



# 2024 Illinois Annual Progress and Services Report (APSR)

## Main Report

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

# Table of Contents

<b><u>CHAPTER</u></b>	<b>PAGE</b>
1.) General Information and Collaboration -----	3
2.) Update to Assessment of Current Performance-----	12
3.) Update to the Plan for Enacting the State’s Vision ----- and Progress Made to Improve Outcomes	107
4.) Quality Assurance System -----	126
5.) Updates on Service Descriptions-----	130
6.) Consultation and Coordination Between States and Tribes -----	193
End of Report-----	196

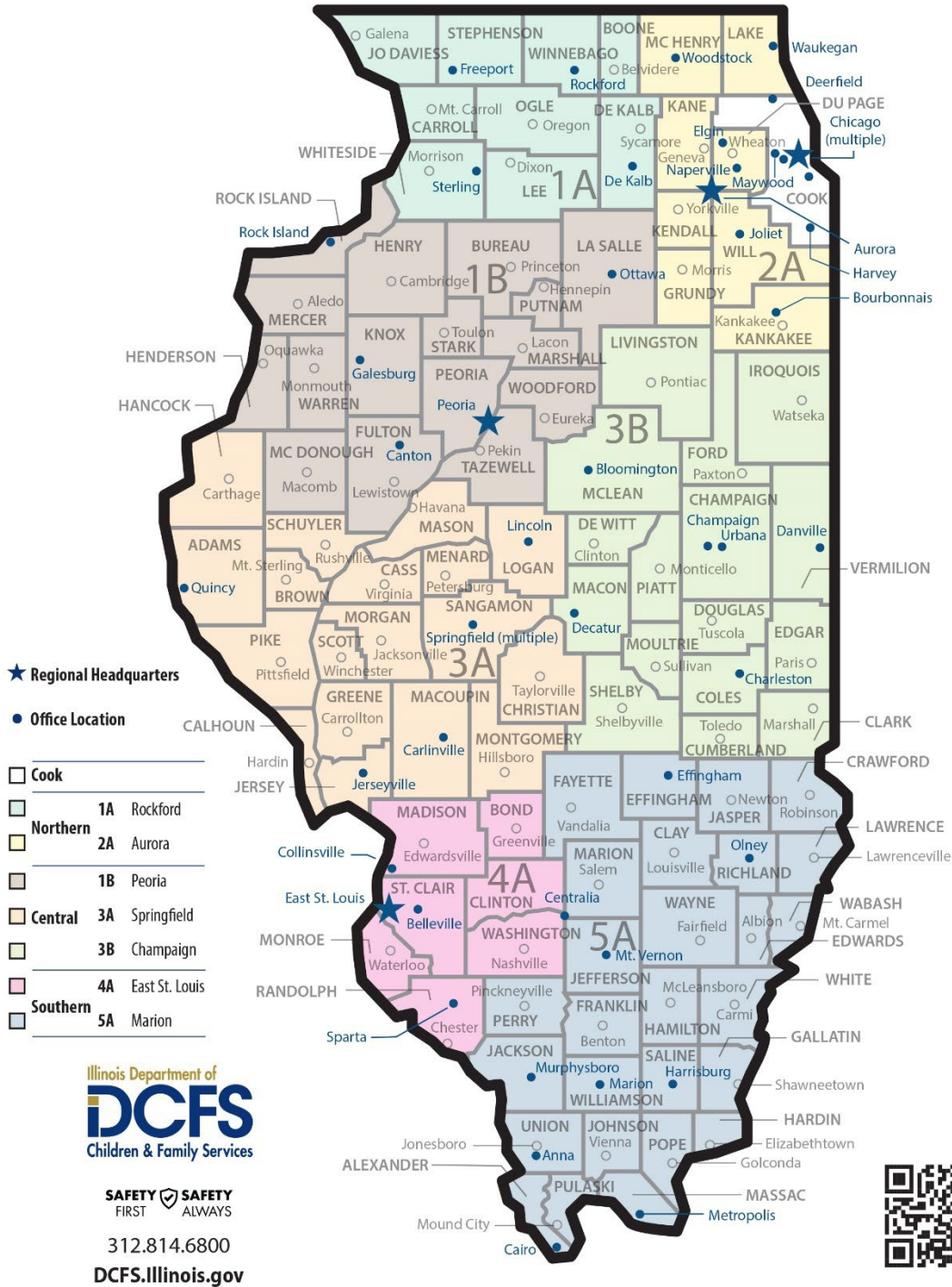
## **ADDENDA**

A	Child Abuse Prevention and Treatment Act Report (54 pages)
A-1	Citizen Review Panel Reports (21 pages)
A-2	Supplemental CAPTA Funding (3 pages)
B	Diligent Recruitment of Foster and Adoptive Homes (5 pages)
C	Healthcare Oversight and Coordination Plan (16 pages)
D	Disaster Plan (32 pages)
E	Training Plan (7 pages)
F	Various (4 pages)
G	Financial Information (9 pages)

## **ATTACHMENT**

1	CFSR PIP Q 7/8 Report (359 pages)
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# STATE OF ILLINOIS DCFS OFFICES



# Chapter 1

## General Information Collaboration

### 1. Collaboration (Section C1)

- *Provide an update on how the state agency has engaged in substantial, ongoing and meaningful consultation and collaboration with families, children, youth, Tribes and other system partners in the implementation of the 2020-2024 CFSP and subsequent APSRs.*
- *Provide information on how the agency ensured that the engaged communities represented the racial diversity of the families and youth/young adults being served and how the state included those who have been historically underserved or marginalized and those adversely affected by persistent poverty and inequality in the child welfare system.*
- *Provide an update on how the state agency has demonstrated substantial, meaningful and ongoing collaboration with state courts and members of the legal and judicial communities, including the CIP, in the development and implementation of the CFSP/APSR and, if applicable, any active state CFSR PIP or title IV-E PIP.*
- *As outlined in ACYF-CB-IM-19-03, parent, family and youth voice are critical to understanding how well the child welfare system is achieving its goals. In support of this goal, in the 2023 APSR, specify how families, children, youth, tribes, courts and other partners were involved in:*
  - *Assessment of agency strengths and areas needing improvement including those identified from the Statewide Data Indicators and Supplemental Context Data in the “Update to the Assessment of Current Performance in Improving Outcomes,” Section C2.*
  - *Review and modifications of the Goals, Objectives and Interventions in the “Update to the Plan for Enacting the State’s Vision,” Section C3, based on available data and information.*
  - *Monitoring of CFSP progress including the “Update on Progress Made to Enact the State’s Vision,” Section C3.*

### **Introduction**

This is Illinois’ fourth Annual Progress and Services Report (APSR) to update the 2020-2024 Child and Family Services Plan (CFSP). With this submission, Illinois is continuing to build from the efforts to increase stakeholder involvement and collaboration that were introduced with last year’s submission of the APSR.

### **Families, Children, Youth, Tribes and Other Partners**

Voices of Children and Families with lived experience: The voices of children and families with lived experiences participate in goal setting from multiple areas that include the Statewide Youth Advisory Board (SYAB), Youth Advisory Affinity Groups (YAAG), Child Welfare Advisory Committee (CWAC), Statewide Birth Parent Advisory Council (SPAC), etc. Illinois has focused on alignment across the system, which is evident in this APSR submission. The APSR is consistent with the CFSR PIP, which is consistent with Continuous Quality Improvement (CQI) work and strategic planning at all levels of the agency. The leadership team that worked on the director’s Strategic Plan conducted surveys and focus groups with a wide array of stakeholders to inform the planning process. As Illinois implements systemic changes to improve service delivery, standard implementation planning processes now include decisions on how progress toward goals will be measured. Increasingly, measurement of success includes seeking input from those impacted by the change through surveys or other opportunities to offer feedback. As new

technology becomes available, Illinois seeks new and improved ways to communicate and collaborate with a wide array of stakeholders.

### **Stakeholder Collaborative 2024 Update**

Illinois DCFS has several statutory and non-statutory advisory boards, councils, committees and groups. For easier reference, all will be referred to collectively as advisory groups. The general objective of advisory groups is to make recommendations to improve child welfare services in Illinois, and each of the groups fulfill this role in unique ways depending on the perspectives of the members and their individual and collective knowledge and experiences with Illinois child welfare. To increase collaboration across the various advisory groups, a Stakeholder Collaborative Update process was created and the charters were approved in May 2021. Since the creation of the Stakeholder Collaborative, the liaisons for the advisory groups meet together monthly to share information about the concerns, projects and recommendations each group is working on. Some advisory groups have requested and received presentations from representatives of DCFS leadership to help them understand the Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSR), the Program Improvement Planning (PIP) process and the Program Improvement Measurement reviews. The Stakeholder Collaborative members recently reviewed their process and purpose and made some adjustments. The co-chairs of each advisory group are now invited to participate, in addition to the liaisons for each group who have been attending. The Stakeholder Collaborative has also introduced a rotation calendar for presentations and encourages each group to deliver a prepared presentation on the purpose and process of the group. The advisory groups include stakeholders such as birth parents, youth in care, foster and adoptive parents, citizens of Illinois, child welfare professionals and providers and the various court stakeholders.

Last year the Statewide Birth Parent Advisory Council submitted a change management proposal through the Stakeholder Collaborative related to casework practices around respectful engagement with families and meaningful visitation opportunities for parents with their children. The proposal was aligned with work already starting. Representatives from the birth parent group are now participating as members of the implementation planning group for quality casework contacts with families.

Illinois is working with a consultant from the Capacity Building Center for States (CBCS) to continue to improve the process of drafting this annual report and to begin work on the 2025-2029 Child and Family Services Plan. With the 2023 submission, there was greater engagement with internal stakeholders across various divisions and at various levels in the hierarchy of roles. This was done by dividing the overall drafting into chapters with a work group focused on each chapter. The chapter drafts were each a collaborative effort and were shared around with all work groups to widen the audience that had the opportunity to provide input. The chapters with current performance and goals for improvement were also shared with some of our stakeholder advisory groups for their input. The CBCS consultant will be supporting Illinois with ongoing improvements to the drafting process to allow additional stakeholders to collaborate on future APSRs. Stakeholder diversity was a goal during the development of the APSR and was improved over prior submissions in recent years. There are multiple advisory boards (African American, Asian and Latino) with members from DCFS and Child Welfare Contributing Agencies (CWCAs), formerly known as 'Purchase of Services' (POS) or as 'Community Based Provider' (CBP) agencies. These can be increasingly engaged in future CFSP/APSR submissions. Illinois anticipates increased collaboration as the document becomes more streamlined and easier for external stakeholders to understand.

Illinois does not currently collect demographic information from participants in the APSR work group meetings and has not defined what level of input would be "sufficient." These are areas where Illinois can

continue to focus and grow, such as piloting different approaches using technology for anonymous polling of participants to self-identify their demographic information. Participants in the APSR work groups do represent multiple roles from various geographic areas around the state, so there is statewide representation. Leads for different sections of the APSR represent all regions, such as East St. Louis, Springfield, Chicago, Rock Island, Naperville, Maywood and Aurora.

### **Child Welfare Advisory Council 2024 Update**

The Illinois Child Welfare Advisory Council (CWAC) is a Child Welfare Contributing Agency (CWCA) advisory group of the Department of Children and Family Services. CWAC was created by Executive order #6 from the governor in 1987 and amended by Executive Order #17 in 1999.

CWCAs advocated for the creation of CWAC. CWAC has 30 members from agencies throughout the state, such as Little City, Hoyleton, Childlink, Arden Shore, Methodist Youth Services, Allendale, One Hope United, Hephzibah, Lutheran Child and Family Services, Lutheran Social Services, Lawrence Hall and the Center for Youth and Family Solutions; as well as members from organizations like Illinois Coalition on Youth and the Cook County Guardian Ad Litem. This committee was created to establish a venue for discussion, analysis, negotiation, problem solving and goal setting between DCFS and CWCA partners. The CWCAs provide most of the direct service casework in Illinois.

CWCA partners are engaged through CWAC (large group), CWAC subcommittees and CWAC workgroups. During the past year, DCFS provided information and updates to CWAC and requested feedback and participation regarding various efforts, such as a Bias Free Child Removal pilot, development of the CCWIS system and implementation of SAFE practice model. DCFS and CWCA partners worked together to develop the background check portal and to reduce the gap in wages between DCFS and CWCA staff in direct service, supervisory, family finding and permanency achievement roles. CWAC activities are documented through meeting minutes with member attendance identified.

### **Statewide Youth Advisory Board 2024 Update**

The Illinois DCFS Statewide Youth Advisory Board (SYAB) became an official statutorily mandated board in 2014 and serves as a vehicle to educate, advocate for and empower all youth in care in Illinois. The SYAB provides the department and the General Assembly with the perspective of youth in care of the department, as it pertains to:

- Identifying, analyzing and recommending solutions to any issues concerning youth in care, guardianship or adoption.
- Reviewing and advising the department on proposed legislation, primarily as it concerns current and former youth in foster care.
- Reviewing and making recommendations on department delivery of service and child welfare and foster care policies, procedures, guidelines and training.

There are four Regional Youth Advisory Boards (RYABs) throughout Illinois covering the Cook, northern, central and southern regions. The SYAB meets quarterly to address systemic concerns, to determine priority initiatives and to identify solutions. The RYABs meet monthly using a hybrid meeting model. Each RYAB has a president, vice-president, secretary, sergeant at arms and executive team leader. Benefits of RYAB/SYAB membership include:

- Youth have an opportunity to use their journey, their 'lived experiences and insights' to make a positive impact on their own lives and the lives of other youth in care in the state of Illinois and beyond.

- Youth will be able to learn and implement leadership development skills, such as advocating, public speaking, owning one’s story and making changes.
- Relationships and bonds formed with other youth in care, as well as adult partners.
- The youth receive incentives for their participation, including:
  - \$50 for each meeting attended and obligations fulfilled by RYAB officers.
  - \$20 for participation in panels.
  - \$30 gift cards for attending three meetings, scaling up \$10 for every additional three meetings attended.

In a presentation prepared for the Stakeholder Collaborative meeting held in March 2023, the SYAB reported the following as accomplishments:

- SYAB created a draft proclamation requesting Governor Pritzker to declare October Foster Youth Voice Month. In response, the governor Declared October National Foster Youth Voice Month. (2022)
- Developed a guardian ad litem (GAL) flyer, as required by SB 755, that will serve as a resource for youth entering care. (2022)
- Gov Pritzker signed SB 755, GAL Bill, into law (Public Act 102-0208, 2021). This bill was not drafted by SYAB, although SYAB had advocated for similar positions. (The law requires the Advocacy Office to have an electronic mail address in addition to the phone number for complaints, it requires youth to be provided information as to the name and contact information for their guardian ad litem and requires that youth in care be given a flyer that explains this both upon entry to care and at each Administrative Case Review.)
- Collaborated with Heartland Alliance to develop an online toolkit to assist youth in care transition into independent living. (2020)
- Youth provided testimony for the “Children of Incarcerated Parents” bill, which was ultimately passed by the Illinois General Assembly. (2019)
- Called for a review of Rule 384, DCFS enacted a work group. (2019)

The SYAB also reported on the following current initiatives, which were identified as Policy Priorities for 2022:

- **Achieving Permanency:** Although permanency goals are individualized and situational, far too often youth are experiencing extended stays in care beyond the established date of permanency, which often leads to negative outcomes. The SYAB would like to see:
  - Permanency being achieved sooner.
  - Youth being moved more quickly from DCFS shelters, residential settings and psychiatric settings.
  - More emphasis on permanency for older youth, other than independence.
  - Greater assistance to prepare youth for aging out of care.
- **Strengthening Youth Contact with Caseworkers:** A youth’s caseworker is supposed to ensure their safety while in placement, respond to their needs, provide services and work towards permanency for youth. Youth often do not have a way to contact our caseworkers, do not see caseworkers as often as we should or do not know how or where to report issues with caseworkers. SYAB would like to see:
  - A guarantee that all youth have a way to contact our caseworkers (such as an emergency phone to which foster parents or agency staff cannot restrict access).
  - Implementation of rules and regulations prohibiting the restriction of youth emergency phones.
  - All youth receive information about the Advocacy Office as an avenue for reporting issues with caseworkers.

- Youth are being included in the decision-making process and informed of decisions caseworkers are making.
- **Strengthening Sibling Contact:** The following is a quote from the Youth advisory Board Report: *“Although we are supposed to be able to see our siblings at least every two weeks, this does not always happen. We feel that the effort to connect us to our adopted siblings also falls short.”* SYAB would like to see:
  - An increase in involvement of youth in the creation of our initial Visitation and Contact Plan.
  - Better enforcement of existing policy on this issue, including: 1) clearer communication when sibling visits are canceled and reason for the cancellation; 2) expanded use of technology when there is no possibility of sibling visits happening in person; and 3) longer time limits for visits.

The DCFS Statewide Youth Advisory Board began building Youth Advisory Affinity Groups (YAAG) in 2022. The purpose of YAAGs is to organize and provide space, support, education, coaching and advocacy for Illinois youth in care that identify as or allies with the following communities: African American, Asian American, Latino, Native American or LGBTQIA+. Each affinity group meets monthly online and is composed of up to 10 youth in care selected through an application process and adult partners from the DCFS Division of Diversity, Equity and Inclusion. Current projects identified by YAAGs include the following:

- The Latino YAAG is in the process of developing a welcome packet for new children/youth coming into care. The packet will be in both the English and Spanish languages. The packet has important numbers, such as a Spanish hotline and numbers that can be called in case of an emergency.
- The African American YAAG is focused on education. They are working on the possible education survey questions for the youth that have experience in schools. They are looking at the statistics of how many African American youth are in care and comparing with the number of African American youth in care that continue to some form of post-secondary education (college, trade school, etc.). They anticipate this data will guide them on how to fix this issue.
- The LGBTQIA+ YAAG is creating an educational presentation with the goal of informing DCFS staff, DCFS youth and other related parties of the reality of their lives and lived experiences. The presentation additionally focuses on the idea of establishing procedures and possible training for foster parents and staff. The group has made much progress with their project and is on track to have it finished in the coming months.

#### **Additional Collaboration with Providers**

The Erikson Institute DCFS Early Childhood Project flexibly engages with DCFS and CWCA case management and administrative and supervisory staff, as well as the institutions and systems that serve young children in the state of Illinois including, but not limited to: Illinois Department of Human Services (DHS) Early Intervention, Start Early (formerly the Ounce of Prevention), the Illinois State Board of Education (ISBE) Home Visiting Programs and Department of Diverse Abilities, MIECHV Home Visiting, the Illinois Governor’s Office of Early Childhood, providers of Child Parent Psychotherapy, county health departments, WIC, Child Care Resource and Referral and Illinois Action for Children.

Erikson Institute DCFS Early Childhood Project collaboration activities with stakeholders include:

- Monitoring of early childhood services.
- City of Chicago pre-school services coordination.
- Home visiting services referral and linkage.
- Early childhood training.
- DCFS Early Childhood Court Team (ECCT).



The Project collaborates with Illinois Action for Children to support foster parents in using daycare and removing barriers to childcare for families in Intact Family Services. Parents and caseworkers are directly connected to resource and referral services that are dedicated to this population.

