate health and well-being. Within 24 hours of assuming legal custody and before placement, the assigned child protection worker arranges an Initial Health Screening (IHS) by a qualified provider and then provide that documentation to the HWLA servicing the youth's case. This screening gathers essential health information to support informed placement decisions, identifying urgent medical needs,

particularly infectious diseases. If a youth is hospitalized at the time of custody, their discharge examination satisfies the IHS requirement.

Across all regions served by HWLAs, a total of 3,236 cases were opened (by DCFS child protection workers) during the reporting period. Of these, 2,699 IHS exams were completed, resulting in a statewide IHS completion rate of 83.41%. Among the 2,855 non-hospitalized cases, 2,320 had IHS exams completed, with 2,229 of those occurring within the mandated 24-hour timeframe. This represents a 96.08% timeliness rate among completed non-hospitalized exams and a 78.07% compliance rate based on the total number of non-hospitalized cases.

Initial Health Screen (IHS) Statistical Report
Annual Summary for All Cases

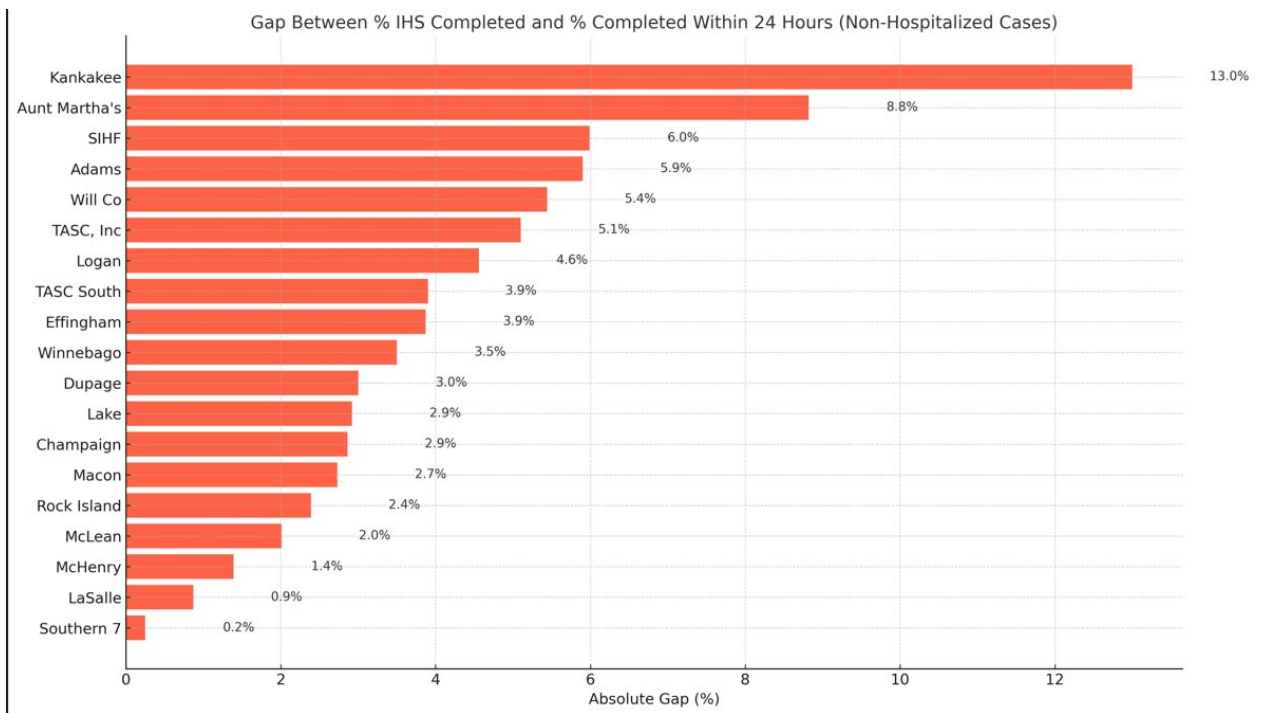
Start Date: 7/1/2024 - End Date: 6/30/2025

HWLA	Total # of Cases	# of IHS Completed	% of Total IHS	# Non-Hosp	# IHS Completed	# IHS Completed	% of Total IHS	% of Total Non-Hosp Cases
Adams County Health Department	99	89	89.90%	75	65	63	96.92%	84.00%
Aunt Martha's Youth Center	642	422	65.73%	601	381	342	89.76%	56.91%
Champaign-Urbana PHD//HealthWorks	128	121	94.53%	108	101	99	98.02%	91.67%
Dupage County Health Department	166	138	83.13%	156	128	125	97.66%	80.13%
Effingham County Health Department	187	171	91.44%	169	153	148	96.73%	87.57%
Kankakee Health Department	42	13	30.95%	39	10	7	70.00%	17.95%
Lake County Health Department	86	70	81.40%	79	63	62	98.41%	78.48%
LaSalle County Health Department	37	36	97.30%	28	27	27	100.00%	96.43%
Logan County Department of Public Health	354	313	88.42%	285	244	239	97.95%	83.86%
Macon County Health Department	153	135	88.24%	138	120	118	98.33%	85.51%
McHenry County Department of Health	27	24	88.89%	24	21	21	100.00%	87.50%
McLean County Health Department	93	84	90.32%	77	68	68	100.00%	88.31%
Rock Island County Health Department	196	188	95.92%	170	162	159	98.15%	93.53%
Southern Illinois Healthcare Foundation	342	296	86.55%	288	242	232	95.87%	80.56%
Southern Seven Health Department	52	51	98.08%	46	45	45	100.00%	97.83%
TASC South	123	114	92.68%	98	89	87	97.75%	88.78%
TASC, Inc.	144	120	83.33%	124	100	97	97.00%	78.23%
Will County Health Department	132	89	67.42%	121	78	75	96.15%	61.98%
Winnebago County Health Department	233	225	96.57%	231	223	215	96.41%	93.07%
HWLA Statewide Totals	3236	2699	83.41%	2855	2320	2229	96.08%	78.07%

Cases Opened: Count of youth coming into foster care for whom the department has legal custody
IHS Completed: Count of Initial Health Screenings completed for youth coming into foster care
Hospitalized: Count of youth coming into foster care in a hospital setting
Non-Hospitalized: Count of youth coming into foster care outside of the hospital setting
IHS w/ 24 hours: Count of Initial Health Screenings completed within 24 hours of the later of case opening or legal custody
IHS Completed Non-Hosp w/ 24 hours: Count of Initial Health Screenings completed for youth in non-hospital settings
Non-Hosp IHS Completed w/ 24 Hours: Count of Initial Health Screening completed within 24 hours of the later of case opening or legal custody for youth in non-hospital settings
% IHS Completed: The % of IHS Completed for youth coming into care

- within 24 hours of case opening or legal custody
- for youth outside of a hospital setting as a percentage of all youth coming into care
- in a non-hospital setting within 24 hours of case opening or legal custody as a percentage of all youth coming into care

*Note: All percentages use the Case opened count as the denominator



This absolute gap chart showing the difference between the percentage of IHS completions, and the percentage completed within 24 hours for non-hospitalized cases. This highlights where timeliness lags most significantly despite overall completion.