### **Limited English-Speaking Stakeholders**

The state serves non-English speaking persons (including services for deaf, hard of hearing and blind individuals) and addresses barriers to stakeholder involvement through the following:

- The Department of Children and Family Services has notices (posters) placed in all lobbies in its offices notifying individuals that are non-English speaking on services and reasonable accommodations: ASL and or deaf interpreters; tactile signing, printed materials in large print, FM systems or personal amplifier and Communication Access Real Time Translation (CART).
- Interpreters free of charge, documents and correspondence in your language of preference and a 24/7 Language Line.
- Service documents have been translated into Spanish and Polish.
- DCFS has a workforce of Spanish speaking caseworkers and State Central Register hotline call takers 24 hours per day, seven days a week. DCFS contracts with over 35 agencies with a workforce of over 130 Spanish speaking caseworkers that serve families with open placement and intact cases.
- DCFS' public website is translated into numerous languages. DCFS seeks compliance with Presidential Executive Order 13166 in developing language services for non-English speakers and is developing a Language Access Plan and Language Access Steering Committee.
- DCFS contracts with the Illinois Department of Central Management Services to provide written translation of documents, language line interpretation and face to face interpretation services.
- DCFS has an eight-hour Advocacy hotline that is manned by Spanish speaking staff and available language line interpreters that take complaints.
- DCFS has a language access coordinator and a deaf and blind services coordinator to assist DCFS and private agency staff.

### **Stakeholder Collaboration in FFPSA Services**

Illinois' prevention services approach relies heavily on inter-agency collaborations to enhance service provision. DCFS continues to participate in ongoing dialogue with its sister human service agencies to coordinate these efforts, particularly for home visiting programming. Supporting the FFPSA Leadership team is a FFPSA Steering Committee which meets bi-monthly and consists of over 40 DCFS leadership and staff, public sister agency representatives, community provider executives, university partners and other stakeholders. This body serves as a forum to share and align the activities of its related workgroups and subgroups.

As the single state agency for the federal Title IV-E program, DCFS processes all eligible IV-E claiming for reimbursement. DCFS currently maintains a state appropriation for the purpose of allowing the pass through of funds from the Title IV-E program to public entities for eligible services. An Interagency Agreement will need to be developed with each public agency interested in participating in the Title IV-E Prevention claiming. This agreement will outline each entity's responsibility and liability. Since IV-E operates as an open-ended entitlement grant, claiming requires that qualifying services as outlined in the state's IV-E plan and provided to a qualified individual within the defined prevention candidacy population may be partially reimbursed at approximately 50% (less administrative processing fees). This remains a work in progress.

These agreements will be particularly important for provisioning home visiting services (i.e., Healthy Families America and Parents as Teachers). DCFS will administer these home visiting programs through existing early childhood programming. The DCFS early childhood team currently links families to established networks within the Department of Human Services and the Illinois State Board of Education. The Department of Human Services (DHS) and Illinois State Board of Education (ISBE) are currently the largest providers of home visiting services in Illinois. As a result of the collaborations with these two sister agencies a data sharing agreement was completed by DHS in May 2023 and a data sharing agreement is in process with ISBE. DCFS and sister agencies have monthly ongoing discussions to plan and prepare the state's information systems to be able to reliably accommodate the plan's candidacy tracking, child-level plan development, referral processes, service utilization and claiming. Executive leadership from the department's information technology, finance and contracting offices are represented on the steering committee and other supporting workgroups to direct the operationalization of these areas.

### **Administrative Office of the Illinois Courts (AOIC) - Court Improvement Program**

The Administrative Office of the Illinois Courts assists the Supreme Court with its general administrative and supervisory authority over all Illinois courts. The AOIC's Courts, Children and Families Division (CCFD) administers the federally funded State Court Improvement Program (CIP). The purpose of CIP is to promote the continuous quality improvement of: (1) child welfare court hearings and reviews; (2) legal representation for parents, children, youth and the state child welfare agency responsible for administering titles IV-B and IV-E of the Act; and (3) collaboration between the judicial branch of state government, the title IV-B/IV-E agency and tribes to improve child welfare outcomes" (ACYF-CB-PI-20-12). The mission, vision and core values of Illinois' CIP is ensuring safety and stability for children and families involved in the juvenile abuse and neglect court system and to improve timely permanency in Illinois.

Illinois CIP (ICIP) works with statewide and local court partners, such as judges and attorneys assigned to juvenile court (GALs, parent attorneys, prosecutors and DCFS attorneys), educational institutions, governmental agencies, nonprofit organizations, CASA and other child welfare stakeholders to initiate statewide and local interagency collaboration to support child welfare court improvement efforts. These efforts focus on improving the quality of legal representation for children and parents, promoting coordination between local courts and child welfare stakeholders, ongoing judicial and attorney trainings, building capacity to collect local child protection court data and ongoing collaboration with DCFS partners.

Once again, the CCFD expanded by creating two additional staff positions, the CCFD training specialist and domestic violence specialist. The division now includes eight staff positions and one shared position with the Court Services Division. They are as follows: director of courts, Children and Families Division and Illinois Court Improvement Program; CIP coordinator; CIP grants program developer; child welfare attorney; dually involved youth specialist; CCFD training specialist; domestic violence specialist; CCFD administrative assistant and shared court statistical and research analyst.

### **Current initiatives continuing into FY24:**

The ICIP and DCFS collaborate on several initiatives and projects. Some initiatives also align with the CIP Program instruction requirements (included below).

- ICIP-DCFS Joint Project (ACYF-CB-PI-20-12 and ACYF-CWCAI-21-02).
- Family First Prevention Services Act.
  - Steering Committee.
  - Continued communication with court stakeholders.

- Court Improvement Program Advisory Committee.
- Child Protection Data Courts (CPDC) Project.
- Upcoming Illinois Title IV-E Review.
- Title IV-E Legal Reimbursement Pilot.
- Training for DCFS Attorneys:
  - ICIP trainings.
  - Illinois Judicial College, Guardian ad Litem Education Committee trainings.
  - Illinois Judicial Education Conference.
- Child Welfare Advisory Committee (CWAC) Racial Equity Committee.

**Illinois CFSR Round 3 Program Improvement Plan:** The ICIP contributed to Illinois' current PIP as it relates to Goal 1: Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate and Goal 2: Ensuring stability, family connections and timely permanency for children. Please refer to the CFSR Round 3 PIP Final Report addendum for court PIP Strategies 1.2 and 2.4.

**Family First Prevention Services Act:** ICIP is required to provide continued training for judges and attorneys on the FFPSA and the QRTP requirements.

ICIP continues to be actively involved in the implementation of the Illinois FFPSA plan and are members of the Steering Committee and Intergration and Communications Workgroup. Additionally, the Court Improvement Program Advisory Committee (CIPAC) includes DCFS staff who are key collaborators to ICIP related to Family First.

ICIP held four regional (southern, central, northern, Cook County) judicial and attorney trainings, *Family First Prevention Services Act Implementation: The Role of Judges and Attorneys* during February-March 2021. The regional FFPSA training 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 Placements (QRTPs) and policies. A total of 226 participants attended the virtual trainings. The trainings were recorded and continue to be available to stakeholders. Building on these trainings, ICIP continues to provide judges and attorneys training opportunities and resources about FFPSA. In April 2022 and again in June 2022, FFPSA and the Qualified Residential Treatment Program provisions, were included in the *Anatomy of a Juvenile Abuse and Neglect Case* training session at the Judicial Education Conference (Ed Con).

As members of the Intergration and Communications Workgroup, ICIP staff assisted with the planning of DCFS *Family First Prevention Services Act Summit: Strengthening Illinois through Child and Family Well-Being* held on November 1, 2022. ICIP staff were part of the planning team, assisted with promoting the event to juvenile abuse and neglect judges and attorneys and helped facilitate the action planning breakout sessions.

**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 ongoing collaboration" between the courts and DCFS. Several representatives of DCFS are members of the Court Improvement Program Advisory Committee, as well as judges, state's attorneys, parent and child attorneys, trial court administrators, CASA, etc. The CIPAC

convenes on a quarterly basis. CIPAC meetings include an update and assessment of progress made on collaborative projects with DCFS. During 2023, DCFS staff assisted ICIP in identifying parent and youth representatives with lived expertise to become members of the CIPAC. DCFS positions included on the CIPAC:

- Deputy chief of staff.
- Chief deputy director, Strategy and Performance Execution.
- DCFS guardian.
- Deputy general counsel.
- Chief learning officer.
- Associate deputy, ILO/TLP/Residential Monitoring, FFPSA Lead-QRTP.
- DCFS statewide administrator, Federal Financial Participation Unit.
- Associate deputy director, Office of Delinquency Prevention and Restorative Justice.

### **Training for DCFS Attorneys**

The following trainings were held by ICIP and/or the Illinois Judicial College's Guardian ad Litem Education Committee, during the reporting period and included DCFS attorneys among the target audience:

- A Closer Look: The Interstate Compact for Juveniles (ICJ), Course I.
- A Closer Look: Interstate Compact on the Placement of Children, Course II.
- Serving the LGBTQ+ Community in the Court System.
- LGBTQ+ Youth and Families in the Juvenile Court System.
- Dynamics of Domestic Violence.
- The Effects of Exposure of Domestic Violence on Children.
- CBCC Reasonable Efforts Attorney Academy.

Every two years the AOIC holds the Judicial Education Conference (Ed Con). Judges attend one of two sessions. In 2018, Ed Con was expanded to include attendance by justice partners to select sessions. In 2022, Ed Con was held in April and June with seven DCFS attorneys invited to attend each session. Ed Con is set to occur in 2024 and a limited number of DCFS attorneys will be invited again to attend each session.

### **Regional Support Teams and Other CQI Projects**

Illinois is building Regional Support Teams to facilitate continuous quality improvement throughout the state. The first region to have a Regional Support Team was Cook, which started with permanency teams and has focused on ways to improve timely permanency for youth in care. After the initial team building and orientation to the Plan-Do-Study/Check-Act cycles with DCFS and CWCA partners, additional stakeholders are being invited into this effort. The chief deputy over Intact and Permanency Services has started meeting with the chief judge for the Cook Juvenile Court to build a collaborative partnership to improve timely permanency for youth in care. This focus on permanency performance in Cook is also aligned with work underway in the context of the BH Consent Decree. Another group in Cook has been focused on improving the quality of Child and Family Team Meetings for intact families. This group recently held a CFTM Summit that included a lived experience panel, including two parents who have provided feedback on these efforts. In the coming year, Illinois DCFS will be intentionally seeking ways of including parents, especially fathers, in our practice improvement efforts.

# Chapter 2

## Update to Assessment of Current Performance

### 2. Update to Assessment of Current Performance (Section C2):

- *In the 2024 APSR the state must review and update the data and information provided in their 2020-2024 CFSP and subsequent APSRs. The state must identify strengths and concerns related to performance on each outcome and systemic factor, including evidence of disproportionality and disparities in services and outcomes. States are encouraged to include an analysis of data regarding significant areas of concern, with particular focus on those areas that may impact current goals, objectives, interventions and target populations.*
- *For each outcome and systemic factor, states must provide a brief update on any current or planned activities targeted at improving performance or addressing areas of concern identified.*

#### Child and Family Outcomes

##### NOTES:

- *Between June – November 2019, DCFS conducted its CFSR 3 PIP Baseline, which was approved and finalized in May 2020.*
- *Between June – November 2020, DCFS conducted its Year 1 PIP Measurement Reviews.*
- *Between June – November 2021, DCFS conducted its Year 2 PIP Measurement Reviews.*
- *Between June – November 2022, DCFS conducted its year 3 PIP Measurement Reviews.*
- *Between April 2023 – March 2024, DCFS will conduct its remaining\* PIP Measurement Reviews. An additional seven Measurement Periods will be completed as a result.*

\*In March 2023, the CFSR Measurement and Sampling Committee (MASC) approved a revision to Illinois' PIP Measurement Plan, allowing Illinois to utilize a rolling six-month measurement method to increase the number of measurement periods before the end of our non-overlapping period (3/31/2024). An additional seven Measurement Periods will be completed as a result.

All PIP Measurement Reviews (including the Baseline) include a review of 65 cases: 40 foster care, 19 Intact Family Service, five Investigation and one Extended Family Support Program (EFSP) case. The 65 cases are randomly selected according to the CFSR 3 sampling criteria and are stratified by case type (noted above) and sub-region (a case from every sub-region is reviewed every month). Illinois uses the federal Onsite Review Instrument (OSRI) as its case review tool for collecting PIP Measurement data.

The data from the PIP Baseline, Year 1, Year 2 and Year 3 Measurement Reviews are included in this section. Additional data included in this section includes data collected from targeted reviews of Intact Family Services cases (Quality Caseworker Contacts and Quality of Child and Family Team Meetings) and CFSR National Indicators (updates from received data profiles).

The initial submission of Illinois' PIP served as the Plan for Improvement in the 2020-2024 CFSP. As a result of leadership changes at DCFS, in consultation with the Children's Bureau, additional refinement of the goals and strategies for a revised PIP were conducted. Illinois PIP planning and development ultimately took a different approach and format to better articulate and implement the coordinated vision for

improvement. Illinois' PIP was approved by the Children's Bureau in September 2020, effective 10/1/20 – 9/30/2022. Illinois' non-overlapping year will end on 3/31/24.

The CFSR 3 PIP goals, strategies and key activities, along with any data/metrics, have been updated and evaluated, and are located in the 2023 APSR submission, Chapter 3.

Illinois' performance in Year 3 varied in various outcomes due to several contributing factors, but Illinois' performance generally improved to at least our Baseline performance.

As with many other states in the country, Illinois continues to confront its workforce crisis in a variety of ways (including enhanced on-the-job training and support, participation in the National Child Welfare Workforce Institute Breakthrough Series, mass hiring events which streamline the recruiting and hiring process to bring staff on more quickly and avoid unnecessary HR delays, increase in pay parity between DCFS and CWCA direct service staff, provision of funding for additional permanency achievement specialists in the CWCA's to expedite permanency by removing responsibility for certain tasks off the caseworkers, advocacy provided by the Task Force on Strengthening the Child Welfare Workforce for Children and Families). There remains an impact on performance related to staffing issues, but as noted above the overall performance improved quite a bit from last year's report. COVID did not impact performance in the same way in the Year 3 data, and the return to in-person, live visits appear to have had a positive impact on outcomes.

### A. Safety

**SAFETY OUTCOMES:** *Children are first and foremost protected from abuse and neglect (S1), and children are safely maintained in their homes whenever possible and appropriate (S2).*

CFSR 3 PIP Baseline and measurement data for Outcome S1 and S2 indicate the following results:

IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> 40 FC/ 25 IH (65 Total)	2022 PIP YEAR 3 <i>(FINAL as of 03/06/2023)</i> 40 FC/ 25 IH (65 Total)	IL CFSR 3 PIP Goals <i>(based on 2019 PIP Baseline data)</i>
		COMBINED DATA	COMBINED DATA	COMBINED DATA	COMBINED DATA	
		%SAYS #Substantially Achieved/ Strength #Applicable	%SAYS #Substantially Achieved/ Strength #Applicable	%SAYS #Substantially Achieved/ Strength #Applicable	%SAYS #Substantially Achieved/ Strength #Applicable	
93%	Outcome S1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	81.3% 26 32	90.0% 36 40	74.3% 26 35	81.3% 26 32	
51%	Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	63.1% 41 65	49.2% 32 65	48.3% 29 60	56.9% 37 65	

## Outcome S1: Children are First and Foremost Protected from Abuse and Neglect

### DATA:

ILCFSR 3 (2018) Official Results - COMBINED FC + #	ILLINOIS CF SR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)			IL CFSR 3 PIP Goals (based on 2019 PIP Baseline data)	PIP GOAL MET?
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA				
		%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable		
93%	Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	81.3%	26	32	90.0%	36	40	74.3%	26	35	81.3%	26	32		
93%	Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	81.3%	26	32	90.0%	36	40	70.3%	26	37	81.3%	26	32	90%	✓ Goal Met Year 1

### DISCUSSION:

#### ITEM 1:

State policy requires one of three conditions to be met within 24 hours of the state receiving the report in order to meet the initiation mandate:

- Investigator must meet face-to-face with alleged victim(s).
- Investigator must make a good faith attempt to meet with the alleged victim(s).
  - Good faith attempts must be made every 24 hours or sooner, including weekends and holidays, until the child victim is seen, unless a waiver is granted by the child protection supervisor.
- Law enforcement makes a face-to-face contact with the alleged victim(s) due to exceptional circumstances (e.g., weather issues, disaster, or other extreme circumstance).

DCFS is the only entity in the state that is responsible for conducting child protective investigations. There are no priority levels assigned to cases. All assigned investigations must be initiated within 24 hours of assignment. There is the provision for a more urgent response as needed, but these are infrequently occurring.

Since the start of FY23 (7/1/2022), DCFS has investigated 87,832 accepted reports of child abuse and/or neglect:

Illinois made substantial improvement towards Item 1 PIP Goal during the Year 1 reviews, and in fact met its PIP Goal of 90%. The Children's Bureau confirmed this achievement and no longer requires PIP measurement on this item; however, the state continues to monitor its performance using the federal OSRI (tool) and OMS database during its yearly PIP Measurement reviews.

Item 1 performance declined quite a bit, to 70%, in Year 2. As can be observed in the Ratings by Region table below, performance declined from Year 1 in three regions, and particularly in the Cook and Central regions. Interestingly, despite severe staffing issues and the quality of investigations noted in Items 2 & 3, Item 1 was rated a Strength in all nine applicable southern region cases. In all cases rated Area Needing Improvement (ANI), the reason was due to the lack of ongoing (daily) Good Faith Attempts to see the child victims (when they were not all seen at initiation).

Item 1 performance increased to 81% in Year 3. Fewer cases applied to this item in the Year 3 data, and more of those cases were rated a Strength. Regional data suggests a rebound in Item 1 as well, between Year 2 and Year 3 (with the exception of Cook County). In cases with the rating of ANI, Good Faith Attempts

were not occurring 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.

DCFS has made concerted efforts within the Division of Child Protection (DCP) to reduce the number of investigations in which child victims are not seen, as well as increasing diligent efforts to see all children at initiation. DCP leadership focused in on improving the data specific to “victims not seen” and held weekly calls at which area administrators (AAs) had to attend and describe why their performance was above 10%. As this CQI activity progressed over time, the number of AAs attending the meeting dropped, and ultimately this has resulted in an improvement in the data to where less than 10% of investigations involve children not seen (statewide). Reducing the number of cases in which Good Faith Attempts are noted as the reason for initiation was also a PIP Key Activity during Year 3.

While DCP has a workforce issue to contend with, it continues to recruit and hire new investigators, as well as provide opportunities and incentives for non-investigative DCFS staff to volunteer to assist with investigations backlogs around the state actively and continuously.

DCP is also leveraging the changing workforce by embracing a new safety culture, rooted in safety science (via participation in the National Partnership for Child Safety). Included in this effort is pushing for and promoting six “enduring habits” among its new and young workforce:

- Spend time identifying what could go wrong.
- Talk about mistakes and ways to learn from them.
- Test change in everyday work activities.
- Develop an understanding of “who knows what” and communicate clearly.
- Appreciate colleagues and their unique skills.
- Make candor and respect a precondition to teamwork.