Comprehensive Health Evaluations (CHE)

Upon entering substitute care, youth receive a Comprehensive Health Evaluation (CHE) by a qualified physician within 21 days of DCFS assuming custody, in compliance with EPSDT requirements. The HWLA, in coordination with the YouthCare Care Coordinator and permanency worker, ensures timely scheduling and communication with foster parents. The DCFS and CWCA permanency teams oversee the process, with the caregiver or permanency worker accompanying the youth to ensure participation.

Before the CHE, the HWLA provides the physician with the youth's medical history, immunizations, and relevant health details. If referrals are needed, the HWLA collaborates with the primary care physician, while the permanency worker or caregiver ensures follow-up on recommendations. Through coordinated efforts, stakeholders work to provide optimal care for youth in custody.

The average percentage of CHE completed across all health departments is 82.11%. This suggests that, on average, 82% of the cases had a completed health evaluation during the period.

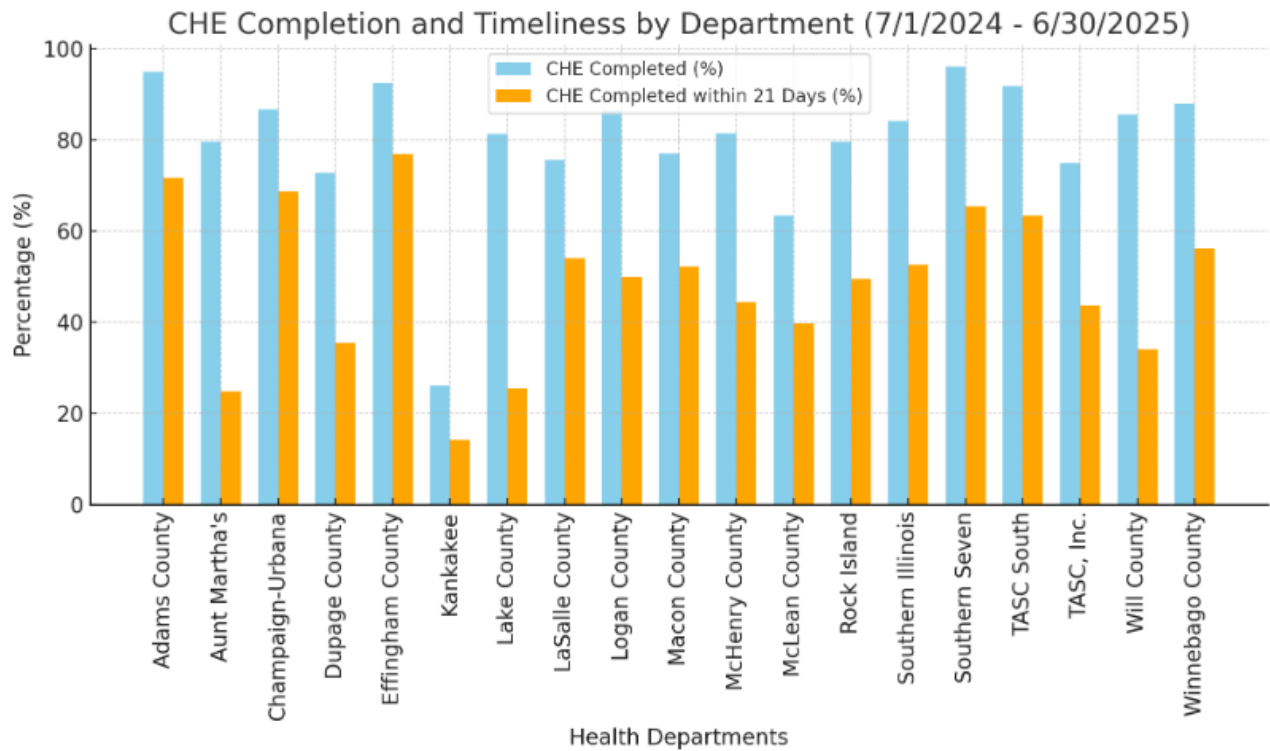
Comprehensive Health Exam (CHE) Cumulative Statistical Report
Annual Summary for All Cases

Start Date: 7/1/2024 - End Date: 6/30/2025

HWLA	Total # of Cases	# of CHE Completed	% of Total CHE Completed	# CHE Completed within 21 days of TC/Case Opening	% of Total CHE Exams Completed During Reporting Period that Occurred Within 21 days of TC/Case Opening	% of Total Cases Opened During Reporting Period that Received a CHE Exam Within 21 Days of TC/Case Opening
Adams County Health Department	99	94	94.95%	71	75.53%	71.72%
Aunt Martha's Youth Center	642	511	79.60%	160	31.31%	24.92%
Champaign-Urbana PHD//HealthWorks	128	111	86.72%	88	79.28%	68.75%
Dupage County Health Department	166	121	72.89%	59	48.76%	35.54%
Effingham County Health Department	187	173	92.51%	144	83.24%	77.01%
Kankakee Health Department	42	11	26.19%	6	54.55%	14.29%
Lake County Health Department	86	70	81.40%	22	31.43%	25.58%
LaSalle County Health Department	37	28	75.68%	20	71.43%	54.05%
Logan County Department of Public Health	354	306	86.44%	177	57.84%	50.00%
Macon County Health Department	153	118	77.12%	80	67.80%	52.29%
McHenry County Department of Health	27	22	81.48%	12	54.55%	44.44%
McLean County Health Department	93	59	63.44%	37	62.71%	39.78%
Rock Island County Health Department	196	156	79.59%	97	62.18%	49.49%
Southern Illinois Healthcare Foundation	342	288	84.21%	180	62.50%	52.63%
Southern Seven Health Department	52	50	96.15%	34	68.00%	65.38%
TASC South	123	113	91.87%	78	69.03%	63.41%
TASC, Inc.	144	108	75.00%	63	58.33%	43.75%
Will County Health Department	132	113	85.61%	45	39.82%	34.09%
Winnebago County Health Department	233	205	87.98%	131	63.90%	56.22%
Totals	3236	2657	82.11%	1504	56.61%	46.48%

This dataset evaluates two critical indicators across health service providers: the percentage of required Comprehensive Health Exams (CHE) completed, and the percentage of those exams completed within 21 days of case opening, in alignment with mandated timelines. Overall, the average CHE completion rate across providers is 74.42%, indicating that most exams are eventually conducted. However, the average rate of timely completion—within 21 days—is significantly lower at 35.21%. This suggests that while compliance with completing exams is generally high, there remains a substantial gap in meeting the expected timeframe, highlighting a key area for improvement in service delivery efficiency and coordination.