Tools that DCP is using to embed this new safety culture include:

- Plan Forward (using “Huddles”).
- Reflect (using debriefs and restorative accountability).
- Testing changes (implementing small tests of change using the PDSA Cycle of Improvement).
- Communicate effectively (using “SBAR” – Situation, Background, Assessment/Analysis and Recommendation – to speak the language of DCP).
- Appreciation (using intentional affirmations, managing up).

The implementation of the new safety culture is expected to result in improved quality of investigations particularly around comprehensive assessments and timely linkage to appropriate services (see Items 2 and 3).

Since the initial CQI activity to reduce the percentage of victims not seen has dropped to below 10% and remains sustained at or below that goal, the division/DCP leadership is shifting its focus to understanding the quality of the work conducted by its investigators. Leadership (AAs and up) are randomly reviewing investigations in SACWIS and reading the notes for content and to get a sense of the quality of the work.

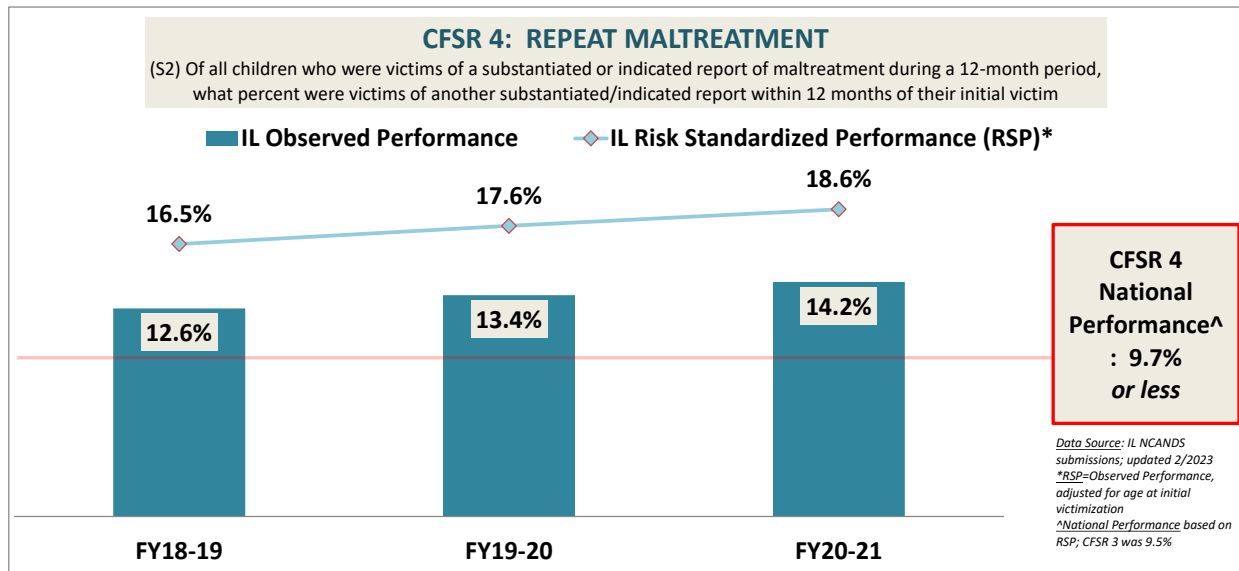


Regional variation in the Year 3 data is observed in this table:

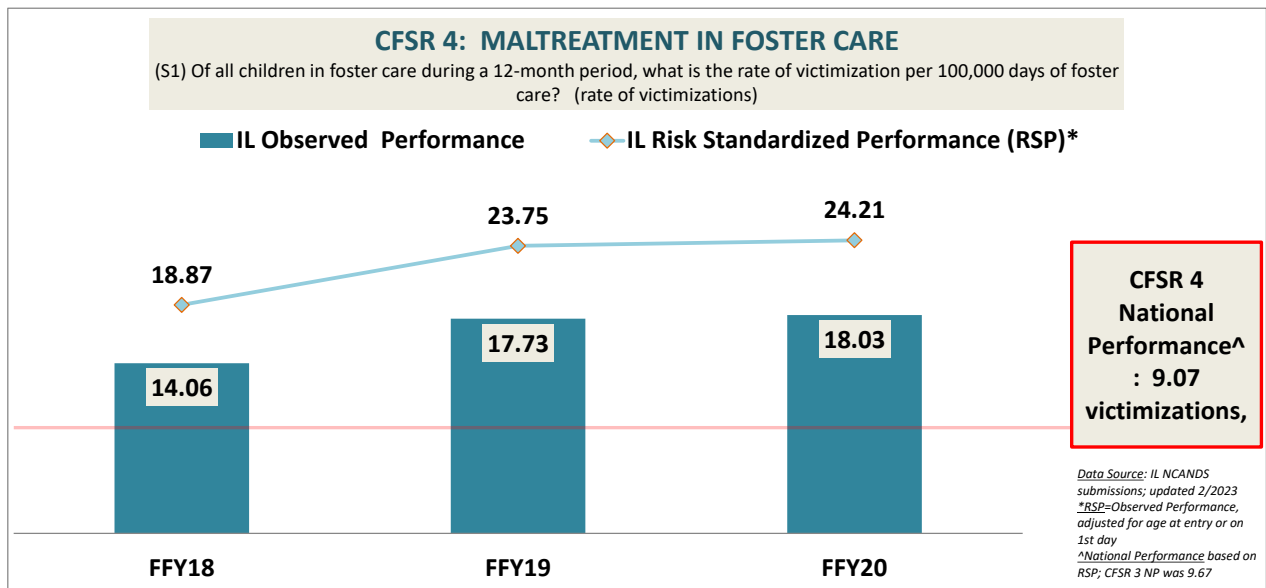
Item Strength Rating, By Region (Year 3)	Total	#Strength (S)	%Strength (S)	Year 2 %S	Year 1 %S
<b>Cook Region</b>	<b>11</b>	<b>7</b>	<b>64%</b>	<b>67%</b>	<b>92%</b>
<b>Northern Region</b>	<b>6</b>	<b>5</b>	<b>83%</b>	<b>63%</b>	<b>86%</b>
Aurora Sub (Northern)	4	4	100%	60%	100%
Rockford Sub (Northern)	2	1	50%	67%	67%
<b>Central Region</b>	<b>9</b>	<b>9</b>	<b>100%</b>	<b>55%</b>	<b>92%</b>
Peoria Sub (Central)	3	3	100%	25%	100%
Springfield Sub (Central)	2	2	100%	75%	100%
Champaign Sub (Central)	4	4	100%	67%	75%
<b>Southern Region</b>	<b>6</b>	<b>5</b>	<b>83%</b>	<b>100%</b>	<b>100%</b>
ESL Sub (Southern)	3	2	67%	100%	100%
Marion Sub (Southern)	3	3	100%	100%	100%

**CFSR Statewide Data Indicators (SWDIs):** The charts below reflect Illinois' performance for the CFSR 4 safety SWDIs according to February 2023 Data Profiles provided to the state by the Children's Bureau. These charts indicate a continuing increase in the rate of Illinois children experiencing repeat maltreatment and a very slight indication of leveling off in Illinois children experiencing maltreatment in foster care.

**CFSR 4 Safety Indicator: Repeat Maltreatment, Illinois performance (as of 2/23 Data Profile)**



**CFSR 4 Safety Indicator: Maltreatment in Foster Care, Illinois performance (as of 2/23 Data Profile)**



\*Risk Standardized Performance. For much more information about how these Indicators, national standards and state performance are determined, please visit the CFSR Portal: <https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-statewide-data-indicators>

Illinois has not met the federal national performance for either of the above indicators. A review of the contextual data provided to the state by the Children’s Bureau for both indicators reveals no significant change from what was reported in the 2023 APSR.

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 (generally somewhere around 27% of the total), by comparison there are many counties in the state that are disproportionately represented.

DCFS has developed internal CFSR Indicator dashboards in Power BI (using data from SACWIS and CYCIS) that track very closely with the data profiles received semi-annually by the Children’s Bureau. It remains a bit challenging to get them to line up exactly, however they are much closer than ever before and therefore more accurate and comparable. The data on these dashboards are frequently used by DCFS leadership staff and suggest that the rate of maltreatment in foster care per 100,000 days of care is currently showing improvement:

Repeat Maltreatment: DCFS continues to implement recommendations from the Chapin Hall report completed in 2019 (“*Systemic Review of Critical Incidents in Intact Family Services*”), which identified systemic factors that influenced outcomes in individual cases of child deaths and critical incidents, as well as opportunities for improvement that could fortify and deepen the potential of Intact Family Services. During FFY23:

Area administrators are seeing the following reasons as to why cases are closing unsuccessfully: the case is unfounded, perpetrator is no longer in the home, presentation of the program, inconsistencies in

visitation, lack of engagement, lack of CFTM's and the need for quarterly reviews. What we are seeing:

- Unsuccessful Case Closures (UCC's) are increasing exponentially.
- Increased intake of subsequently unfounded cases.

This may be one of the reasons for the flat line of intake and referrals.

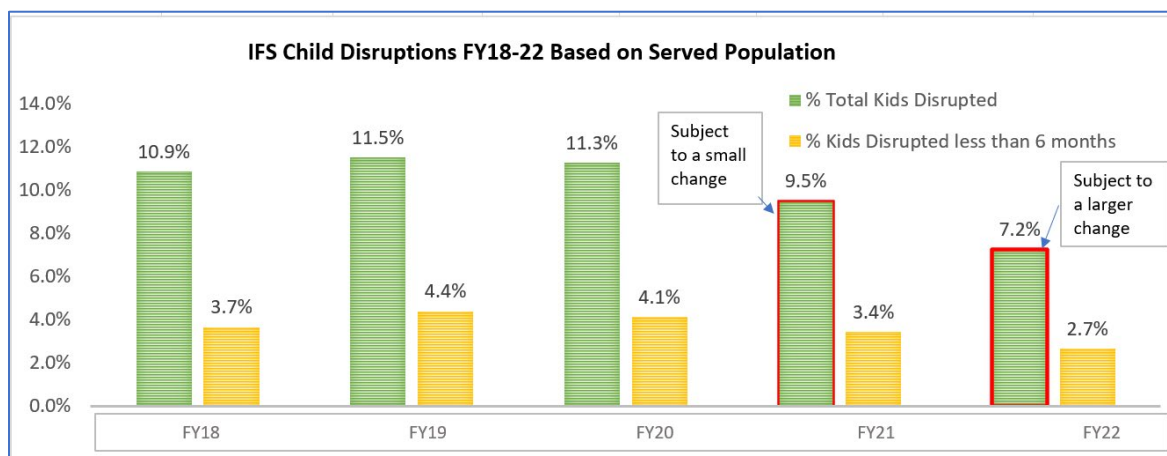
Majority of the cases closed for the following reasons:

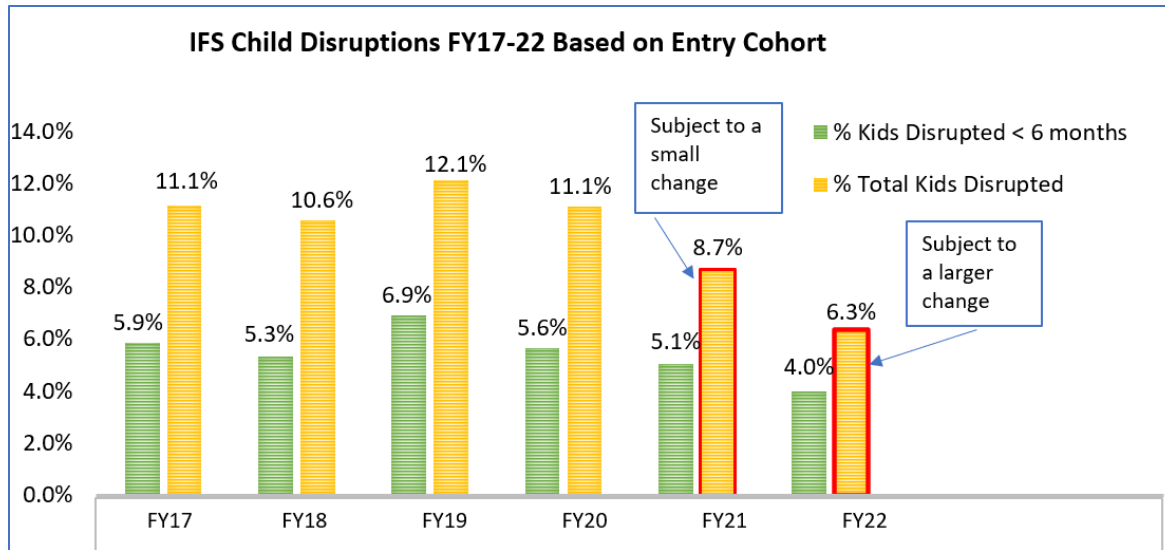
- Family understand that the program is voluntary and therefore refuses services.
- Families learn their case will be unfounded so no longer willing to accept services.
- Lack of early engagement with families.
- Service referrals are not made in a timely manner.

This data has prompted Intact leadership to dive deeper to determine if the families referred to intact are the most appropriate.

In addition to the above, DCFS has:

- Continued implementing the Child Welfare Services (CWS) Referral program to ensure that families experiencing multiple hotline calls have needs identified and addressed through linkage and referral. Historically, CWS referrals have been approximately 2% of the total number of intakes created by the hotline. In FY20 this increased to 3% and in FY21 this increased to 6% due to HB 1551 and change in practice/policy. In FY22 the percent of CWS referrals increased to 6.7%. In FY23 as of the end of April 2023 there were 8% CWS referrals. Please see Illinois' FY23 APSR for additional descriptive information.
- Implemented improvements to the Intact Family Services program, designed to deliver evidence-based interventions to address parenting deficits, substance abuse treatment needs and mental health needs. Whether the data is grouped by served population or entry cohort, the numbers remain consistent with one another, and reflect that the number of disruptions from intact to foster care are declining (note: "Disrupted" means that a youth in the family entered foster care from an intact case, thus turning the case into a placement case):





Intact will continue to look at these stats by region and by provider to determine further trends.

- In addition to the above, Intact leadership is exploring whether establishing a relationship with the school community would reduce the number of repeat reports to the hotline – if the school personnel are aware of DCFS involvement would that reduce the number of indicated reports for a family?

#### Maltreatment in Foster Care:

##### *UIUC/CFRC Maltreatment in Foster Care Dashboard*

In addition to the Data Profiles that Illinois receives from its federal partners twice a year and the Power BI CFSR Dashboards, the Child and Family Research Center at the University of Illinois at Urbana-Champaign (CFRC) also reports on the CFSR Indicators on their online Data Center <https://www.cfr Illinois.edu/data-center.php>. The data for state fiscal year (SFY) 2022 indicates that Illinois' observed performance continues to worsen. The 2/23 Data Profile we received (at a rate of 19.5 as of 2/2023; 9.67 or less is the national performance expectation). A look at the CFRC Maltreatment in Foster Care Dashboard indicates:

- The use of the Incident Date is improving (71.7% in SFY2021 versus 93.6% in SFY2022).
- The percentage of parents as perpetrators decreased from 56.4% in SFY 2022 Q1 to 52.9% in Q2 and other relatives (non-foster parents) as perpetrators decreased from 22.7% in SFY 2021 to 20.5% in SFY 2022.
- An increasing number of indicated reports of maltreatment in substitute care involved children who had already experienced a prior indicated report of maltreatment (while in substitute care), specifically 24.3% in SFY 2022 Q4 to 27.7% in SFY 2021 Q1.
- Children aged 6-8 remain most likely to be victims of maltreatment in care (remains true through SFY 2023 Q1).
- Most maltreatment in care continues to occur within 0-6 months of entry into care (remains true 180 child reports, FY23 Q1 and Q2 combined, 2 categories combined: <1mos and 1-6mos). The next largest category is maltreatment occurring 13-36 months of entry into care (159 child reports, FY23 Q1 and Q2 combined). The yearly trend indicates the number of indicated maltreatment in care reports declined overall from FY20 – FY22; FY23 data is incomplete as of this writing.
- Most reports occur when caseworkers have 16-25 child cases.

- An increasing number of reports occur when caseworkers have 16-25 and 26+ child cases; more reports involving White children occur with caseloads of 16-25 than 1-15. Remains true.
- An increasing number of reports are occurring while a case is assigned to a caseworker with a bachelor's degree versus a master's degree.
- Indicated maltreatment in foster care is:
  - Lowest in Cook County for White children; highest for Black children.
  - Most frequently reported in Marion County (sub-region 5A) for White children, in Cook central for Black children.
- Social services staff are the largest group of reporters, and they report far more maltreatment of Black children than White children.

**Racial inequities and/or disparities as it relates to the front end of child welfare:** Racial inequities or disparities exist at the hotline in terms of who is reported to the hotline. Once the overrepresentation of Black children is introduced at the first investigation decision point, the degree of overrepresentation did not increase at subsequent investigation decision points in FY22, although such increases were seen at protective custody and substitute care entry decision points in FY18-FY20<sup>1</sup>.

**UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:**

*NOTE: Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document ("Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes"), along with a current evaluation of interventions implemented during Quarters 7-8.*

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**Outcome S2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate**

**DATA & DISCUSSION:**

Illinois' performance in Outcome S2 and related Items highlights the need for improvements in the areas of engagement, assessment, ongoing monitoring and adequate service provision generally (here specific to safety, but also elsewhere as will be noted further along in this document).

**ITEM 2:** Performance is noted to have improved in the Year 3 data to 81% from the Year 2 data. Most of the cases reviewed during Year 3 were Not Applicable (NA) for assessment of this item. Only 21 cases were applicable to this item, and the foster care data is better than the in-home in Year 3 data, similar to Year 2. This is typically related to the fact that if a foster care case applies to this item it is generally because the child entered foster care during the PUR as a result of a safety concern that could not be safely managed in the home. Illinois has a very tight front-end and does not remove children from their families in high numbers, therefore if a child is removed from their family, the safety concerns are egregious and not manageable at home. This then results in a "Strength" rating. Regardless of case type, the four cases rated Area Needing Improvement (ANI) reflected the quality of investigations during the PUR, and lack of concerted efforts by assigned investigators to provide or arrange for appropriate services for the family to protect the children and prevent their entry into foster care.

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<sup>1</sup>"Racial Disproportionality in the Illinois Child Welfare System: FY2022 Report in Response to HB2914" (Fuller, Landa, Wakita, & Adams, 2022)

IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)			IL CFSR 3 PIP Goals (based on 2019 PIP Baseline data)	PIP GOAL MET?
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA				
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable		
51%	Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	63.1%	41	65	49.2%	32	65	48.3%	29	60	56.9%	37	65		
31%	Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	76.9%	10	13	83.3%	20	24	73.7%	14	19	81.0%	17	21	86%	×

In the 2 FC cases that were rated with an ANI, several reports of maltreatment occurred and there was a lack of effort to follow up on similar identified safety concerns by investigation and the follow-up team (Foster Care). On one case, a notification of concern was sent to the agency, alerting the agency of the safety and practice concerns regarding the target child, and the minor children living in the home of origin. A response was requested and an action plan initiated to address this concern.