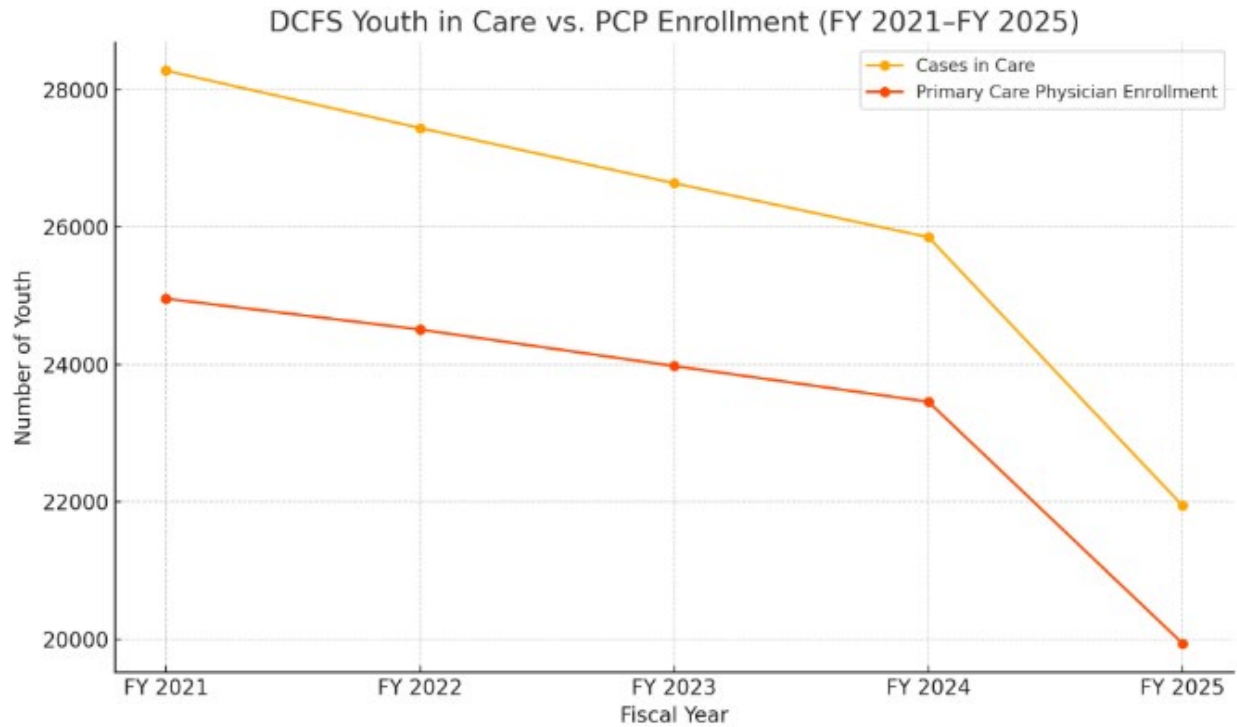
Data Note



Please note that issues with the documentation of extenuating circumstances may have impacted the reported timeliness of CHE and IHS completions in this dataset. Situations such as child unavailability, placement disruptions, or provider access barriers were not consistently recorded during the reporting period. These exception reasons have since been integrated into the SACWIS system. As a result, the FY26 report will provide a more accurate reflection of CHE timeliness, with properly documented exceptions taken into account.

Medical homes: Primary Care Providers (PCP)

From FY 2021 to FY 2024, both the number of youth in care and those enrolled with a Primary Care Physician (PCP) have steadily increased over the last 5 years. PCP enrollment consistently remained above 88% of total cases in care each year, with the highest PCP rate being seen in FY 2025 of 90.98%. This trend highlights ongoing efforts to maintain strong PCP linkage, even as the overall population served has gradually decreased.



PCP Enrollment Summary by Federal Fiscal Year

Federal Fiscal Year	Cases in Care	PCP Assigned	% Youth with PCP
FY2021	28,280	24,959	88.26%
FY2022	27,444	24,509	89.31%
FY2023	26,640	23,977	90.00%
FY2024	25,855	23,457	90.73%
FY2025	21,943	19,937	90.86%
Grand Total	130,162	116,839	89.76%

The charts illustrate a steady year-over-year decline in both the number of youth in DCFS care and those without with a Primary Care Physician (PCP) from FY 2021 to FY 2024.. The absolute enrollment gap (youth not linked to a PCP) decreased by approximately 39.6% from FY2021 to FY2025, highlighting success in efforts made to ensure all youth are linked to primary physician care.

Exam and Screening Data

The data presented in this report is based on Medicaid claims and includes only services for which a claim was filed. As a result, any services provided that did not generate a claim are not reflected in the data. The reporting period covers July 1, 2024, through March 31, 2025. Please note that, at the time the data was pulled, claims for services provided between January and March 2025 were still being processed.

Exam and Screening Data Table

<i>FY 2024 (July 1 2024- March 31, 2025)</i>	<i>Dental Exam</i>	<i>Vision Screening</i>	<i>Hearing Exams</i>	<i>Mental/Behavioral Health Exams</i>	<i>Wellness Screening</i>
Number of Exams	7,652	5,480	2,518	11,269	24,356
Number of unique exam encounters	7,445	5,477	2,296	10,368	24,215

Utilization Rates for Key Healthcare Services

The data presented in this report is based on Medicaid claims and includes only services for which a claim was filed. As a result, any services provided that did not generate a claim—such as those funded through grants or documented outside the claims system—are not reflected in the data. The reporting period covers July 1, 2024, through March 31, 2025. At the time the data was extracted, claims for services delivered between January and March 2025 were still being processed, meaning some services may not yet be represented.

As part of a broader quality assurance initiative, DCFS is working to refine its analysis of Medicaid codes to more accurately capture and report the full range of services provided. In collaboration with HFS, YouthCare, and the DCFS Office of Information and Technology Services (OITS), efforts are underway to complete outstanding data queries with the goal of expanding the types and detail of utilization data available in future reporting. As part of this initiative, DCFS anticipates more accurate, timely, and comprehensive data will be available for next year’s report.

Data for this reporting cycle has been generated for several key utilization components, including the number of services or treatments, the number of unique service/treatment encounters, the total number of unique encounters, and the total number of unique patients. These components will also serve as baselines for future analysis.