In the two in-home cases rated ANI, there was a lack follow-up on safety related services.

As noted in the table below (Regional Variation), practice is particularly concerning in the southern region, followed by Cook:

Regional variation is observed in the table below:

Item Strength Rating, By Region (Year 3)	Total	#S	%S	Year 2 %S	Year 3 %S
<b>Cook Region</b>	<b>8</b>	<b>6</b>	<b>75%</b>	<b>100%</b>	<b>89%</b>
<b>Northern Region</b>	<b>5</b>	<b>5</b>	<b>100%</b>	<b>50%</b>	<b>80%</b>
Aurora Sub (Northern)	2	2	100%	33%	67%
Rockford Sub (Northern)	3	3	100%	100%	100%
<b>Central Region</b>	<b>6</b>	<b>5</b>	<b>83%</b>	<b>86%</b>	<b>80%</b>
Peoria Sub (Central)	1	0	0%	100%	100%
Springfield Sub (Central)	2	2	100%	100%	0%
Champaign Sub (Central)	3	3	100%	0%	100%
<b>Southern Region</b>	<b>2</b>	<b>1</b>	<b>50%</b>	<b>25%</b>	<b>80%</b>
ESL Sub (Southern)	1	0	0%	0%	50%
Marion Sub (Southern)	1	1	100%	33%	100%

Performance by case type for Item 2 is represented below:

IL CFSR 3 (2018) Official Results - FC ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) Foster Care ONLY (40)			2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) Foster Care ONLY (40)			2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) Foster Care ONLY (40)			2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) Foster Care ONLY (40)		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
100%	Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	70.0%	7	10	100.0%	13	13	83.3%	10	12	86.7%	13	15

IL CFSR 3 (2018) Official Results - IN-HOME ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) In-Home ONLY (25)			2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) In-Home ONLY (25)			2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) In-Home ONLY (25)			2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) In-Home ONLY (25)		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
0%	Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	100.0%	3	3	63.6%	7	11	57.1%	4	7	66.7%	4	6

Staffing levels within Investigations (or DCP) continue to challenge the system to maintain desired caseload ratios:

#### DCP Caseload and Vacancies Report by State Region (excluding Cook County) as of May 5, 2023

Region	# of Investigations	Actual Child Protection Workers	Caseload Investigation Ratio (Actual vs Target*)
Central Region	2,196	180	12.2:1 vs 10:1
Northern Region	2,266	147	15.4:1 vs 10:1
Southern Region	1,094	108	10:1 vs 10:1
Region Totals	7,831	591	13.3 vs 10:1

#### DCP Caseload and Vacancies Report by Cook County Region as of May 5, 2023

Cook County Region	# of Investigations	Actual Child Protection Workers	Caseload Investigation Ratio (Actual vs Target*)
Cook Central	624	33	18.9:1 vs 10:1
Cook North	732	57	12.8:1 vs 10:1
Cook South	919	66	14:1 vs 10:1
Cook County Totals	2,275	165	13.8:1 vs 10:1

\*The target ratio triggers headcount-driven hiring, so the chart is showing the actual vs the target ratio. The target for child protection was set at 10:1 with the intention of achieving an actual ratio of 12:1, allowing for turnover and the time required to fill vacancies.

DCFS is, and has been, actively and continuously recruiting and hiring new investigators. In addition, DCFS continues to provide opportunities and incentives (such as approved overtime and travel-related expenses) for other non-investigative DCFS staff to volunteer to assist with investigations backlogs around the state. DCP leadership has continued to address the number of pending investigations by providing temporary “details” for staff in other specialties to help out, as well as providing overtime opportunities. While these are not “fixes” to the problem of intake versus capacity, they do allow the division to stay afloat while working to address staff turnover issues which contribute to the number of pending investigations.

Racial Inequities and/or disparities as it relates to the front end of child welfare: Utilizing data from the ‘Conditions of Children in or at Risk of Foster Care in Illinois’, FY2021 Monitoring Report for the B.H. Consent Decree, it was reported that in 2020, Black children were overrepresented in foster care having made up 16.4% of the general population, but accounting for 38.5% of protective custodies. In comparison, White children were proportionate, and Hispanic children were underrepresented. In 2021, as a result of Black children overrepresentation in the child welfare system, DCFS was required by

legislation to address the disproportionate number of Black youth entering the by way of the Bias Free Removal Pilot.

The Bias Free Removal Pilot, similar to the other jurisdictions' Blind Removal programs, is an intervention designed to decrease the overrepresentation of Black children by reviewing removal decisions, absent specific identifying demographic information, to determine whether removal of a child is necessary to avoid risk to the child's safety, health and well-being. The pilot will be released in three Illinois counties: DuPage, Champaign and Williamson. Two of the counties were selected based on the highest RDI rate of overrepresentation of Black youth entering care, and one county was selected due to the request of the sponsoring legislator. According to 2020 RDI data, DuPage County had a RDI of 2.8 in investigations, 3.0 in indicated investigations, and 3.9 in substitute care entry for a RDI mean of 4.6. Williams County had a RDI of 4.0 in investigations, 4.2 in indicated investigations, and 5.9 in substitute care entry for a RDI mean of 3.2. Although Champaign County did not have a high RDI, there was overrepresentation of Black children with a RDI of 2.1.

Currently, there is a Bias Free Steering Committee responsible for development and implementation of the Bias Free Pilot. The Steering Committee began development on January 10, 2022 and has five major components for pilot implementation: 1) Pilot Design – May 2023; 2) Appointment of Review Team and Advisory Board – July 2023; 3) Pilot Training – August 2023; 4) Pilot Pre-Implementation – October 2023; 5) Pilot Implementation – January 2024.

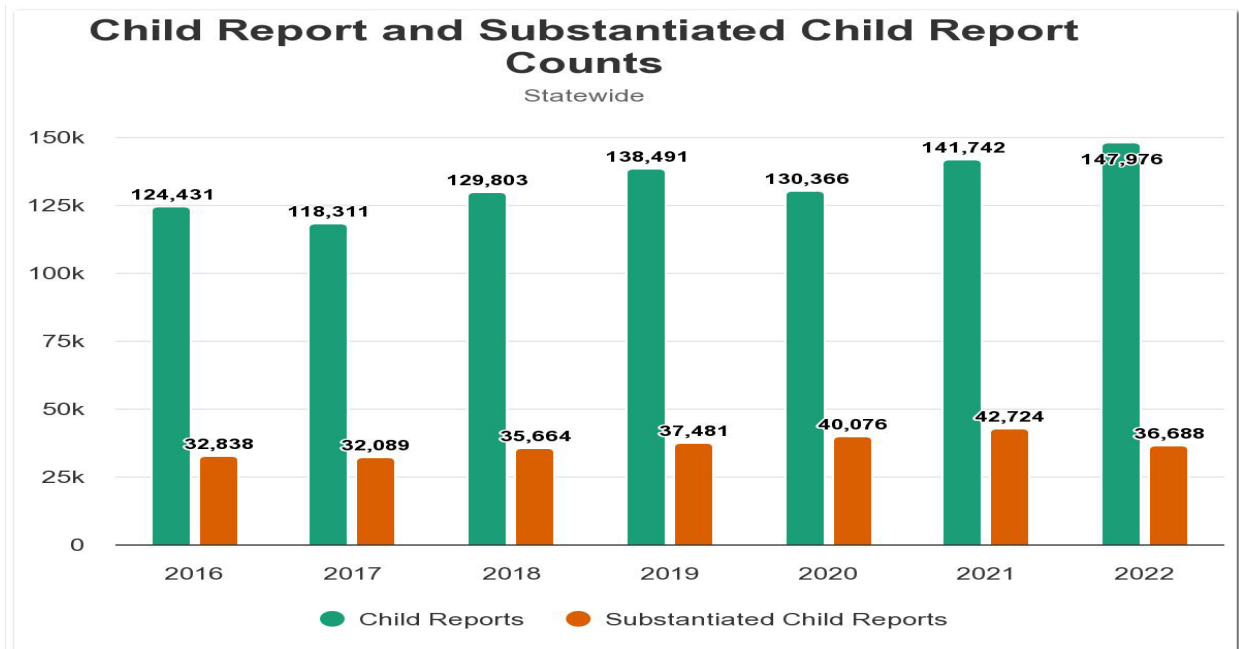
**ITEM 3:** Performance increased from 45% in the Year 2 data, to 58% Strength in Year 3. (Our PIP Goal is 67% Strength.) Thirty-eight cases were rated Strength and 27 cases were rated ANI. For foster care cases, 25 of the 40 cases (63%) were rated a strength, an increase from the 47.5% in Year 2. For in-home cases, 13 out of the 25 cases (52%) were rated a strength, an increase from Year 2 of 40%. The main regions with an observed increase in strength ratings were from the northern (70%), central (53%) and southern (67%). Northern had the largest increase from Year 2 (an increase of 30%).

In Year 3, we observed the following practices both in foster care and in-home cases that were similar to Year 1 and Year 2. These practices involved the following: 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 timeline of investigation activities moving from understanding the allegation to closure or identify a different level of service (delays).

The Division of Quality Assurance (DQA) and DCP are working together on a project in response to the PIP Measurement data specific to investigation cases where investigations are rated Area Needing Improvement (ANI) due to lack of investigator visits with the children/family between initiation and either transfer to placement or intact or closing of the investigation. This project is being initiated to identify the scale of the problem investigations in which the victims are not seen between initiation and closure (often a gap of 60+ days). This practice impacts performance in Items 3, 12, 13, 14 and 15. This project is in its infancy – first we are determining the scale of the problem since the PIP Measurement data sample is so small (five investigations reviewed every six months, and annually DCP investigates well over 100,000 reports). Please also see Item 1, discussion of the implementation of a new [Safety Culture](#) – this is



expected to positively impact performance in Item 3 among reviewed investigation cases over the next FFY.



Downloaded from the UIUC/CFRC Data Center on 5/3/2023: [https://www.cfr Illinois.edu/data-center-charts.php?met=nos\\_chreps#](https://www.cfr Illinois.edu/data-center-charts.php?met=nos_chreps#). Notes: "Child reports" includes any investigated report with a finding of either "Unfounded" or "Indicated"

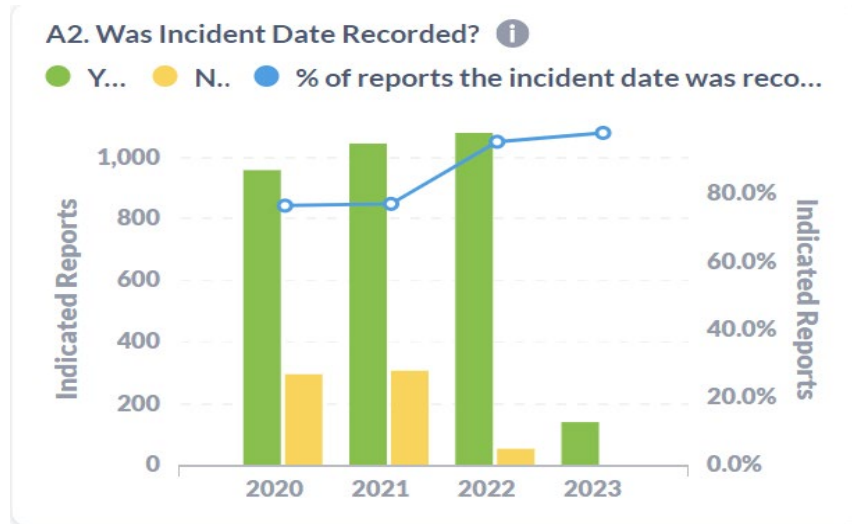
Augintel<sup>2</sup> is being used to create a query for investigations in which there is no documented contact in any given 30-day period. This will give us evidence of the scale of the problem and will enable us to develop next steps to better understand the problem to identify potential strategies to improve safety outcomes for children served.

In cases where there was a strength rating, reviewers noted an improvement in the identification of the underlying reasons contributing to risk and safety concerns/issues (e.g., domestic violence in the family not ignored as much as previously), follow-up on the underlying issues and ongoing assessment/monitoring of the risk/safety concerns. The improved quality of the assessments was largely attributed to the return to in-person visits (versus virtual) beginning in June 2021. Reviews detailed observations made during contacts that noted follow-up to the needed services to address the safety and risk concerns.

Illinois has conducted multiple evaluations of causes for our performance in both Statewide Data Indicators over the years and is working to fully address the many complex reasons. For example, regarding the Maltreatment in Foster Care data, we have forced completion of the Incident Date (staff can no longer leave it empty, unknown or approximate). For maltreatment that occurred prior to care but is reported once the child enters care, staff have been trained to enter a date PRIOR to entry into foster

<sup>2</sup> Augintel is a data-mining software designed for use in Child Welfare specifically, in which all notes in SACWIS can be mined for specific information. For any given case in SACWIS, Augintel provides an overview of Risks & Strengths (a visual representation, from which a reviewer/staff member can click into the case note from which the risk/strength was identified), as well as a very robust search process based on language.

care in the Incident Date field, so that the report date isn't used to calculate this SWDI. Using our Maltreatment in Foster Care dashboard (created by UIUC-CFRC) we can see that our completion percentage of Incident Date in state fiscal year (SFY) 2020 was 76.4% and has increased to 97.9% in SFY23 (to-date):



Most maltreatment in foster care reports continue to be made when the child/youth was living in an unlicensed kinship home, the perpetrator was a parent and the allegations were risk of harm. Illinois juvenile judges continue to return children home to a parent/guardian while retaining legal custody of the child, thus if any maltreatment occurs and is indicated during this type of return home, it is counted as maltreatment in foster care. Some of the maltreatment continues to be when a relative foster parent allows the parent to have unsupervised contact with the child, regardless of whether the child is harmed in any way. The state is evaluating changing its procedural requirement regarding mandatory hotline calls for this type of incident. Additionally, the state is actively engaged in activities to reduce the number of unlicensed kinship homes.

Regional performance is observed in the table below.

Item Strength Rating, Year 3, By Region	Total	#S	%S	Year 2 2%S	Year 3 %S
<b>Cook Region</b>	<b>24</b>	<b>13</b>	<b>54%</b>	<b>58%</b>	<b>42%</b>
<b>Northern Region</b>	<b>10</b>	<b>7</b>	<b>70%</b>	<b>30%</b>	<b>50%</b>
Aurora Sub (Northern)	5	3	60%	33%	33%
Rockford Sub (Northern)	5	4	80%	25%	75%
<b>Central Region</b>	<b>19</b>	<b>10</b>	<b>53%</b>	<b>37%</b>	<b>63%</b>
Peoria Sub (Central)	9	3	33%	25%	63%
Springfield Sub (Central)	4	3	75%	40%	60%
Champaign Sub (Central)	6	4	67%	50%	67%
<b>Southern Region</b>	<b>12</b>	<b>8</b>	<b>67%</b>	<b>42%</b>	<b>42%</b>
ESL Sub (Southern)	6	4	67%	40%	80%
Marion Sub (Southern)	6	4	67%	43%	14%

Performance by case type for Item 3 is presented below:

IL CFSR 3 (2018) Official Results - FC ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) Foster Care ONLY (40)	2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) Foster Care ONLY (40)	2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) Foster Care ONLY (40)	2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) Foster Care ONLY (40)
		%SA/S #Substantially Achieved/ Strength #Applicable	%SA/S #Substantially Achieved/ Strength #Applicable	%SA/S #Substantially Achieved/ Strength #Applicable	%SA/S #Substantially Achieved/ Strength #Applicable
70%	Item 3: Risk and Safety Assessment and Management	65.0% 26 40	60.0% 24 40	47.5% 19 40	62.5% 25 40
IL CFSR 3 (2018) Official Results - IN-HOME ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) In-Home ONLY (25)	2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) In-Home ONLY (25)	2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) In-Home ONLY (25)	2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) In-Home ONLY (25)
		%SA/S #Substantially Achieved/ Strength #Applicable	%SA/S #Substantially Achieved/ Strength #Applicable	%SA/S #Substantially Achieved/ Strength #Applicable	%SA/S #Substantially Achieved/ Strength #Applicable
20%	Item 3: Risk and Safety Assessment and Management	60.0% 15 25	32.0% 8 25	40.0% 10 25	52.0% 13 25

Feedback from the field suggests that staff turnover continues to be a persistent factor in the quality of assessments and visits, as with turnover often comes a period without proper case coverage (while new staff are trained up). When new staff arrive, they generally do not have much experience in child welfare (particularly at a private agency versus DCFS), nor do they have time to fully review all assigned cases to understand the history, case dynamics, service needs and provision, etc., before assuming full responsibility. New casework staff hit the ground running and don't stop. Staff turnover continues to be particularly problematic for private agencies, however DCFS is continuing to experience increased staff turnover as well. DCFS has implemented several strategies to improve working conditions for child welfare staff (versus child protective staff; both DCFS and CWCAs) since the last APSR and was recently selected to participate in the National Child Welfare Workforce Institute Breakthrough Series Collaborative to further the efforts. Please see Chapter 3 for additional information.

DCFS' Quality Enhancement Support Team (QUEST) conducts reviews of intact cases to assess the quality of caseworker contacts. The questions examine the quality of contacts through a safety lens. The chart below provides a view of the trends seen in intact practice from FY2020 – FY23 Q3. While practice has varied, the percentage of cases having identified safety concerns has decreased each fiscal year.