Looking ahead to FY2026, DCFS is implementing multiple enhancements to improve the quality and utility of its reporting. This includes plans to address claims lag by either adjusting data or clearly identifying when claims data is considered complete. Additionally, strategies are being explored to estimate and incorporate non-claimed services, providing a more complete picture of service delivery. Ongoing refinement of Medicaid code mapping—particularly CPT, CDT, and ICD-10 codes—will further improve data accuracy and comparability.

Efforts are also in progress to disaggregate data by service type, geographic region, provider type, and youth demographics, which will enable more detailed insights and comprehensive analysis. Metrics such as average services per patient, encounter-to-patient ratios, and the percentage of youth receiving specific services are under development to strengthen quality assurance. Where

feasible, DCFS will incorporate benchmarking against the general Medicaid population, national standards, and other child welfare systems to contextualize service delivery and performance.

Utilization Data Table

	<i>Dental</i>	<i>Vision</i>	<i>Hearing</i>	<i>Mental/Behavioral Health</i>
FY 2024 (July 1 2024- March 31, 2025)				
Number of services/treatments	8,585	16,929	201	15,985
Number of unique service/treatment encounters	8,375	191	191	15,945
Total number of unique encounters	7,628	2,432	2,432	26,147
Total number of unique patients	7,254	2,090	2,090	8,747

Updates of Key Behavioral Health Services

Psychological & Neuropsychological Evaluation

The DCFS Psychology & Psychiatry Program plays a vital role in supporting the department’s mission to promote child safety, permanency, and well-being by fostering respectful, collaborative, and supportive relationships with colleagues and stakeholders. Grounded in trauma-informed, culturally responsive, and evidence-based practices, the program provides expert clinical consultation and advocacy to ensure that children and families involved with DCFS receive appropriate assessments, accurate diagnoses, and effective psychological and psychiatric interventions. Through in-depth case analysis, participation in departmental initiatives, and guidance on assessment and treatment planning, the program empowers caseworkers and teams to navigate complex cases with a focus on healing and ethical service delivery.

During the period of July 1, 2024, to March 31, 2025, a total of 2,152 referrals were reviewed and 1,936 of these referrals were approved (cases reviewed and determined an assessment is appropriate) with only 216 deferred.

Psychotropic Medication Management & Oversight

DCFS upholds a rigorous and efficient process for reviewing and approving psychotropic medications, ensuring the highest standard of care for youth in care. This process involves thorough evaluation by UIC specialists and consulting psychiatrists, who assess and determine approval, modification, or denial of each request. Recommendations are transmitted to DCFS hourly, swiftly processed, and forwarded to prescribers and case managers, while HFS receives the same information to facilitate immediate access to approved medications.

Demonstrating the scale and efficiency of this system, between July 1, 2024, and March 31, 2025, the Office of Guardianship Administration successfully processed 9,648 psychotropic medication consents, ensuring timely and appropriate treatment for youth in need.

DCFS maintains a meticulous process for reviewing and approving psychotropic medications, overseen by the psychiatric consultant of the Office of Guardianship Administrator to ensure careful monitoring. The process includes a medical provider submits a CFS 431-A form via fax which in turn goes to both the University of Illinois-Chicago (UIC) and DCFS simultaneously. UIC research specialists and nursing staff review the request and prepares it for review by consulting psychiatrists. The psychiatrists make a recommendation, either approving, modifying or denying the request. Throughout each workday, these recommendations are sent to DCFS hourly and are electronically assigned and processed as a CFS 431-B form in the Consent Data System (CDS). These processed consents are then sent back to the prescriber and assigned case

manager for purposes of filing. Upon the UIC recommendation(s) being made, HFS is provided the same information, which allows caregivers to get approved medications filled without delay or the need to wait for the formal consent entered within the CDS. This process is dictated by Procedures 325, Procedures 327, Policy Guide 2012.04 and Rule 325. The department has an extensive contract with UIC to provide consultation and oversight over youth in care's psychotropic medication needs. UIC organizes monthly "Oversight Committee" meetings attended by their administrative staff, including the director of clinical services in psychopharmacology, the DCFS guardian, assistant guardian, medical director, DCFS chief nurse, DCFS consulting psychologist and DCFS clinical services staff. Each quarter the Oversight Committee is presented with UIC statistics related to their contract and program plan. This information is used for an annual report to the Illinois General Assembly. Monitoring of psychotropic medications is done by ongoing reviews of requests by not approving any request for more than 180 days and requiring blood work and other essential tests to be provided as recommended, usually with each renewal. Renewals can be submitted within 45 days of expiration.

The Care Oversight Treatment Committee, a collaborative effort of key stakeholders appointed by DCFS and the University of Illinois Chicago (UIC), significantly enhances oversight of medication management practices. This committee evaluates complex cases, providing valuable recommendations for assessment, treatment and placement. Children under 6 who are prescribed psychotropic medication undergo a thorough evaluation by a child psychiatrist upon entering DCFS care, ensuring the appropriateness and safety of the medication, reflecting a proactive approach to protecting youth well-being.

Mental Health Services Specialty Program

The Mental Health Services Specialty Program provides targeted support to DCFS and CWCA staff in addressing the needs of youth ages 6–21 diagnosed with a serious mental illness (SMI). The program assists with placement stability, clinical service coordination, and navigating gaps in local mental health resources. SMIs include disorders that significantly impair functioning, such as schizophrenia, major depression, bipolar disorder, PTSD, and others. The program also focuses on older youth with SMI who are transitioning to adulthood and may require long-term support, especially those unable to live independently or who have not responded well to previous therapeutic interventions. Mental Health Services Coordinators offer tailored recommendations to ensure continuity of care and appropriate adult placements.

PROGRAMS TO SUPPORT WELL-BECOMING

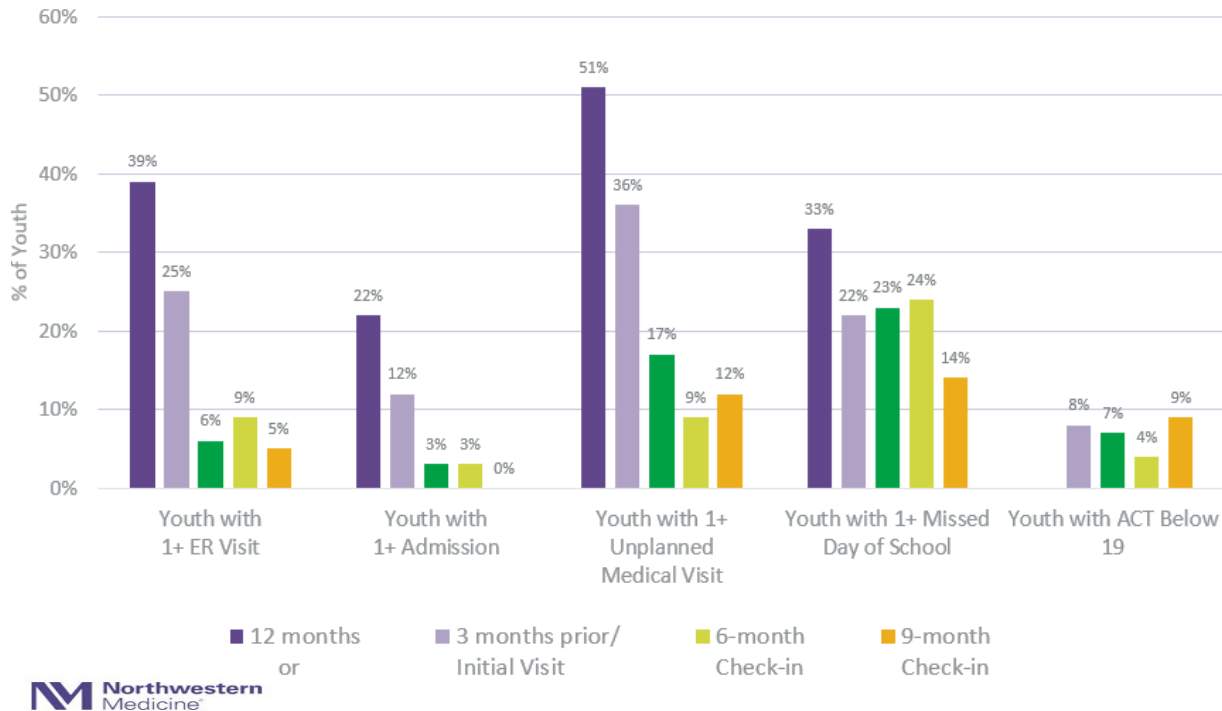
Asthma Program

Asthma continues to be a leading diagnosis among youth in care and it is imperative the entire care team (foster parents and schools included) have resources and education to support health management of asthma. Health Services staff collaborate with Northwestern University for the development and implementation of a server asthma education program. This designed for youth in care who have a primary diagnosis of asthma. The asthma program provides asthma education and support for youth in care and their foster parents, and permanency workers.

As of December 2024, 496 total youth were referred to this program, with 74% meeting eligibility criteria. Of all the eligible youth, 172 opted to enroll. The below chart highlights the outcome data showing better Asthma management in the months participating in the Asthma program and beyond. Additionally, of the anonymous feedback surveys completed, 96% rated the quality of the

services good or excellent and 91% reported that the services received will help them deal more effectively with the Asthma concerns.

All findings reported by the caregivers and/or youth
Outcome data updated July 31, 2024



Behavioral Health Specialty Services

The Clinical Behavioral Health Specialty Services (BHSS) program is committed to improving the quality of care for children and families by providing expert support across a wide range of behavioral health specialties. Its mission is to strengthen staff capacity, raise awareness of available services, support the identification of new resources, and ensure practices remain aligned with current evidence-based standards. BHSS delivers high-quality clinical recommendations, educational guidance, and resources tailored to the complex and diverse behavioral health needs of those served. Behavioral Health Specialists play an integral role in the system of care by attending clinical staffings, conducting comprehensive consultations, and producing written clinical recommendations for each case. These consultations involve in-depth case reviews and thoughtful analysis of practice alternatives to determine the most appropriate and effective interventions. The program addresses a broad array of behavioral health concerns, including Integrated Assessments (IA), mental health, intellectual and developmental disabilities (ID/DD), services for individuals who are deaf or blind, domestic violence, substance use and recovery (SUR), and health services related to HIV/AIDS. With an average of over 700 accepted referrals each quarter of FY25, BHSS continues to be a vital resource in ensuring children and families receive informed, individualized, and compassionate care.

Clinical Staffing

The DCFS clinical staffing process involves a collaborative effort between casework staff and clinical professionals who evaluate cases of youth with significant emotional, behavioral, developmental and medical diagnoses. The goal of the clinical staffing process is to ensure that the youth's needs are met with the appropriate level of care. Essential stakeholders, including significant adults and professionals involved in the youth's care and treatment, play a vital role in these clinical staffings. The staffing participants' insights and perspectives are essential for understanding the youth's needs and devising suitable interventions. This process brings together subject matter experts from various units within the department, including behavioral health, DCFS nursing and DCFS psychologists. During the staffings, clinical assessments are carefully reviewed, and if there is a need for diagnostic clarification, additional evaluations are recommended. The permanency team is responsible for making referrals once they receive recommendations from the clinical team.

During the period of July 1, 2024- March 30, 2025 a total of 3,468 clinical staffings and consultations referrals were received.

Congregate Care Assessment Program

The Congregate Care Assessment Program (CCAP) is a statewide initiative designed to ensure alignment with the Family First Prevention Services Act by conducting independent assessments of youth placed in Qualified Residential Treatment Programs (QRTPs) to determine the appropriateness of the level of care. For every youth admitted to a QRTP, an independent assessment must be completed within 30 days, informing the court's review and approval—or disapproval—of the QRTP admission, which must be finalized within 60 days of entry. Reassessments are conducted to continuously monitor the appropriateness of care. Youth who enter care at age 12.5 or younger receive an initial reassessment six months after admission, while those admitted at age 12.5 or older are reassessed after 12 months. If a youth continues to meet criteria for QRTP care at the time of the initial reassessment, subsequent reviews occur more frequently—every 90 days for youth 12.5 and younger, and every six months for those older than 12.5. Youth who no longer meet QRTP criteria must be stepped down to a less restrictive setting. Importantly, per the Family First Act of 2018, neither a lack of placement options nor difficulty in placing a child can justify admission to or continued stay in a QRTP, making this assessment process an essential function in maintaining compliance and ensuring youth receive the most appropriate, least restrictive level of care.

During the period of July 1, 2024- March 30, 2025 a total 293 referrals and 389 reassessments were received.

Early Childhood collaboration with Erikson Institute

The Erikson Institute DCFS Early Childhood (EC) Project supports Illinois' child welfare system by identifying and addressing the developmental needs of young children impacted by DCFS involvement. The project works closely with families and case managers to assess each child's needs and ensure timely referrals to appropriate early childhood services, including Early Intervention (EI), home visiting, early care and education, psychotherapy, and early childhood special education. Recognizing the critical role of parents and caregivers in shaping child development, the EC Project also links families to supportive services like the Nurturing Parenting Program and specialized DCFS programming. With a focus on early identification and coordinated care, the project provides tailored consultation to case managers and families, ensuring that

referrals are not only made but supported through a “relationship-based referral” model that promotes engagement and follow-through.