DCFS INTACT QUALITY OF CASEWORKER CONTACTS REVIEWS FY2020, FY2021, FY2022, AND FY2023 Q1 - Q3	FY2020 State 2212	FY2021 State 2163	FY2022 State 1996	FY2023, Q1 - Q3 State 1860	Trend
<b># Cases Reviewed</b>					
<b>Are contacts with the parent(s)/caretaker(s)/child(ren) of sufficient frequency to:</b>					
Conduct ongoing assessment of safety and identification of safety threats?	87%	94%	95%	94%	
Ensure no significant gaps in contact?	76%	85%	85%	85%	
Reflect concerted efforts by the worker to assist and support the family with achievement of case goals?	88%	94%	95%	94%	
<b>Are contacts, observations, and discussion with the parent(s)/caretaker(s)/child(ren) sufficient to assess:</b>					
Quality of relationships/current functioning of the family?	85%	91%	93%	93%	
Parental protective factors?	87%	93%	95%	96%	
Child vulnerabilities?	88%	93%	96%	94%	
Desired changes in behavior?	86%	93%	96%	97%	
Current family stressors or challenges?	91%	96%	97%	97%	
<b>Are observations of the environment sufficient and utilized in decision-making regarding the impact on safety to all children in the home?</b>	<b>81%</b>	<b>81%</b>	<b>84%</b>	<b>89%</b>	
<b>Does the intact worker adequately address with the family:</b>					
Safe sleep with children under 1 year old and as developmentally appropriate (if child is older)?	72%	68%	75%	79%	
Assuring smoke detectors are present and working?	68%	68%	74%	78%	
<b>Is information from current/prior service providers obtained and utilized in the:</b>					
Ongoing assessment of service needs?	57%	62%	66%	64%	
Progress towards case goals?	50%	50%	50%	50%	
<b>Do all safety assessments:</b>					
Support the safety decision based on relevant information gathered?	88%	95%	96%	96%	
Identify and control safety threats?	80%	92%	94%	95%	
Document safety interventions that are adequate and time limited?	77%	90%	90%	86%	
Provide appropriate monitoring of the safety threats and interventions?	76%	89%	87%	81%	
<b>Is there sufficient discussion/communication between the intact worker and investigator on any pending investigation (including initial case handoff in first 45 days (assess only for 45 day review) and any SORs after case opening) regarding:</b>					
Observations?	74%	81%	76%	79%	
Behaviors?	74%	81%	76%	79%	
Identified needs?	73%	81%	76%	80%	
Presence of safety issues?	74%	82%	76%	80%	
Parental protective factors?	72%	80%	74%	78%	
Child vulnerabilities?	73%	81%	76%	80%	
Need for Court referral?	45%	54%	54%	58%	
Responsibilities for the Intact Worker and Investigator?	71%	84%	76%	79%	
<b>Have all non-custodial parents been:</b>					
Identified?	77%	80%	78%	78%	
Assessed by the Worker?	35%	36%	31%	24%	
<b>Have all individuals living or frequenting the home been:</b>					
Identified?	85%	89%	91%	89%	
Sufficiently assessed by the worker?	62%	68%	71%	70%	
<b>Are services in place that address:</b>					
The reason for case opening?	68%	66%	67%	68%	
Other needs identified through the assessment process?	66%	64%	69%	72%	
Services identified or requested by the family?	75%	70%	72%	78%	
<b>Is the intact worker actively engaging the child(ren)/family in discussions around:</b>					
Service needs?	87%	93%	95%	96%	
Safety needs?	89%	96%	98%	98%	
Safety planning?	87%	96%	98%	97%	
Court involvement?	69%	84%	96%	92%	
Progress towards case goals?	83%	87%	93%	93%	
<b>Does this family have an open court case?</b>	<b>12%</b>	<b>17%</b>	<b>16%</b>	<b>16%</b>	
<b>Has the family been screened with the State's Attorney for court involvement as appropriate based on the dynamics of the case?</b>	<b>48%</b>	<b>60%</b>	<b>65%</b>	<b>72%</b>	
<b>Is the worker actively identifying and working to overcome barriers to service provision and safe case closure?</b>	<b>84%</b>	<b>91%</b>	<b>92%</b>	<b>95%</b>	
<b>Does supervision provide the following sufficiently?</b>					
Identify and address key practices (contacts, safety, service identification/needs, barriers, etc.)?	68%	78%	80%	78%	
Follow-up of direction provided during prior supervisions?	64%	78%	84%	86%	
Documentation of critical decisions and sufficient rationale to support the decision that meets the needs of the family?	60%	64%	67%	65%	
<b>Based on the information reviewed, are there any current safety concerns for the child(ren)?</b>	<b>23%</b>	<b>13%</b>	<b>9%</b>	<b>9%</b>	

**Racial Inequities and/or disparities as it relates to the front end of child welfare:**

**UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:**

**NOTE:** *Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document ("Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes"), along with a current evaluation of interventions implemented during Quarters 7 – 8.*

## B. Permanency

**PERMANENCY OUTCOMES:** *Children have permanency and stability in their living situations (P1) and the continuity of family relationships and connections is preserved for children (P2).*

Assessment of the permanency outcomes is restricted to foster/substitute care cases. CFSR 3 PIP Measurement Data for Year 3 for the two permanency outcomes indicates that Illinois' performance in P1 sank back to Year 1 levels and our performance in P2 rebounded to our 2019 Baseline performance:

IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> 40 FC/ 25 IH (65 Total)	2022 PIP YEAR 3 <i>(FINAL as of 03/06/2023)</i> 40 FC/ 25 IH (65 Total)								
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
		%SAYS	# Substantially Achieved/ Strength	# Applicable	%SAYS	# Substantially Achieved/ Strength	# Applicable	%SAYS	# Substantially Achieved/ Strength	# Applicable	%SAYS	# Substantially Achieved/ Strength	# Applicable
3%	Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS (FC ONLY)	12.5%	5	40	7.5%	3	40	12.5%	5	40	7.5%	3	40
63%	Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN (FC ONLY)	60.0%	24	40	55.0%	22	40	52.5%	21	40	60.0%	24	40

### Items that inform overall outcome performance for each of the Permanency Outcomes:

P1, associated Items	P2, associated Items
Item 4: Stability of Substitute Care Placement	Item 7: Placement with Siblings
Item 5: Permanency Goal for Child	Item 8: Visiting with Parents and Siblings in Substitute Care
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Item 9: Preserving Connections
	Item 10: Relative Placement
	Item 11: Relationship of Child in Care with Parent(s)

### Outcome P1: Children Have Permanency and Stability in Their Living Arrangements

#### DATA:

Illinois' performance in Outcome P1 and related Items during Year 3 continues to highlight the need for improvements in the areas of:

- Securing the right placement to meet the individual needs of children in our care.
- Assigning appropriate permanency goals in a timely manner (Illinois has a history of retaining a return home permanency goal well beyond 12 months regardless of progress made toward case goals).
- The need for a more timely, urgent, concurrent and coordinated (between the agency and the courts) approach to achieving permanency for children in foster care.

IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)			IL CFSR 3 PIP Goals (based on 2019 PIP Baseline data)
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA			
		%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	
3%	Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS (FC ONLY)	12.5%	5	40	7.5%	3	40	12.5%	5	40	7.5%	3	40	
75%	Item 4: Stability of Foster Care Placement	72.5%	29	40	75.0%	30	40	70.0%	28	40	72.5%	29	40	78%
25%	Item 5: Permanency Goal for Child	32.5%	13	40	27.5%	11	40	23.1%	9	39	22.5%	9	40	38%
15%	Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	20.0%	8	40	10.0%	4	40	15.0%	6	40	15.0%	6	40	25%

**ITEM 4:** An improvement in performance is observed in the Year 3 data (from 70% strength in Year 2 to 73% strength in Year 3; our PIP Goal is 78%). However, our performance on the CFSR Statewide Data Indicator for Placement Stability took a wrong turn between FFY21 and FFY22 (see chart below). In previous years, specifically Year 2, cases were rated ANI due to three main reasons:

- Placements were poor fit and the agency lacked appropriate placement resources (for example: in some cases, there were multiple children in the home and the relative discovered they couldn't do it all plus work, and so gave notice; in several other cases, the provider could not deal with the child's behavioral needs and so gave notice or there were reports of maltreatment which prompted a removal).
- Agencies did not support or make efforts to stabilize disrupting placements.
- Youth were placed in residential, which by design is temporary, and step-down resources were not available.

Similarly, this year's data shows these issues:

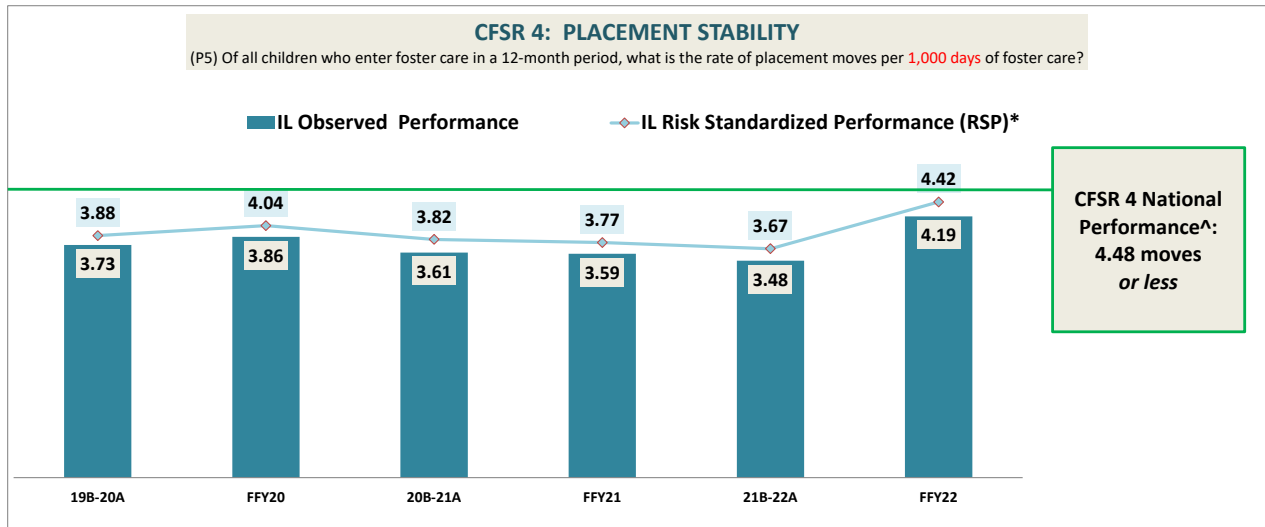
- Lack of pre-planning for placement change.
- Lack of placement stabilization and utilizing temporary placements.
- A lack of planning and placement stabilization, the number of placement settings have increased.

Regional performance is observed in the table below.

Item Strength Rating, Year 3, By Region	Total	#S	Year 2 2%S	Year 1 %S
<b>Cook Region</b>	<b>24</b>	<b>14</b>	<b>58%</b>	<b>42%</b>
<b>Northern Region</b>	<b>10</b>	<b>3</b>	<b>30%</b>	<b>50%</b>
Aurora Sub (Northern)	6	2	33%	33%
Rockford Sub (Northern)	4	1	25%	75%
<b>Central Region</b>	<b>19</b>	<b>7</b>	<b>37%</b>	<b>63%</b>
Peoria Sub (Central)	8	2	25%	63%
Springfield Sub (Central)	5	2	40%	60%
Champaign Sub (Central)	6	3	50%	67%
<b>Southern Region</b>	<b>12</b>	<b>5</b>	<b>42%</b>	<b>42%</b>
ESL Sub (Southern)	5	2	40%	80%
Marion Sub (Southern)	7	3	43%	14%

**CFSR 3 Indicators:** In addition to Illinois' PIP Measurement data, the state also evaluates its performance regarding stability with data from the CFSR national indicator:

**CFSR 4 Permanency Indicator: Placement Stability, Illinois performance (as of 2/23 Data Profile)**



\*Risk Standardized Performance. For much more information about how these Indicators, national standards and state performance are determined, please visit the CFSR Portal: <https://www.cfsportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-statewide-data-indicators>

The data in the above chart suggests that the state rate of placement moves took a wrong turn during FFY22: while the state meets this measure (less than 4.48 moves, based on our RSP), our performance worsened (i.e., youth in care experienced more placement moves in FFY22 than in FFY21) and Illinois is close to no longer meeting or surpassing the National Performance. The contextual data provided with the overall performance for this measure identifies that, not surprisingly, as children get older, they experience more moves. The contextual data further highlight that children of color experience the highest rate of placement moves per days in care than do their white counterparts.

**ITEM 5:** Performance increased from 23% Strength in Year 2 to 25% Strength in the Year 3 data, which is still below our Baseline. (Our PIP Goal is 38% Strength.)

ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items				2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)	2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)	IL CFSR 3 PIP Goals (based on 2019 PIP Baseline data)						
IL CFSR 3 (2018) Official Results - COMBINED FC + IH	Item 5: Permanency Goal for Child	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA			
		%SAYS	#Substantially Achieved/ Strength	#Applicable	%SAYS	#Substantially Achieved/ Strength	#Applicable	%SAYS	#Substantially Achieved/ Strength	#Applicable	%SAYS	#Substantially Achieved/ Strength	#Applicable	
25%	Item 5: Permanency Goal for Child	32.5%	13	40	27.5%	11	40	23.1%	9	39	22.5%	9	40	38%

In cases where the goal was return home and the case was rated ANI, the goal was not appropriate to meet the child's need for permanency due to the length of time the goal was in place without progress. There was a lack of ongoing efforts made to re-assess whether the goal was appropriate, and exploration of alternative goals was not discussed. There were case-specific reasons for this determination (lack of agency efforts to provide the appropriate services to parents, court delays, assessment concerns, staff turnover), but in all cases the goal had been in place for far too long without concurrent planning (a general lack of urgency) and therefore the Item was rated ANI. (See Item 6 for Length of Stay data.)

The 31 cases rated ANI in Item 5 (Year 3 data), were also rated ANI in Item 6. This is related to the length of time a permanency goal has been in place, and therefore there is correlation between the two items as length of time in care is a common consideration. Of these 31 cases:

- 25 had a permanency goal of Reunification.
- 12 had a permanency goal of Adoption (in Illinois we have a goal called Substitute Care pending TPR, which is used as a pre-adoption goal; our Adoption goal is only assigned once rights are terminated and the child is in a pre-adoptive home).
- 2 cases had a goal of Guardianship.
- 1 OPPLA.

Performance by region is noted in the table below:

Item Strength Rating, By Region (Year 3)	Total	#S	%S	Year 2 %S	Year 1 %S
<b>Cook Region</b>	<b>15</b>	<b>5</b>	<b>33%</b>	<b>27%</b>	<b>33%</b>
<b>Northern Region</b>	<b>6</b>	<b>2</b>	<b>33%</b>	<b>17%</b>	<b>17%</b>
Aurora Sub (Northern)	3	2	67%	0%	0%
Rockford Sub (Northern)	3	0	0%	33%	50%
<b>Central Region</b>	<b>12</b>	<b>2</b>	<b>17%</b>	<b>18%</b>	<b>42%</b>
Peoria Sub (Central)	5	0	0%	20%	60%
Springfield Sub (Central)	3	1	33%	33%	0%
Champaign Sub (Central)	4	1	25%	0%	50%
<b>Southern Region</b>	<b>7</b>	<b>1</b>	<b>14%</b>	<b>29%</b>	<b>0%</b>
ESL Sub (Southern)	3	1	33%	0%	0%
Marion Sub (Southern)	4	0	0%	50%	0%

**ITEM 6:** Performance remained the same from the Year 2 data at 15% Strength. (Our PIP Goal is 25% Strength.)

IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)			IL CFSR 3 PIP Goals (based on 2019 PIP Baseline data)
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA			
		%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	
15%	Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	20.0%	8	40	10.0%	4	40	15.0%	6	40	15.0%	6	40	25%



In all cases rated ANI, there was a complete lack of urgency to achieve permanency, both in court and through the work of the agency. In 22 of the 34 cases rated an ANI, the reunification goal was inappropriate and in place longer than 12 months. Efforts to address the progress or determine an alternative goal were not observed. Court delays related to continuances of cases that needed to move towards adoption were very common. In all cases, length of stay in care was a contributor for ANI ratings. Lack of agency efforts generally (from providing services to locating parents), lack of concurrent planning, adoption delays of varying reasons (agency-, caregiver-, court-related) were also frequent contributors in the 34 cases rated ANI.

See below for additional rating information by permanency goal, race, length of stay (at time of review) and region.

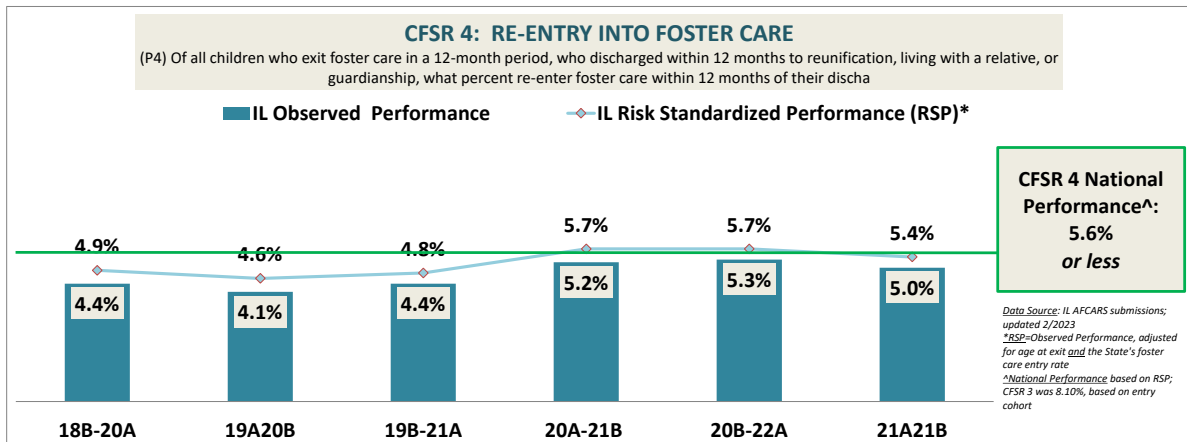
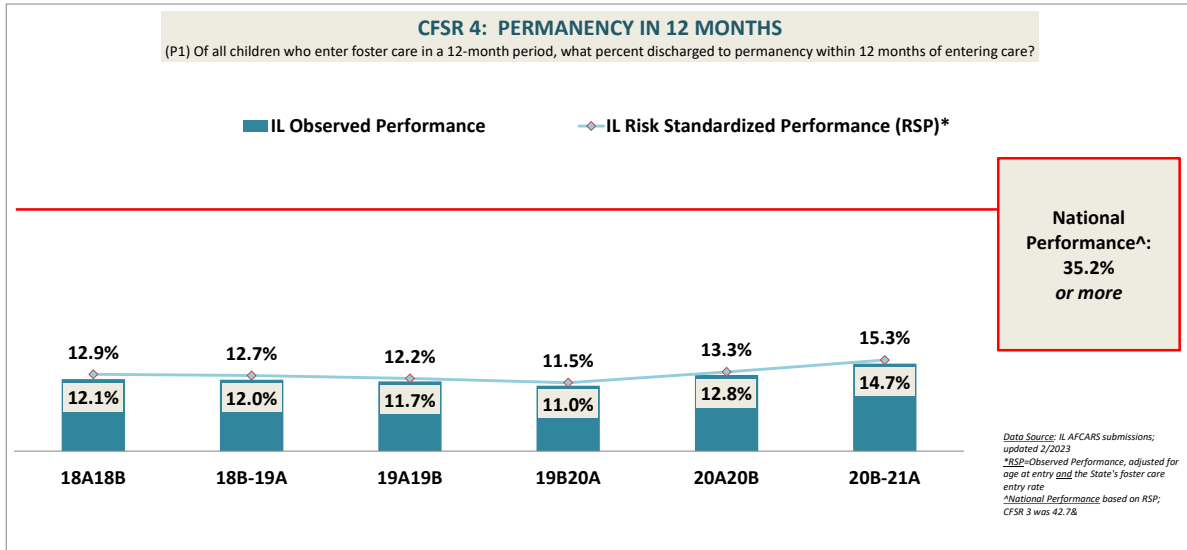
Item Strength Rating, by PG (Year 3):	Total	#S	%S	Year 2 %S	Length of Stay Y3 (LOS) (# by group)	Length of Stay Y2 (LOS) (# by group)	Length of Stay Y1 (LOS) (# by group)
Return Home	25	5	20%	22%	0-12 months: 10	0-12 months: 11	0-12 months: 10
Adoption	12	0	0%	0%	13-24 months: 8	13-24 months: 13	13-24 months: 9
Guardianship	2	0	0%	0%	25-36 months: 5	25-36 months: 5	25-36 months: 8
OPPLA (IL)	1	1	100%	N/A	37+ months: 17	37+ months: 12	37+ months: 13
	40				Median LOS (at time of review) = 33.5	Median LOS (at time of review) = 20 mos	Median LOS (at time of review) = 26 mos

Item Strength Rating, By Region (Year 3)	Total	#S	%S	Year 2 %S	Item Strength Rating (Year 1)	%S
<b>Cook Region</b>	<b>15</b>	<b>3</b>	<b>20%</b>	<b>7%</b>	<b>Cook Region</b>	<b>7%</b>
<b>Northern Region</b>	<b>6</b>	<b>1</b>	<b>17%</b>	<b>33%</b>	<b>Northern Region</b>	<b>0%</b>
<i>Aurora Sub (Northern)</i>	3	1	33%	33%	<i>Aurora Sub</i>	0%
<i>Rockford Sub (Northern)</i>	3	0	0%	33%	<i>Rockford Sub</i>	0%
<b>Central Region</b>	<b>12</b>	<b>2</b>	<b>17%</b>	<b>25%</b>	<b>Central Region</b>	<b>25%</b>
<i>Peoria Sub (Central)</i>	5	0	0%	20%	<i>Peoria Sub</i>	20%
<i>Springfield Sub (Central)</i>	3	1	33%	50%	<i>Springfield Sub</i>	0%
<i>Champaign Sub (Central)</i>	4	1	25%	0%	<i>Champaign Sub</i>	50%
<b>Southern Region</b>	<b>7</b>	<b>0</b>	<b>0%</b>	<b>0%</b>	<b>Southern Region</b>	<b>0%</b>
<i>ESL Sub (Southern)</i>	3	0	0%	0%	<i>ESL Sub</i>	0%
<i>Marion Sub (Southern)</i>	4	0	0%	0%	<i>Marion Sub</i>	0%

**CFSR Indicators:** Illinois also evaluates its performance, as it relates to achievement of permanency, with data from the CFSR national indicators. Below is the data for permanency within 12 months and its companion measure, re-entry. Our observed performance in the Data Indicators specific to achievement of permanency shows that the Permanency within 12 Months indicator (increase is desired), and a declining re-entry rate (which is desired) and improving performance in the Permanency within 12-23 and 24+ Month's indicators. (See several pages forward for the data specific to achievement of Permanency in 12-23 Months and in 24+ Months.)