Serving children in care up to age five and intact family service cases up to age three, the EC Project bridges gaps between child welfare and early childhood systems, often resolving documentation and communication challenges that hinder service access. Specialists conduct targeted outreach, attend clinical staffings, provide individualized assessments, and coordinate with professionals across sectors to overcome systemic barriers. Since July 1, 2024, the project has conducted outreach for 3,709 children, attended 188 clinical staffings, completed 564 developmental assessments, and facilitated 1,032 relationship-based referrals—including 692 to Early Intervention, 147 to home visiting, and 193 for early childhood special education. In fulfilling both state and federal mandates, the EC Project ensures that Illinois' youngest and most vulnerable children receive the critical services they need during the most formative years of life.

HealthWorks

Interim medical case management is a comprehensive process designed to ensure that HealthWorks-eligible youth are enrolled in healthcare and receive necessary medical services. This involves gathering health information, obtaining copies of health screenings, selecting a primary care physician, completing comprehensive health evaluations, and entering all health-related data into the DCFS SACWIS system. In addition to enrollment and documentation, HealthWorks Lead Agencies provide critical support in locating doctors within the county where the youth in care resides, ensuring access to appropriate medical providers.

For children ages 0-5, pregnant youth in care, and children of parenting youth in care, specialized medical case management services are available. These services focus on preventive healthcare, the development of personalized care plans, and regular follow-ups to monitor and maintain overall health. By integrating these essential components, the medical case management framework ensures that Youth in Care receive timely, coordinated, and comprehensive healthcare services.

Integrated Assessment

The Integrated Assessment (IA) framework is utilized to address the emotional trauma experienced by youth due to maltreatment and removal from their homes. This assessment encompasses various physical, developmental, educational and mental health aspects. The IA framework plays a pivotal role in the development of a detailed service plan, which integrates crucial health records such as immunization history, known medical issues and medication regimens. This service plan is designed to meet the unique needs of each youth in care.

During the period of July 1, 2024, to March 31, 2025 a total of 2,808 children received an integrated assessment and service plan.

Nursing Consultation & Education

The DCFS Child Welfare Nurse Specialist (CWNS) program consists of licensed Registered Nurses who serve as consultants, liaisons, advocates, and expert court witnesses in child welfare cases. Child Welfare Nurses (CWNs) play a vital role in promoting the health, safety, and well-being of children involved with child protective services. Their specialized training, clinical expertise, and collaborative approach allow them to support both the internal functions of the child welfare department and the broader needs of vulnerable families in the community.

These nurses use their expertise to assess child and family environments, plan care, and provide indirect interventions for minors with special health care needs. Their role includes consulting on

health-related concerns for youth in care, including those involved in abuse or neglect investigations. CWNS nurses offer medical and clinical interpretation by reviewing client records, ensuring accurate assessments and nursing recommendations. They contribute to clinical staffings, school staffings, child and family team meetings, and hospital discharge assessments while also conducting site visits for residential, skilled nursing, shelter, group home, and acute psychiatric facilities.

The CWNS program follows a structured nursing process, a systematic, client-centered approach consisting of assessment, planning, and implementation. In the assessment phase, nurses gather health information through patient interviews, physical examinations, and medical record reviews, ensuring all data is validated and accurately documented. While the evaluation phase is excluded due to the short-term nature of consultations, CWNS nurses focus on making informed recommendations that support the health and safety of children requiring specialized care. Their expertise ensures that minors with unique health needs receive appropriate care beyond what is typically required, reinforcing the program's commitment to child welfare and advocacy.

During the period of July 1 2023, to June 30 2024 a total of 2,891 referrals were received and 2,691 of these referrals were completed.

Sexually Problematic Behavior Unit

The Sexual Behavior Problems (SBP) Program provides essential clinical consultation and assessment services to the Illinois Department of Children and Family Services (DCFS) and its community partner case management staff, supporting the effective identification, treatment, and monitoring of youth in DCFS care who present with sexually problematic behaviors. In accordance with DCFS policy, SBP addresses youth who have engaged in sexually aggressive behavior toward other youth, specifically in cases involving Allegation Numbers 19–22, which require the Division of Child Protection (DCP) to consult with the SBP Program. While SBP does not currently provide services for youth who are sexual abuse victims, it does engage in cases involving adult perpetrators when the adult remains in the life of a youth in care. Additionally, SBP staff are responsible for approving psychosexual evaluations and aggressor treatment plans to ensure appropriate clinical interventions are in place.

During the period of July 1 2024 to March 30 2025 a total of 576 assignments were made to this unit.

Youth-Driven Transition Planning

The department's transition plan for youth aging out of foster care addresses health care needs through structured processes and collaboration. Key elements like health insurance, power of attorney, and health proxies are included in the Youth-Driven Transition Plan, implemented at critical ages and within 90 days of discharge. Although youth may opt out of YouthCare insurance, caseworkers and care coordinators help review health care options for youth aged 14-21. DCFS and our partners ensures comprehensive health care through annual assessments that guide tailored care plans. Collaborative meetings like Child and Family Team and Countdown to 21 ensure stakeholder engagement.

a2A

YouthCare, in collaboration with DCFS, ensures seamless health care support for transitioning youth through proactive measures. The annual a2A assessment completed by YouthCare care coordinators evaluates various health and social determinants, which ultimately guide tailored care plans. The assessment covers physical and behavioral health, substance use, sexual health and

social determinants like education and housing. The care plan aims to facilitate a transition to independence by addressing health care needs and broader psychosocial considerations. There has been a 25% increase in a2A assessment completion between Year-to-Date Fiscal Year 2025 (7/1/2024- 3/31/2025) compared to FY2023. Additionally, from January 2024 to April 2025 there has been a 25% increase in a2A engagement at age 20 (51.31% as of 1/24 to 64.32% as of 4/2025).



QUALITY ASSURANCE FOR SYSTEMIC IMPROVEMENT

New to the FY 2025 report is the enhancements made around quality assurance programs.

Health Services Efforts

Health Services (HS) aims to support the mission of DCFS and the Child and Family Service Plan’s Health Care Oversight and Coordination efforts by ensuring comprehensive oversight and evaluation of healthcare delivery processes. Through robust partnership and clinical governance, we are committed to safeguarding healthcare standards and optimizing the quality of care provided to children under our guardianship.

The key goals to ensure that all youth get *the best care* at *the right time* are the following:

- *Safety goal:* Establish a system for tracking, analyzing, and addressing healthcare-related incidents to minimize risks and ensure a safe care environment for youth through system level oversight and partner coordination.
- *Timeliness goal:* Ensure that youth receive the care they need through evaluating the efficiency of healthcare delivery by identifying and addressing delays.
- *Accessibility goal:* Eliminate barriers to care by addressing geographic disparities and provider shortages, ensuring that youth have access to necessary healthcare services wherever they are located.
- *Effectiveness goal:* Enhance healthcare coordination and support for YIC by equipping child welfare staff and foster parents with the training and resources needed to navigate the system effectively.