## CFSR 4 Permanency Indicator: Permanency in 12 Months & companion measure Re-Entry into Foster Care (as of 2/23 Data Profile)



\*Risk Standardized Performance. For much more information about how these Indicators, national standards and state performance are determined, please visit the CFSR Portal: <https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-statewide-data-indicators>

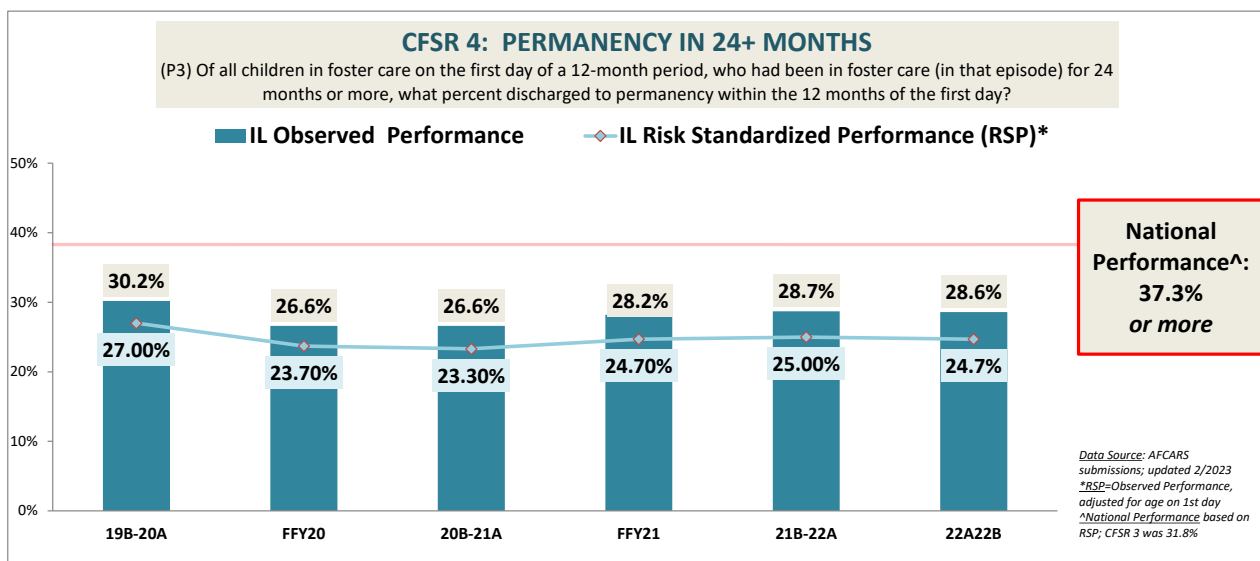
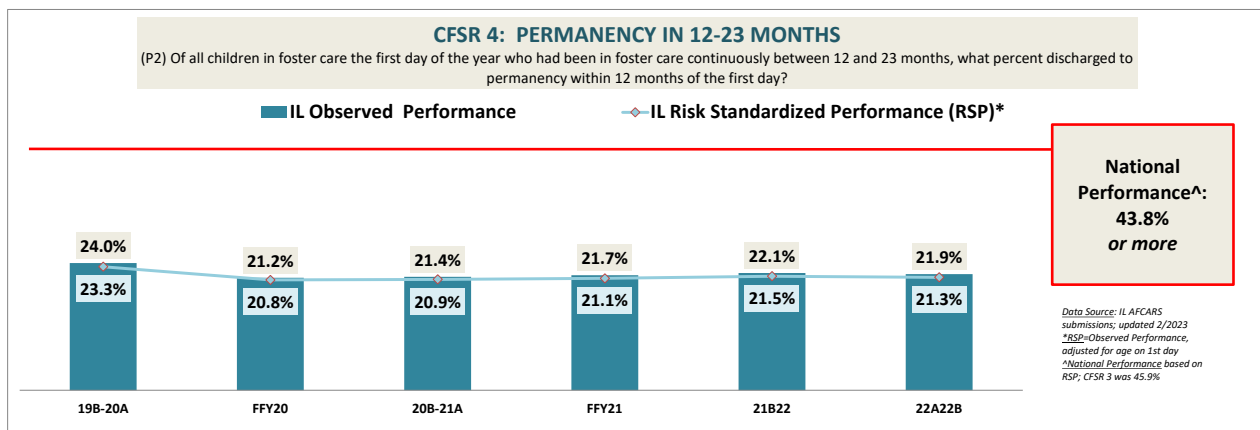
The contextual data provided with the overall performance for the Permanency in 12 Months measure identifies that children who enter foster care before the age of 10 are more likely to achieve permanency within 12 months of entry (typically, reunification; children age 1-5 represent 58.2% of the children achieving permanency within 12 months [a big increase from what was reported in our FY23 APSR], and children 6-10 represent 22.5% [essentially the same as what was reported in the FY23 APSR]). Children of color are more than half as likely to achieve permanency within 12 months than white children (25% versus 54.6%). More Hispanic children exit care than enter care.

Re-Entry rates are improved in the most current data (see chart above). Contextual data indicate that children 0-10 are most likely to re-enter within one year of exit from foster care (a total of 81.8%, a big increase from what was reported in the FY23 APSR). More children of color are likely to re-enter than their white peers.

Race	Permanency in 12 Months		Re-Entry	
	% of total (entries) (20B21A)	% of total (exits) (20B21A)	% of total (exits) (21A21B)	% of total (re-entries) (21A21B)
African American	31.1%	25.2%	34.4%	28.2%
Caucasian	51.1%	54.6%	49.4%	53.6%
Hispanic (any race)	11.9%	12.9%	10.2%	13.3%
Two or More	4.6%	6.1%	4.6%	2.8%

**CFSR 4 Indicators:** The charts below illustrate Illinois' performance on the remaining two data indicators for the CFSR, Permanency in 12-23 Months and Permanency in 24+ Months. Current performance in both measures has remained relatively stable.

### CFSR 4 Permanency in 12-23 Months and in 24+ Months (2/23 Data Profile)



\*Risk Standardized Performance. For much more information about how these Indicators, national standards and state performance are determined, please visit the CFSR Portal: <https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-statewide-data-indicators>

Contextual data for both measures indicates that children age 1-5 are most likely to be among the children achieving permanency in the two timeframes measured (61.3% of the 12-23 months group and 41.8% of the 24+ months group).

Race plays a role in achievement of permanency in these measures: while representing the larger portion of children in care, African American children do not exit to permanency proportionately (thus staying in foster care longer than their Caucasian peers). This is observed here:

Race	Permanency in 12-23 Months		Permanency in 24+ Months	
	% of total (in care) (FFY21)	% of total (exits) (FFY21)	% of total (in care) (FFY21)	% of total (exits) (FFY21)
African American	35.6	27.2	43.5	33.2
Caucasian	46.7	56.7	41.0	52.4
Hispanic (any race)	12.3	10.6	9.8	8.2
Two or More	4.3	4.1	4.2	5.1

**UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:**

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 7 – 8.

**Outcome P2: The Continuity of Family Relationships/Connections is Preserved for Children**

**DATA:**

**In Outcome P2, the evaluation of five items supports the overall outcome achievement rating:**

ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items		2019 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> 40 FC/ 25 IH (65 Total)	2022 PIP YEAR 3 <i>(FINAL as of 03/06/2023)</i> 40 FC/ 25 IH (65 Total)								
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
		%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable
63%	Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN (FC ONLY)	60.0%	24	40	55.0%	22	40	52.5%	21	40	60.0%	24	40
87%	Item 7: Placement With Siblings	100.0%	25	25	88.2%	30	34	77.8%	21	27	86.7%	26	30
62%	Item 8: Visiting With Parents and Siblings in Foster Care	55.9%	19	34	47.2%	17	36	50.0%	17	34	54.3%	19	35
69%	Item 9: Preserving Connections	75.0%	30	40	67.5%	27	40	70.0%	28	40	80.0%	32	40
65%	Item 10: Relative Placement	81.6%	31	38	84.2%	32	38	71.8%	28	39	84.6%	33	39
52%	Item 11: Relationship of Child in Care with Parent(s)	45.2%	14	31	48.5%	16	33	42.4%	14	33	46.7%	14	30

Illinois’ performance improved during the Year 3 reviews. As with previous years, items that assess agency efforts to engage parents in the lives of their children in care (Items 8 and 11) are lower than other non-parent items (Items 7, 9 and 10):

- Concerted efforts to engage and involve parents (particularly fathers) in their children’s lives through visitation (54.3% Strength) and other typical parenting experiences (46.7% Strength).

**ITEM 7:** Illinois improved in this area as observed in the Year 3 data (see table above). Placement with Siblings. In 26/30 cases, the child was either placed with siblings in foster care or their separation was justified and necessary to meet the needs of the child or the sibling(s). Performance by race is reflected below:

Race	Item 7 by Race			
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)	% Strength (Year 3)
African American	100% (10 of 10)	80% (n=15)	87.5% (n=8)	93.7% (n=15)
Caucasian	100% (14 of 14)	94.1% (n=17)	72.2% (n=18)	83.3% (n=10)
Hispanic (any race)	100% (3 of 3)	100% (n=3)	50% (n=4)	50% (n=1)
<b>TOTAL (any race)</b>	<b>100%</b> <b>(n=25<sup>3</sup>)</b>	<b>88.2%</b> <b>(30 of 34<sup>3</sup>)</b>	<b>77.8%</b> <b>(21 of 27<sup>3</sup>)</b>	<b>86.7%</b> <b>(26 of 30<sup>3</sup>)</b>

**ITEM 8:** The overall item performance rebounded slightly from the Year 2 data (from 50% Strength in the Year 2 reviews, to 54.3% in Year 3), due to the number of cases in which there were concerted efforts to ensure the frequency and quality of visitation between either the mother and child, father and child, siblings, or a combination of the three types. If concerted efforts were not made for any of the applicable types of visitations, then the item is rated an Area Needing Improvement.

The data below reflect the concerted efforts of the agency to ensure that parent-child visitation was of sufficient frequency to maintain or promote the continuity of the relationship, and the concerted efforts made to ensure that the quality of visitation was sufficient to maintain or promote the continuity of the relationship. As with previous years, the data for mothers is better than for fathers:

When looking at the frequency of visits between mother/father-child in care the data is better for mothers than for fathers as well:

#### Item 8 Parent Child Visits Data

Item 8 Parent/Child Visits Data			
Frequency of visitation/contact			
CFSR 3 PIP Year 3			
		#	%
Mother	YES	15	54%
	TOTAL	28	
Father	YES	5	38.5%
	TOTAL	13	

Quality of visitation/contact			
CFSR 3 PIP Year 3			
		#	%
Mother	YES	18	67%
	TOTAL	27	
Father	YES	6	46.2%
	TOTAL	13	

<sup>3</sup>Permanency Items only apply to Foster Care cases, of which there are 40 in every annual sample. However, the “n” varies by item because it is possible for an item to be rated “Not Applicable” depending on case circumstances and tool instructions. Only 3 ethnic groups are presented because of extremely small numbers for other racial groups (e.g., n=1 or 2) every year. Additionally, in some years 2 races were selected for an extremely small number of cases, so those are also not reflected in the tables.

Item 8 Parent Visits Data				
	What was the usual frequency of visits between the parent and the child during the PUR?	CFSR 3 PIP Year 3		
		#	%	
<b>Mother</b>	More than once per week	7	25.0%	71.4%
	Once per week	5	17.9%	
	Less than once per week but at least twice per month	5	17.9%	
	Less than twice per month but at least once per month	3	10.7%	
	Less than once per month	7	25.0%	
	Never	1	3.6%	
	TOTAL	28		
<b>Father</b>	More than once per week	1	7.7%	53.8%
	Once per week	3	23.1%	
	Less than once per week but at least twice per month	2	15.4%	
	Less than twice per month but at least once per month	1	7.7%	
	Less than once per month	6	46.2%	
	Never	0	0.0%	
	TOTAL	13		

Performance related to the frequency and quality of sibling visits improved in the Year 3 reviews, with performance ranging from 77% - 87% strength:

**Item 8 Sibling Visits Data**

Frequency of visitation/contact				Quality of visitation/contact			
CFSR 3 PIP Year 3				CFSR 3 PIP Year 3			
		#	%		#	%	
<b>Siblings</b>	YES	13	76.5%	<b>Siblings</b>	YES	13	86.7%
	TOTAL	17			TOTAL	15	

**Item 8 Sibling Visits Data**

	What was the usual frequency of visits between the child and his/her siblings during the PUR?	CFSR 3 PIP Year 3		
		#	%	
<b>Siblings</b>	More than once per week	3	17.6%	82%
	Once per week	3	17.6%	
	Less than once per week but at least twice per month	4	23.5%	
	Less than twice per month but at least once per month	4	23.5%	
	Less than once per month	0	0.0%	
	Never	3	17.6%	
	TOTAL	17		

Performance by race is reflected below:

Race	Item 8 by Race							
	% (Baseline)	Strength	% (Year 1)	Strength	% (Year 2)	Strength	% (Year 3)	Strength
African American	60%		42.9%		75%		59%	
	(6 of 10)		(6 of 14)		(6 of 8)		(10 of 17)	
Caucasian	60%		52.6%		40%		53%	
	(12 of 20)		(10 of 19)		(10 of 25)		(8 of 15)	
Hispanic (any race)	60%		100%		33.3%		33%	
	(3 of 5)		(3 of 3)		(2 of 6)		(1 of 3)	
<b>TOTAL (any race)</b>	<b>55.9%</b>		<b>47.2%</b>		<b>50%</b>		<b>54%</b>	
	<b>(19 of 34<sup>2</sup>)</b>		<b>(17 of 36)</b>		<b>(17 of 34)</b>		<b>(19 of 35)</b>	

Statewide data from ACR, which collects data on the quality of key practices that impact timely permanency for every child in foster care, indicates that performance related to Quality Family Visitation is improved from SFY23 compared to SFY22:

FY22 Q1-4		Jul 2021 - June 2022			FY23 Q1-3		Jul 2022 - Mar 2023		
Region	Statewide	#	%	Passing	Region	Statewide	#	%	Passing
Overall Rating					Overall Rating				
01 - Outstanding		9,862.00	30.5%	<b>68.30%</b>	01 - Outstanding		10,654.00	43.9%	<b>70.60%</b>
02 - Good		12,262.00	37.9%		02 - Good		6,486.00	26.7%	
03 - Concerning		7,019.00	21.7%		03 - Concerning		4,933.00	20.3%	
04 - Unsatisfactory		3,228.00	10.0%		04 - Unsatisfactory		2,207.00	9.1%	
<b>Total</b>		<b>32,371.00</b>	<b>100.0%</b>		<b>Total</b>		<b>24,280.00</b>	<b>100.0%</b>	

Illinois celebrates any success, such as improved performance above, however we also acknowledge that there is room for improvement. Examination of the ACR data indicates that performance is consistently lowest in Cook and Northern. The quality of child visits with other important connections was better (statewide = c. 90% Strength) for sibling visits, than for mother-child visits or father-child visits. Father-child visits scored the lowest (statewide = c. 45%).

**ITEM 9:** Illinois' data improved in the Year 3 data - from 70% rated a Strength in Year 2 to 80% in Year 3. This represents a significant improvement in performance from Year 1 (67.5%), and 75% Strength observed in the Baseline reviews. In the cases that were not rated a strength, the reason was that important connections were not preserved or maintained (these included siblings not in care, half-siblings and extended relatives with whom the child/youth had relationships prior to entering foster care)

In the Year 3 data, there was one child who was either a member of, or eligible for membership in, a federally recognized Indian Tribe, other ICWA requirements were followed.

Performance by race is reflected below:

Race	Item 9 by Race			
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)	% Strength (Year 3)
African American	91.7% (11 of 12)	60% (9 of 15)	60% (6 of 10)	85% (17 of 20)
Caucasian	66.7% (16 of 24)	72.7% (16 of 22)	72.4% (21 of 29)	82% (14 of 17)
Hispanic (any race)	60% (3 of 5)	66.7% (2 of 3)	100% (6 of 6)	33% (1 of 3)
<b>TOTAL (any race)</b>	<b>75%</b> <b>(30 of 40<sup>2</sup>)</b>	<b>67.5%</b> <b>(27 of 40)</b>	<b>70%</b> <b>(28 of 40)</b>	<b>80%</b> <b>(32 of 40)</b>

ACR Data suggests that during FY23, connections of the child with other important connections was improving from FY22 data (see Item 8 for brief discussion).