The long-term goals of Health Services initiatives are to enhance partnerships, processes and treatment focused resources. This team aims to develop internal and external collaborations through strengthening relationships and identifying areas to leverage efforts. A primary focus will be to streamline healthcare delivery by simplifying processes, improving access to essential

resources, and implementing user-friendly tools and training to empower case workers in navigating the healthcare system more efficiently. Benchmarks and measurements are being developed and will be provided in the FY2026 APSR update. The following are unique endeavors DCFS is taking to accomplish these goals.

ACR Auditing

Administrative Case Reviews (ACR) are completed every six months for all youth in care to examine the current status of the case and service provisions. The ACR team flags unmet well-being needs and they inform the case work team of the identified areas concern. The DCFS Health Services team actively tracks all critical and high-priority unmet well-being flags identified during ACRs. To bridge this gap, Health Services (HS) staff actively track all critical and high-priority unmet well-being flags identified during ACRs. They work closely with caseworkers to provide resources, reminders, and support to ensure the necessary care is arranged for Youth in Care (YIC). To further strengthen accountability and care outcomes, a select number of ACRs are pulled by region for an in-depth audit process. This audit mirrors the Comprehensive Review and Improvement Process (CRIP) used in DCFS audits, allowing for a thorough examination of both systemic issues and individual care gaps. The primary objectives of these audits are twofold: first, to identify root causes of unmet healthcare needs, and second, to ensure that children receive the follow-up care required to support their well-being.

This initiative was officially launched in Q3 of Fiscal Year 2025, with findings and root cause analyses expected to be included in the Fiscal Year 2026 Report. By implementing this targeted review process, Health Services aims to drive meaningful improvements in healthcare access, strengthen case management practices, and enhance overall outcomes for Youth in Care.

Autism Workgroup

Autism diagnosis is on a rise across the nation in youth. DCFS youth have experienced barriers in getting autism assessments, diagnosis, and therapies. The DCFS Health Services lead a cross-office workgroup to identify barriers and implement solutions for improved care. The group is mapping processes, identifying key partners, and developing a tracking system to better monitor youth in need of services.

This initiative was launched in Q3 of FY 2025 and findings and recommendations from the work group will be available in FY2026 report.

Clinical Governance for Compliance with Policies and Procedures

As the healthcare landscape and needs of YIC shift, DCFS strives to ensure that our DCFS policies and procedures remain relevant and address issue that mirror the expectations of our federal partners. The DCFS Health Services team reviews these policies and collaborates with internal and external partners to identify areas where policies can be revised. HS staff develop new areas for clinical oversight as pain point trends are identified through field information or data analysis.

Needs Assessment for Quality of Health Care

To ensure that DCFS continues to provide high-quality healthcare for youth in care, a comprehensive partner and field assessment is essential to identify persistent challenges and barriers to achieving this goal. This initiative will serve as the most significant quality improvement project led by Health Services over the next two years, focusing on evaluating and enhancing the effectiveness of the current healthcare delivery system.

A key emphasis of this effort will be on the "how", the methodology and structured approach used to collect data and insights. Establishing clear guiding steps for information gathering will be critical to ensuring a thorough and accurate assessment. Equally important are the expected impact components, which define the intended outcomes of this initiative. Through this work, Health

Services aims to strengthen healthcare navigation for caseworkers and strategically prepare for advancements to Managed Care in partnership with HFS.

The project will highlight successful strategies, identify ongoing gaps, and outline priority areas for improvement. Currently, the Health Services team is in the process of developing a comprehensive survey and collaborating with key partners to design an inclusive and effective implementation plan. Ensuring that all voices are heard, especially those directly involved in care delivery, will be key to shaping meaningful and sustainable improvements in healthcare access and quality for youth in care.



Clinical Division Efforts

Education Development

- *Lunch & Learns*-BHSS provided 3 Lunch & Learns, inviting all of DCFS and CWCA staff to participate in 45–60-minute presentations using questions elicited from the field. Additionally, full-length internal learning opportunities were provided by the Domestic Violence Intervention Program, Transition to Adult Services Program, LGBTQIA+ Program, and the Substance Use/Recovery Program for DCFS and CWCA both virtually and in-person. The LGBTQIA+ Coordinator and the Deaf & Blind Services Coordinator presented their specialty programs at national conferences.
- *CWNs provided training*- CWNs provide training to caseworkers and foster caregivers on a range of topics including child development, medication administration, common pediatric conditions, and trauma-informed care. This education strengthens the department’s capacity to meet children’s complex needs.
- *Intra-Departmental Cross Walks*-The Clinical Division conducted presentations focused on training and education to help decrease silos across departments. These sessions involved meeting with several divisions and walking through the various areas and responsibilities overseen by the Clinical Division. By providing a clearer understanding of roles, processes,

and available resources, the presentations promoted better communication and collaboration among staff, ultimately supporting more integrated and coordinated service delivery.

Internal process reviews

Healthcare delivery processes are inherently complex, requiring a thorough and systematic mapping to identify opportunities for improvement and efficiency. To streamline workflows and enhance service delivery, Health Services (HS) staff are conducting a detailed analysis of internal treatment-focused programs. This initiative aims to document and evaluate existing processes, pinpoint inefficiencies, and recommend targeted improvements.

A critical component of this effort involves gathering insights from key stakeholders, including frontline care teams, YouthCare, and DCFS leadership. Their feedback will help refine workflow strategies, ensuring that any proposed changes align with both operational needs and patient care priorities. By reducing administrative burdens and optimizing procedural efficiency, this initiative seeks to create a more seamless, effective, and patient-centered healthcare experience.

Enhancing Data Review for HWLA and MCO Companies

During the most recent Annual Progress and Services Review (APSR), it was identified that DCFS needed to provide a more effective tool for HealthWorks Lead Agencies (HWLA) and Managed Care Organizations (MCOs) to review data and ensure they are meeting key deliverables related to Comprehensive Health Evaluations, Integrated Health Services and Primary Care Provider requirements.

To address this need, HS staff collaborated with the Office of Information Technology Services (OITS) from late 2023 through February 2025 to replace the DCFS E-Health portal with a robust report and query platform designed to meet these requirements. The platform officially launched in February 2025 and is now operational with data and report updates ongoing. HS staff play a critical role in overseeing its implementation, addressing utilization questions, and ensuring that data is accurately extracted from the Statewide Automated Child Welfare Information System (SACWIS) into the platform. This tool is expected to improve transparency, accountability, and data-driven decision-making for HWLA and MCO partners. Efforts are ongoing to create reports for end users to have user friendly tools. Report templates and full dashboard functionality is set to conclude in late CY 2025.

Nursing Contributions to the Community

- *Prevention and Early Intervention*-CWNs work with at-risk families to identify and address health and safety concerns before they escalate. Their involvement in home visiting programs, parenting education, and health screenings helps reduce the likelihood of child maltreatment and promotes family preservation.
- *Health Equity and Access*- Many children in the child welfare system face barriers to accessing healthcare. CWNs help bridge these gaps by connecting families with services, facilitating appointments, and addressing social determinants of health such as housing, nutrition, and transportation.
- *Public Health Collaboration*- CWNs often partner with community health programs, schools, and non-profits to coordinate services and promote wellness in underserved populations. Their role supports a systemic approach to improving child and family health outcomes across the community.

- *Support for Foster and Kinship Caregivers-* CWNs provide guidance and health education to foster and kinship caregivers, helping them manage complex medical needs, understand trauma responses, and create nurturing environments for children in their care.

Supporting Illinois Connects Efforts

Recognizing the breadth of Health Services' functions and coordination efforts, a dedicated module specific to HS needs was approved for development within the Illinois Connects platform. HS staff are currently working closely with the Illinois Connects team to map all HS functions, ensuring that the system build aligns with operational needs and enhances service coordination. By integrating HS-specific workflows into Illinois Connects, this initiative aims to streamline processes, improve accessibility to critical resources, and enhance overall service delivery for Youth in Care

Partner Efforts

Education & Development

In 2024, YouthCare experts led 170 training sessions with nearly 2100 behavioral health professionals, child welfare stakeholders and caregivers in attendance. Topics included Positive Childhood Experiences and Trauma-Focused Cognitive Therapy (TF-CBT), in addition to Empathy and Advocacy for LGBTQIA+ youth and families. Additionally, the YouthCare team led 158 process training sessions for HealthWorks providers and DCFS/CWCA case workers, via monthly Café's and individual agency trainings during 2024.

HealthWorks Desk Review Audit

Across 2024 and into Q1 2025, YouthCare conducted quarterly audits of all 18 lead agencies, with a standard sample size of 3 cases per agency per quarter. This resulted in 54 cases reviewed per quarter from Q1 through Q3 2024, totaling 162 cases. Due to a Corrective Action Plan (CAP) issued to one lead agency in Q3 2024 the audit sample was increased to 6 cases, raising the Q4 2024 and Q1 2025 totals to 57 cases each. These audits support continuous oversight and performance monitoring of health service delivery across lead agencies.

In 2024, DCFS implemented an 80% performance threshold to evaluate lead agency compliance, with most agencies showing improvement over the year. The overall average performance increased from 75% in Q1 to 89% in Q4, resulting in an annual average of 85%. Several agencies—such as Rock Island, Effingham, and Champaign-Urbana—consistently exceeded the threshold across all quarters, while others like Aunt Martha's Youth Center and Southern Illinois Health Care Foundation showed significant improvement over time.

In 2025, a higher performance threshold of 90% was introduced. Based on Q1 data, the statewide average rose to 94%, indicating strong system-wide gains. Most agencies either met or exceeded the new threshold early in the year, with notable improvements from agencies such as Winnebago, McLean, and TASC Inc., which showed considerable growth from their 2024 performance levels. This trend demonstrates a continued emphasis on quality improvement and increasing accountability among lead agencies.

While quarterly audits conducted by YouthCare provide critical insight into lead agency performance, a notable discrepancy remains between audit findings and data reported through DCFS systems—specifically regarding compliance with Initial Health Screens (IHS) and Comprehensive Health Evaluations (CHE). DCFS continues to refine its approach to accurately capture the circumstances delaying or preventing timely completion of these health exams. This includes data entry inconsistencies and ensuring that valid exceptions—such as youth transitions, placement disruptions, or provider access issues—are properly documented within SACWIS.

Efforts are underway to improve the alignment between field realities and system-reported metrics, so that audit data and SACWIS-generated reports more accurately reflect service delivery. This will support more meaningful performance evaluation and targeted quality improvement efforts across all lead agencies.

PLANNING FOR GROWTH

Building on the foundational work of Fiscal Year 2025, DCFS is advancing a robust set of initiatives in FY 2026 aimed at transforming healthcare delivery for Youth in Care. Guided by federal mandates and grounded in the lived experiences of youth, caregivers, and frontline professionals, the Department remains committed to aligning policy, clinical oversight, and practice with its broader goal: high-quality, youth-centered healthcare that meets the diverse needs of children and families.

In FY 2025, DCFS achieved several critical milestones. The Department successfully completed all three *Partnership for Progress* meetings—in April and September 2024, and April 2025—demonstrating its commitment to inclusive planning and sustained stakeholder engagement. A record-high Primary Care Physician (PCP) enrollment rate of 90.98% was achieved, maintaining consistently strong performance above 88%, even as the Youth in Care population gradually declined. To better identify and resolve care barriers, DCFS launched regional audits of Administrative Case Reviews (ACRs), modeled after its Comprehensive Review and Improvement Process (CRIP). These audits enabled targeted case-level follow-up for high-priority unmet well-being flags, reinforcing the Department’s focus on timely and effective interventions. Looking ahead, FY 2026 will mark a period of deeper systemic improvement and data-informed practice. A key initiative underway is the full implementation of the Needs Assessment for Quality of Health Care. This comprehensive review will gather input from field staff, providers, and youth to identify persistent challenges, support root cause analyses, and guide targeted reforms. In parallel, DCFS is significantly expanding its data infrastructure to enhance monitoring and reporting. This includes addressing Medicaid claims lag by adjusting data or clarifying data completion timelines; estimating and incorporating non-claimed services for a fuller picture of healthcare delivery; and refining the mapping of CPT, CDT, and ICD-10 codes to improve data accuracy and comparability.

To support more meaningful analysis and targeted service planning, DCFS is disaggregating healthcare data by service type, region, provider, and youth demographics. The development of metrics such as average services per youth, encounter-to-patient ratios, and service-specific utilization rates will further strengthen quality assurance efforts. Where feasible, benchmarking against the general Medicaid population, national standards, and other child welfare systems will help contextualize DCFS’s performance and identify areas for improvement.

In addition to data enhancements, system-level mapping is underway to streamline healthcare-related processes. This work is complemented by the development of educational materials and guidance tools aimed at equipping caseworkers, caregivers, and healthcare partners with the resources needed to navigate complex care systems effectively. Strengthening internal and external partnerships will also remain a strategic focus in FY 2026, with continued efforts to build collaboration among clinical teams, managed care organizations, community-based providers, and other key stakeholders.

Together, these initiatives reflect DCFS’s sustained commitment to delivering a responsive, coordinated, and accountable healthcare system for Youth in Care. By combining strategic planning, data innovation, and cross-sector collaboration, DCFS is laying the foundation for a system that promotes healing, stability, and long-term well-being for every child it serves.