**ITEM 10:** In Item 10, performance improved in Year 3 to 85% of the cases rated a Strength, versus 71.8% in Year 2. Cases are rated a Strength because either the child was placed with a relative and stable in that placement, or because while the child was not placed with a relative, efforts had been made to identify, locate, inform and evaluate maternal and paternal relatives. Performance by race is reflected below:

Race	Item 10 by Race			
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)	% Strength (Year 3)
African American	91.7% (11 of 12)	80% (12 of 15)	60% (6 of 10)	89.4% (17 of 19)
Caucasian	73.9% (17 of 23)	85% (17 of 20)	75% (21 of 28)	76.4% (13 of 17)
Hispanic (any race)	60% (3 of 5)	66.7% (2 of 3)	83.3% (5 of 6)	100% (3 of 3)
<b>TOTAL (any race)</b>	<b>81.6%</b> <b>(31 of 38<sup>2</sup>)</b>	<b>84.2%</b> <b>(32 of 38)</b>	<b>71.8%</b> <b>(28 of 39)</b>	<b>84.6%</b> <b>(33 of 39)</b>

**ITEM 11:** Year 2 data dropped to 42.4% (from 45.2% in the Baseline) of cases rated a Strength. Cases are rated a Strength because concerted efforts were made to promote, support and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother and father (ANIs were because these efforts were not made). Performance by race is reflected on the next page (please see how Illinois is addressing disparity in Item 12, at the end of that discussion and before Item 13):

Race	Item 11 by Race			
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)	% Strength (Year 3)
African American	62.5% (5 of 8)	50% (7 of 14)	62.5% (5 of 8)	54% (7 of 13)
Caucasian	42.1% (8 of 19)	43.7% (7 of 16)	33.3% (8 of 24)	50% (7 of 14)
Hispanic (any race)	33.3% (1 of 3)	33.3% (1 of 3)	16.7% (1 of 6)	0% (0 of 3)
<b>TOTAL (any race)</b>	<b>45.2%</b> <b>(14 of 31<sup>2</sup>)</b>	<b>48.5%</b> <b>(16 of 33)</b>	<b>42.4%</b> <b>(14 of 33)</b>	



The Governor’s Office has created a statewide Office of Equity and DCFS now has an Office of Race Equity Practice. The DCFS Office of Affirmative Action has transitioned into the Division of Diversity, Equity and Inclusion. All these entities are working together and each state agency has developed a Diversity, Equity and Inclusion (DEI) plan. Illinois DCFS is doing foundational work on addressing data quality as it relates to how demographic information is collected, entered and reported to ensure that people can self-identify their race and ethnicity. Illinois has also implemented a mandatory Implicit Bias training and training on working with clients who identify as LGBTQ. The Illinois Child Welfare Core Practice Model includes cultural competence as critical in engaging families.

**UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:**

**NOTE:** *Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 7 – 8.*

**C. Well-Being**

**WELL-BEING OUTCOMES:** *Families have enhanced capacity to provide for their children's needs (WB1), children receive appropriate services to meet their educational needs (WB2) and children receive adequate services to meet their physical and mental health needs (WB3).*

PIP Baseline data and the Year 3 data for the three well-being outcomes indicates the following results:

IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)		
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
		%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable
28%	Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS	40.0%	26	65	38.5%	25	65	33.8%	22	65	49.2%	32	65
83%	Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS	96.8%	30	31	92.1%	35	38	91.4%	32	35	97.4%	37	38
56%	Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	64.8%	35	54	63.2%	36	57	57.9%	33	57	53.4%	31	58

There are several items that inform overall outcome performance for the Well-Being Outcomes:

WB1, associated Items	WB2, associated Item	WB3, associated Items
Item 12: Needs and Services of Child, Parents and Foster Parents <i>12a: Needs Assessment and Services to Children</i>	Item 16: Educational/ Developmental Needs of the Child	Item 17: Physical Health of the Child
		Item 18: Mental/Behavioral Health of the Child

12b: Needs Assessment and Services to Parents	
12c: Needs Assessment and Services to Foster Parents	
Item 13: Child and Family Involvement in Case Planning	
Item 14: Caseworker Visits with Child(ren)	
Item 15: Caseworker Visits with Parents	

**Outcome WB1: Families have an enhanced capacity to provide for their children’s needs**

**DATA:**

Illinois’ performance in Outcome WB1 and related Items continues to highlight the need for improved assessments, service provision and engagement of stakeholders (particularly parents):

- Accurate, comprehensive and ongoing assessments of all stakeholders, but particularly fathers.
- Efforts to actively engage stakeholders in the case planning process, particularly fathers (there is still a mindset that the parents should make the efforts to engage versus the agency and fathers are almost not even considered).
- Making caseworker visits with the children and parents purposeful (to relationship-build, engage and assess), versus to achieve compliance with monthly visit requirements.

IL CFR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CF SR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)			IL CFR 3 PIP Goals (based on 2019 PIP Baseline data)	PIP GOAL MET?
		COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA				
		%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable		
28%	Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS	40.0%	26	65	38.5%	25	65	33.8%	22	65	49.2%	32	65		
32%	Item 12: Needs and Services of Child, Parents, and Foster Parents	49.2%	32	65	41.5%	27	65	33.8%	22	65	52.3%	34	65	54%	✗
63%	Item 12a: Needs Assessment and Services to Children	84.6%	55	65	80.0%	52	65	80.0%	52	65	83.1%	54	65	n/a	
29%	Item 12b: Needs Assessment and Services to Parents	47.4%	27	57	41.4%	24	58	34.5%	20	58	51.7%	30	58	n/a	
72%	Item 12c: Needs Assessment and Services to Foster Parents	83.3%	30	36	83.3%	30	36	70.3%	26	37	84.6%	33	39	n/a	
35%	Item 13: Child and Family Involvement in Case Planning	46.7%	28	60	44.4%	28	63	46.0%	29	63	57.1%	36	63	51%	✓
55%	Item 14: Caseworker Visits with Child	73.8%	48	65	78.5%	51	65	83.3%	50	60	84.6%	55	65	78%	✓
29%	Item 15: Caseworker Visits with Parents	39.3%	22	56	32.8%	19	58	40.4%	21	52	49.1%	28	57	44%	✓

Throughout Items 12 – 15, the impact of the workforce crisis played a significant role in the quality of caseworker visits, assessments, engagement, service delivery and continuity of care, regardless of case type. The disruptive nature of staff turnover in child welfare creates inevitable service gaps and permanency delays, mistrust by case stakeholders of the system and of positive outcomes for their case and trauma to children in care.

**ITEM 12** has three sub-items: 12A, Needs Assessment and Services to Children; 12B, Needs Assessment and Services to Parents; and 12C, Needs Assessment and Services to Foster Parents.

Performance improved from 34% Strength in the Year 2 data to 52% Strength in Year 3. (Our PIP Goal is 54% Strength.) The improvement in the overall Item 12 data for Year 3 is attributable to improved practices with parents (Item 12B). The department has emphasized active efforts to include parents and particularly fathers, and this effort is observed in the data for Year 3. An emphasis by the department in participating and implementing Motivational Interviewing is also supporting improved data.

Overall, for Item 12, there is a difference in performance between case types in the Year 3 data. Differences in performance reside in the sub-items: Foster Care data is much better for 12A (Children) than In-Home, with 36 FC cases with a strength rating (90% Strength) versus 19 IH cases (72.5%); 12B (Parents) data is better in the In-Home data versus the Foster Care data (60% Strength IH vs. 45.5% Strength FC). Only Foster Care cases apply to 12C and 33 out of the 44 cases were rated a strength (84.6%). On the whole, families presented with one or more of the following complicated service needs that were not always comprehensively assessed or addressed through appropriate service provision: parental substance abuse, domestic violence and/or parental mental health. This impacted Item 12 ratings, regardless of case type.

Contributing factors to In-Home cases rated ANI were: Assessments were not comprehensive or ongoing (this was primarily because they did not include all children in the family, paramours or fathers; and/or because families were not seen by the agency as needed, which impacted comprehensiveness of the assessments). Investigation cases heavily impacted performance in this Item (reasons noted in Item 3), and the EFSP case was also rated ANI due to lack of ongoing assessments, specifically in 12B.

IL CFSR 3 (2018) Official Results - IN-HOME ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) In-Home ONLY (25)			2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) In-Home ONLY (25)			2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) In-Home ONLY (25)			2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) In-Home ONLY (25)		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
		20%	Item 12: Needs and Services of Child, Parents, and Foster Parents	64.0%	16	25	40.0%	10	25	32.0%	8	25	56.0%
48%	Item 12a: Needs Assessment and Services to Children	76.0%	19	25	68.0%	17	25	60.0%	15	25	72.0%	18	25
24%	Item 12b: Needs Assessment and Services to Parents	64.0%	16	25	40.0%	10	25	40.0%	10	25	60.0%	15	25
	Item 12c: Needs Assessment and Services to Foster Parents	NA	0	0	NA	0	0	NA	0	0	N/A	0	0
20%	Item 13: Child and Family Involvement in Case Planning	60.0%	15	25	40.0%	10	25	44.0%	11	25	64.0%	16	25
32%	Item 14: Caseworker Visits with Child	60.0%	15	25	68.0%	17	25	75.0%	15	20	72.0%	18	25
24%	Item 15: Caseworker Visits with Parents	60.0%	15	25	32.0%	8	25	50.0%	10	20	56.0%	14	25

As it relates to FC cases, the primary contributor to Item 12B ANI ratings had to do with how the agency was assessing parents (and fathers particularly). In 18 of the 32 applicable FC cases, Item 12B was rated an ANI because the agency did not conduct comprehensive, ongoing assessments of parents (mothers, fathers and/or paramours). This often included a lack of diligent searches for parents whose whereabouts were unknown during the PUR. In several cases, needed services were not provided to the parent(s) - this was sometimes due to the caseworker not making a referral, sometimes due to a lack of resources and sometimes due to lack of parent engagement in the service(s).

IL CFSR 3 (2018) Official Results - FC ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) Foster Care ONLY (40)			2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) Foster Care ONLY (40)			2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) Foster Care ONLY (40)			2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) Foster Care ONLY (40)		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
40%	Item 12: Needs and Services of Child, Parents, and Foster Parents	40.0%	16	40	42.5%	17	40	35.0%	14	40	50.0%	20	40
73%	Item 12a: Needs Assessment and Services to Children	90.0%	36	40	87.5%	35	40	92.5%	37	40	90.0%	36	40
33%	Item 12b: Needs Assessment and Services to Parents	34.4%	11	32	42.4%	14	33	30.3%	10	33	45.5%	15	33
72%	Item 12c: Needs Assessment and Services to Foster Parents	83.3%	30	36	83.3%	30	36	70.3%	26	37	84.6%	33	39
45%	Item 13: Child and Family Involvement in Case Planning	37.1%	13	35	47.4%	18	38	47.4%	18	38	52.6%	20	38
70%	Item 14: Caseworker Visits with Child	82.5%	33	40	85.0%	34	40	87.5%	35	40	92.5%	37	40
33%	Item 15: Caseworker Visits with Parents	22.6%	7	31	33.3%	11	33	34.4%	11	32	43.8%	14	32

Item 12C was commonly rated a Strength (88% of the cases) as the agency made concerted efforts to assess all foster parents during the PUR and provide needed services in those cases. In all the cases rated ANI, the child experienced placement changes during the PUR (either at the request of the foster parent, or due to maltreatment in care) and one or more of the foster parents identified service needs either preceding the placement change or in response to the placement change. The agency failed to respond to foster parent concerns about their ability to care for the child (predominantly child behavior (trauma) related concerns) or respond to requests for services to meet needs of the child.

Needs and Services of Child, Parents and Foster Parents is a target of priority focus in implementation of CFTM and enhanced service array. Since the last APSR (FY23), there continues to be a renewed emphasis on availability of Flex Funding and Intensive Placement Stabilization services as ways to fill gaps in resources available.

For both Item 12A and 12B, the following are being implemented to address concerns around our performance in these items:

### Assessments

Strong family engagement of both parents/children are the backbone of strong child welfare services. The following key practice areas throughout Permanency remain the focus of attention: Quality Child and Family Team Meetings and Quality Supervision. Ensuring all service needs are identified early on is a key part of this process.

There continues to be a focus on the following critical engagement skills at the department, when working with families:

- Use of respectful language that values the right, values and beliefs of the family.
- Use of family centered practice to strengthen, enable and empower the family.
- Voice and choice of the family versus those of professionals.
- Collaborative spirit with the parents/youth.

### Services

The department continues to increase services available to offer support to both children and parents. These include specialty counseling and mental health services, including IPS (Intensive Placement Stabilization). Flex funds are used to access services which best meet the needs of the families and youth in care if not available through traditional funding sources. Community-based services are also a priority

which include tutoring, recreation and extracurricular activities and respite support for youth and families. The department's use of flex funds is targeted to provide a needed service to both youth and caregivers and to purchase items and services necessary to support family-based placements. Such items and services can be identified by casework staff and approved by supervisory staff. Flex funds are intended to be highly individualized to the needs both youth and caregiver. The discussion of issues related to items and services that flex funds can be used for primarily occur at Child and Family Team meetings. Examples of items that flex funds can be used for include mentors (kids with special needs, in home behavior management skills, etc.) and other para-professional services (homemaker, mentors to youth). These provide support to caregivers. Access to transportation and non-traditional therapeutic like services such as after school programming also serve to support caregivers who need time to work and or complete tasks related to family operations. Generally, flex funds would be used when the provider is not currently under contract with DCFS or under a subcontract with a private agency to provide these services in a timely manner. Data regarding use of actual approved requests is beginning to be tracked as part of the BH Meta Model. Flex funds are available across the state.

The Intensive Placement Stabilization Services (IPS) program is a statewide, community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to children with complex trauma reactions, emotional and behavioral problems and who are at risk of losing their current placement/living situations and their families. IPS providers are trained in the evidence-informed framework of Attachment, Self-Regulation and Competency (ARC) which in an intervention designed for children and youth who have experienced complex developmental trauma and their caregivers. IPS therapists focus on teaching caregivers how to regulate their own emotions, to be aware of their own triggers so they can, in turn, help regulate a youth. They learn to be attuned to or read the child and notice when the child is escalating emotionally and behaviorally so they can intervene quickly enough to stop an outburst before it starts. Caregivers are taught how to implement routines and rhythms to assist the child to transition from environment to environment or activity to activity as trauma exposed youth often struggle with the unknown or unusual changes. Strategies for effectively parenting trauma-impacted youth are also a source of intervention for IPS therapists as well.

Quality engagement for parents/children during the assessment/service process is vital. The following areas are key engagement skills being highlighted to better engage families/children:

- Language that is easy for the parents/children to understand.
- Assessments and plans that implement measurable change for children/families.
- Identification of services/interventions that are intentional and appropriate to the family's needs and effective at resulting in improved outcomes.
- Determination if the family feels services are effective.
- Family's level of engagement in the services.

Additionally, APME, in discussions with community-based partner agencies, encourages engagement of fathers in their assessment, visitation and service planning on a consistent basis. There are advocacy centers available to provide advocacy for fathers. Through the family advocacy centers, the Be Strong Families program offers training, fatherhood cafés and support for fathers and agencies are encouraged to utilize this resource.

APME is conducting reviews via the Quality Indicator and Case record tool which began in December 2021 that addresses the assessment and requirements we are seeking to correct, including but not limited to

engagement, trauma services to youth in care (YIC), connection to YouthCare, CFTM CWG training and future support as it relates to family engagement and support to supervisors in the CFTM process.

APME has continued to offer support and guidance to DCFS and CWCA agencies through QIR reviews with both SACWIS and on-site record reviews. While feedback is generated to the agencies regarding deficiencies found, it should be noted that historically the reviews were more compliance oriented than quality oriented. However the current focus is on quality engagement and service provision. In the initial format, the QIR reviews were looking for evidence of completion, but now the Permanency Compliance and Quality Review tool is reviewing qualitative feedback on the service/document being reviewed. Continued deficiencies (such as missing Home Safety Checklists) are addressed with the agency in written feedback and mentioned in performance review meetings. Completion of CFTMs by each provider or lack of compliance has been noted through the review and is addressed within the feedback given during performance review meetings. CWG has worked with APME in evaluating strengths and areas for improvement for the feedback process of each monitor. CWG trained all APME monitors and leadership staff within APME and are currently planning to train CWCA agency permanency staff regarding CFTM compliance, observation, documentation and feedback.

Services for foster parents are supported in a variety of ways. The Foster Parent Support Specialist (FPSS) Program is available for foster parents during working hours as well as 24/7 for emergency support. The FPSS assist workers in identifying suitable placements; and they carry a caseload of foster parents within their respective area. The FPSS contact the foster home monthly with placements, quarterly without placement, to support the home. They assess the needs of the foster parent and/or youth in the home, provide resources in the community, refer foster parents to appropriate training and they assist with crisis intervention and placement stabilization. The FPSS can inform workers and management teams in the field whenever they encounter situations in the foster homes that need attention.

The FPSS program offers crisis support by in-home visits or by phone, including:

- Assist in identifying training needs to maintain licensure.
- Brainstorm strategies to support youth in the home.
- Attend school meetings, court hearings, ACRs, or Child and Family Team Meetings.
- Facilitate foster parent support groups.
- Act as a liaison with multiple agencies.
- Respond in person 24/7 to foster homes, hospital emergency rooms and other places as required when foster families are facing an extreme crisis.

FPSS continue to offer the expansion of support groups as they engage caregivers using technology to conduct virtual and in-person support group meetings. The FPSS have expanded support group meetings from in-person to virtual, reaching more people and easing the burden of travel and childcare on foster parents. They offer support groups to DCFS licensed foster parents, and they have expanded support groups to engage with unlicensed relative caregivers, fictive kin and Child Welfare Contributing Agencies (CWCA). These support groups are also expanded by virtue of the department's Be Strong Families funding, which offers ongoing support group type events such as foster parent cafes across Illinois to include CWCA's and DCFS foster parents.

Feedback from foster parent members from the Statewide Foster Care Advisory Council indicate that areas needing improvement include respite, daycare, availability of after hour staff to answer phone calls and make decisions, being treated with dignity and respect and being made to feel part of the team. To

address some of the feedback, DCFS created and implemented a training regarding the Foster Parent Law which goes over the rights and responsibilities of foster parents. It is an on-demand training that is available to all staff and foster parents (DCFS and CWCA staff and foster parents). The course is also available in person. To date, 213 people have completed this course. This training was announced on the D-Net and correspondence was sent to each CWCA and each region's Foster Parent Law liaison. Announcements and correspondence about this training will continue in a variety of ways through technology, team meetings and communication to staff to assure foster parents are a part of the team and are treated with dignity and respect.

The Statewide Foster Care Advisory Council (SWFCAC) is heavily involved in working to support youth in care by addressing placement disruptions that occur when therapeutic supports are not accessible, when caseworker response are slow due to high demands, when daycare options are restricted and when foster parents feel excluded from the professional team. The Foster Parent Law is the foundation for ensuring that foster parents are supported. The SWFCAC training committee reported that PRIDE training and the Home of Relative Training has been updated to include the Foster Parent Law. The council meets almost monthly and there is time on the agenda for continued resolution of concerns stated above. The Regional Administrators rotate attendance at council meetings and senior management continue to be invited to explore needs and resolutions during council meetings.

The council will partner with the Quality Assurance team to better understand the CFSR outcomes. DCFS Permanency is implementing an updated afterhours protocol which will be made available to foster parents for use in emergencies.

Regionally, there is variation in terms of percentage of Strength:

Sub-Item Strength Rating, By Region	Year 3								
	12A Total	#S	%S	12B Total	#S	%S	12C Total	#S	%S
<b>Cook Region</b>	24	20	83%	21	10	48%	14	12	86%
<b>Northern Region</b>	10	8	80%	9	4	44%	6	5	83%
<i>Aurora Sub (Northern)</i>	5	4	80%	5	3	60%	3	2	67%
<i>Rockford Sub (Northern)</i>	5	4	80%	4	1	25%	3	3	100%
<b>Central Region</b>	19	15	79%	18	11	61%	12	10	83%
<i>Peoria Sub (Central)</i>	9	5	56%	8	5	63%	5	5	100%
<i>Springfield Sub (Central)</i>	4	4	100%	4	3	75%	3	2	67%
<i>Champaign Sub (Central)</i>	6	6	100%	6	3	50%	4	3	75%
<b>Southern Region</b>	12	11	92%	10	5	50%	7	6	86%
<i>ESL Sub (Southern)</i>	6	6	100%	5	3	60%	3	3	100%
<i>Marion Sub (Southern)</i>	6	5	83%	5	2	40%	4	3	75%

Sub-Item Strength Rating, By Region	Year 1		
	12A %S	12B %S	12C %S
<b>Cook Region</b>	<b>89%</b>	<b>30%</b>	<b>86%</b>
<b>Northern Region</b>	<b>69%</b>	<b>44%</b>	<b>83%</b>
<i>Aurora Sub (Northern)</i>	60%	33%	75%
<i>Rockford Sub (Northern)</i>	83%	67%	100%
<b>Central Region</b>	<b>76%</b>	<b>56%</b>	<b>70%</b>
<i>Peoria Sub (Central)</i>	83%	71%	75%
<i>Springfield Sub (Central)</i>	75%	50%	67%
<i>Champaign Sub (Central)</i>	67%	40%	67%
<b>Southern Region</b>	<b>83%</b>	<b>50%</b>	<b>100%</b>
<i>ESL Sub (Southern)</i>	88%	67%	100%
<i>Marion Sub (Southern)</i>	80%	43%	100%

Sub-Item Strength Rating, By Region	#S	Year 2		
		12A %S	12B %S	12C %S
<b>Cook Region</b>	20	<b>83%</b>	<b>41%</b>	<b>71%</b>
<b>Northern Region</b>	7	<b>70%</b>	<b>30%</b>	<b>67%</b>
<i>Aurora Sub (Northern)</i>	3	50%	50%	67%
<i>Rockford Sub (Northern)</i>	4	100%	0%	67%
<b>Central Region</b>	15	<b>79%</b>	<b>38%</b>	<b>82%</b>
<i>Peoria Sub (Central)</i>	6	75%	29%	80%
<i>Springfield Sub (Central)</i>	4	80%	25%	67%
<i>Champaign Sub (Central)</i>	5	83%	60%	100%
<b>Southern Region</b>	10	<b>83%</b>	<b>20%</b>	<b>50%</b>
<i>ESL Sub (Southern)</i>	5	100%	0%	100%
<i>Marion Sub (Southern)</i>	5	71%	29%	25%

Race	Item 12 by Race (Foster Care cases only)			
	% (Baseline) Strength	% (Year 1) Strength	% (Year 2) Strength	% (Year 3) Strength
<b>African American</b>	50% (7 of 14)	29.4% (5 of 17)	20% (2 of 10)	60% (12 of 20)
<b>Caucasian</b>	33.3% (8 of 24)	50% (11 of 22)	41.3% (12 of 29)	47% (8 of 17)
<b>Hispanic (any race)</b>	20% (1 of 5)	33.3% (1 of 3)	16.6% (1 of 6)	0% (0 of 3)
<b>TOTAL (any race)</b>	<b>40%</b> <b>(16 of 40)</b>	<b>40%</b> <b>(16 of 40)</b>	<b>35%</b> <b>(14 of 40)</b>	<b>50%</b> <b>(20 of 40)</b>

As noted earlier in this document, the Governor’s Office has created a statewide Office of Equity and DCFS now has an Office of Race Equity Practice. In our FY23 APSR, Illinois noted that “A plan to collaborate between the Office of Racial Equity Practice (as the subject matter expert) and Operations (all specialties) to explore this issue, understand the root causes and identify possible strategies/steps to address any disparity/inequity in outcomes by race is being developed.” Since then, DCFS Quality Assurance, Operations and the Office of Racial Equity Practice have formed a workgroup and developed a plan for moving forward addressing the Assessment data of the APSR. The plan that was agreed upon is as follows:

- Present to the permanency leadership team.
- Provide data for discussion (we have asked for county level data).
- Identify root cause (regional).
- Develop a theory of change and Logic Model.
- Develop strategies to test.

This is an ongoing CQI activity.

**ITEM 13:** Performance improved from 46% Strength in Year 2 to 57% Strength in the Year 3 data. (Our PIP Goal is 51% Strength. Concerted efforts to actively engage children were observed in 69% of the 35 applicable cases (not all children are age or developmentally appropriate), whereas concerted efforts were observed with 56% of mothers who were applicable for assessment and with 49% of fathers who were applicable for assessment. There is an increase in performance for all 3 stakeholders for this item. Concerted efforts to engage stakeholders in case planning also varied by case type:



- In Foster Care cases, concerted efforts were observed with 69% of children, 45% of mothers and 33% of fathers.
- In In-Home cases, concerted efforts were observed with 85% of children, 76% of mothers and 63% of fathers.

Regionally, concerted efforts were most often observed in cases from the Southern region.

Foster Care cases that were rated an ANI for this item predominantly involved a lack of concerted efforts to actively involve parents - parents did not feel that case plans were developed with them or reflected their voice and choice. In these cases, Administrative Case Reviews (ACR) and Child and Family Team Meetings (CFTM) were not utilized as tools to support engagement and involvement in case planning. Also in these cases, diligent searches to locate parent's whose whereabouts were unknown for any part of the PUR were not observed as an effort to engage them in case planning.

With In-Home cases, a narrow focus on the mother and identified child(ren) was observed. This tended to result in (particularly) fathers not being actively involved by the agency and assessments of ALL children in the family not being fully conducted. Out of the 19 applicable in-home cases, there were seven cases with an ANI rating due to the lack efforts made to engage at least one of the fathers in a case. There were several cases in which all the children were not included in case planning. As with the foster care cases, parents and age and developmentally appropriate children are not always involved in the development of their case plans, nor did they feel that their voice and choice were heard. As with the foster care cases, CFTMs were not routinely used as a tool to support engagement and involvement in case planning.

Regionally, concerted efforts were most often observed in cases from the Cook region:

Item Strength Rating, By Region	Year 3								
	Total	#S	%S	Total FC	#S	%S	Total IH	#S	%S
<b>Cook Region</b>	23	12	52%	15	7	47%	9	5	56%
<b>Northern Region</b>	10	6	60%	6	2	33%	4	3	75%
<i>Aurora Sub (Northern)</i>	5	3	60%	3	1	33%	2	2	100%
<i>Rockford Sub (Northern)</i>	5	3	60%	3	1	33%	2	1	50%
<b>Central Region</b>	19	11	58%	12	7	58%	7	4	57%
<i>Peoria Sub (Central)</i>	9	5	56%	5	3	60%	4	2	50%
<i>Springfield Sub (Central)</i>	4	3	75%	3	2	67%	1	1	100%
<i>Champaign Sub (Central)</i>	6	3	50%	4	2	50%	2	1	50%
<b>Southern Region</b>	11	7	64%	6	3	50%	5	4	80%
<i>ESL Sub (Southern)</i>	5	3	60%	2	1	50%	3	2	67%
<i>Marion Sub (Southern)</i>	6	4	67%	4	2	50%	2	2	100%
<b>Case Type Totals:</b>				<b>32</b>	<b>18</b>	<b>56%</b>	<b>25</b>	<b>10</b>	<b>40%</b>

Item Strength Rating, By Region	Year 1			Year 2		
	TOTAL %S	FC %S	IH %S	TOTAL %S	FC %S	IH %S
<b>Cook Region</b>	35%	21%	56%	61%	57%	67%
<b>Northern Region</b>	40%	50%	25%	40%	50%	25%
Aurora Sub (Northern)	17%	25%	0%	50%	67%	33%
Rockford Sub (Northern)	75%	100%	50%	25%	33%	0%
<b>Central Region</b>	63%	83%	29%	37%	50%	14%
Peoria Sub (Central)	75%	80%	67%	38%	40%	33%
Springfield Sub (Central)	60%	100%	0%	40%	50%	0%
Champaign Sub (Central)	50%	75%	0%	33%	67%	0%
<b>Southern Region</b>	36%	33%	40%	36%	17%	60%
ESL Sub (Southern)	25%	0%	50%	50%	50%	50%
Marion Sub (Southern)	43%	50%	33%	29%	0%	67%
<b>Case Type Totals:</b>		<b>56%</b>	<b>40%</b>	<b>Case Type Totals:</b>	<b>56%</b>	<b>40%</b>

Illinois' focus on CFTM as an intervention with families is being implemented with revised training and coaching approaches to support skill development in facilitation of CFTMs. One of the elements in evaluating quality implementation of CFTM is assessing for engagement of all stakeholders, including non-custodial parents.

**ITEM 14:** Illinois achieved the PIP Goal of 78% in Year 1. In Year 2, we were at 77%, which is not statistically different from Year 1. However, there is significant improvement in Year 3 to 85%.

IL CFSR 3 (2018) Official Results - COMBINED FC - IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)			IL CFSR 3 PIP Goals (based on 2019 PIP Baseline data)	PIP GOAL MET:
		%S	#Substantially Achieved/ Strength	#Applicable	%S	#Substantially Achieved/ Strength	#Applicable	%S	#Substantially Achieved/ Strength	#Applicable	%S	#Substantially Achieved/ Strength	#Applicable		
55%	Item 14: Caseworker Visits with Child	73.8%	48	65	78.5%	51	65	83.3%	50	60	84.6%	55	65	78%	✓ Goal Met Year 1

As with previous years, more Foster Care cases were rated a Strength for this item than were In-Home cases. For in-home cases, the frequency was identified as the reason for ANI, notably on the gap of time between each contact. There were time periods where contact varied from approximately one month to seven months. In one case not all the children were seen on the frequency needed. However, in the foster care cases with ratings of ANI, the reason identified was the lack in the quality of the contacts. Their lack of efforts at engagement and assessments of the target child impacted the discussions of the progress of the case and understanding the child's perception of their placement.

Within the department (and in communications with our private agency partners) there has been a consistent emphasis on ensuring that the quality of caseworker contacts is substantive. This along with more staff trained in Motivational Interviewing are thought to be main contributors to the improvement in performance in this item.

The frequency of caseworker visits with the child(ren) and quality of interactions were typically noted as reasons for an ANI rating (Note tables below which illustrate our annual caseworker-child contacts at 92% in FFY22; previously noted at 93% for FFY21 and 90% for FFY20; these data are based strictly on administrative data pulled from SACWIS contact notes.)

IL CFSR 3 (2018) Official Results - FC ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) Foster Care ONLY (40)			2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) Foster Care ONLY (40)			2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) Foster Care ONLY (40)			2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) Foster Care ONLY (40)		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
70%	Item 14: Caseworker Visits with Child	82.5%	33	40	85.0%	34	40	87.5%	35	40	92.5%	37	40
IL CFSR 3 (2018) Official Results - IN-HOME ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) In-Home ONLY (25)			2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) In-Home ONLY (25)			2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) In-Home ONLY (25)			2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) In-Home ONLY (25)		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
32%	Item 14: Caseworker Visits with Child	60.0%	15	25	68.0%	17	25	75.0%	15	20	72.0%	18	25

Regional Performance is noted in the table below, and below that is Illinois' FFY21 & FFY20 Caseworker-Child Contacts Data:

Regional Performance is noted in the table below, and below that is Illinois' FFY21 & FFY20 Caseworker-Child Contacts Data:

Item	Strength	Rating, By	Region (Year 3)			Year 2	Year 1
			Total	#S	%S	%S	%S
<b>Cook Region</b>			<b>24</b>	<b>20</b>	<b>83%</b>	<b>79%</b>	<b>83%</b>
<b>Northern Region</b>			<b>10</b>	<b>9</b>	<b>90%</b>	<b>60%</b>	<b>70%</b>
Aurora Sub (Northern)	5	5			100%	50%	50%
Rockford Sub (Northern)	5	4			80%	75%	100%
<b>Central Region</b>			<b>19</b>	<b>15</b>	<b>79%</b>	<b>79%</b>	<b>84%</b>
Peoria Sub (Central)	9	5			56%	88%	88%
Springfield Sub (Central)	4	4			100%	80%	80%
Champaign Sub (Central)	6	6			100%	67%	83%
<b>Southern Region</b>			<b>12</b>	<b>11</b>	<b>92%</b>	<b>83%</b>	<b>67%</b>
ESL Sub (Southern)	6	6			100%	100%	60%
Marion Sub (Southern)	6	5			83%	71%	71%

Illinois Department of Children and Family Services  
Monthly Caseworker/Child Visits FFY2022

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
22,890	193,130	2,308	195,438	212,028	186,250	2,308	188,558	92	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, also for foster care cases:

Region	FY22 Q4	FY23 Q1 July & Aug	FY23 Q1 Sept	FY23 Q2	FY23 Q3
	%Strength	%Strength	%Strength	%Strength	%Strength
Central	83.7%	84.8%	83.0%	89.3%	90.4%
Cook	81.9%	87.6%	84.3%	85.6%	83.8%
Northern	85.5%	85.1%	86.9%	89.3%	89.1%
Southern	78.4%	79.1%	83.0%	80.5%	85.6%
<b>Statewide</b>	<b>82.4%</b>	<b>83.2%</b>	<b>84.1%</b>	<b>86.4%</b>	<b>87.2%</b>

The Superseding Implementation Plan (SIP) was approved this spring by the judge overseeing the BH Consent Decree. The BH SIP includes a workplan focused on improving caseworker engagement with families. This workplan was developed with the court appointed BH Experts. The Permanency leadership is very focused on improving the quality of caseworker contacts, as is DCP and Intact.

**ITEM 15:** Performance increased from 37% Strength in the Year 2 data to 49% in the Year 3 data. (Our PIP Goal is 44% Strength; Illinois anticipates acknowledgement that we have met our PIP Goal for this Item in Year 3.) As noted in Item 14, within the department (and in communications with our private agency partners) there has been a consistent emphasis on ensuring that the quality of caseworker contacts is substantive. This along with more staff trained in Motivational Interviewing are thought to be main contributors to the improvement in performance in this item.

IL CFR 3 (2018) Official Results - FC ONLY	ILLINOIS CFR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			2022 PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)			IL CFR 3 PIP Goals (based on 2019 PIP Baseline data)	PIP GOAL MET?
		%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable		
29%	Item 15: Caseworker Visits with Parents	39.3%	22	56	32.8%	19	58	40.4%	21	52	49.1%	28	57	44%	✓ Goal Met Year 3

IL CFR 3 (2018) Official Results - FC ONLY	ILLINOIS CFR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFR 3 PIP BASELINE (FINAL as of 5/1/2020) Foster Care ONLY (40)			2020 CFR 3 PIP YEAR 1 (FINAL as of 2/10/2021) Foster Care ONLY (40)			2021 CFR 3 PIP YEAR 2 (FINAL as of 1/28/2022) Foster Care ONLY (40)			2022 CFR 3 PIP YEAR 3 (FINAL as of 03/06/2023) Foster Care ONLY (40)		
		%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable
33%	Item 15: Caseworker Visits with Parents	22.6%	7	31	33.3%	11	33	34.4%	11	32	43.8%	14	32

IL CFSR 3 (2018) Official Results - IN-HOME ONLY	ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) In-Home ONLY (25)			2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) In-Home ONLY (25)			2021 CFSR 3 PIP YEAR 2 (FINAL as of 1/28/2022) In-Home ONLY (25)			2022 CFSR 3 PIP YEAR 3 (FINAL as of 03/06/2023) In-Home ONLY (25)		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
24%	Item 15: Caseworker Visits with Parents	60.0%	15	25	32.0%	8	25	50.0%	10	20	56.0%	14	25

The In-Home (13 cases with S) data is slightly better than the Foster Care data (12 cases with S). Reasons contributing to ANI ratings included one or both of the following: focusing on ensuring required frequency of contacts with the primary parent/caretaker, versus both parents or caretakers; and/or the discussions during contacts did not encompass all known concerns or needs, or contribute adequately to the comprehensive, ongoing assessment process. There was also lack of efforts to complete unannounced visits to the home of parents. The majority of the visits were announced.

The data by case type and type of parent (either mother or father) indicated that pattern, frequency and quality of contacts with mothers is 67% and 59% respectively between strength/yes, whereas contacts with fathers were more 49% and 47% strength/yes:

#### PIP Measurement Data, Year 3, Item 15

	Pattern						Sufficient Frequency			Sufficient Quality		
	More than 1/week	1/week	At least 2/month	At least 1/month	Less than 1/month	Never	#Y	#Applicable	%Y	#Y	#Applicable	%Y
<b>Mother</b>	0	1	3	12	14	1	17	31	55%	12	29	41%
<b>Father</b>	0	2	2	2	11	1	7	18	39%	6	17	35%

#### PIP Measurement Data, Year 2, Item 15

	Pattern						Sufficient Frequency			Sufficient Quality		
	More than 1/week	1/week	At least 2/month	At least 1/month	Less than 1/month	Never	#Y	#Applicable	%Y	#Y	#Applicable	%Y
<b>Mother</b>	0	3	16	17	16	2	36	54	67%	30	51	59%
<b>Father</b>	0	5	9	5	15	3	18	37	49%	16	34	47%

Regional variation is observed in the table below:

*Regional variation is observed in the table below:*

Item Strength Rating, By Region (Year 3)	Total	#S	%S	Year 2 %S	Year 3 %S
<b>Cook Region</b>	21	9	43%	52%	22%
<b>Northern Region</b>	8	5	63%	20%	33%
Aurora Sub (Northern)		5	3	60%	33%
Rockford Sub (Northern)		3	2	67%	0%
<b>Central Region</b>	18	8	44%	31%	56%
Peoria Sub (Central)		8	3	38%	29%
Springfield Sub (Central)		4	2	50%	25%
Champaign Sub (Central)		6	3	50%	40%
<b>Southern Region</b>	10	6	60%	30%	30%
ESL Sub (Southern)		5	3	60%	33%
Marion Sub (Southern)		5	3	60%	29%

ACR data evaluating the **quality** (not frequency) of in-person caseworker contacts with mothers and fathers supports disparity with regard to caseworker contacts with fathers versus mothers (note that the ACR data below for CW-Father visits in foster care cases tracks very closely with the PIP Measurement data above, also for foster care cases):

**PIP Measurement Data, Year 3**

**SUB-SECTION RATING: QUALITY OF CW-MOTHER CONTACTS**

	% STRENGTH			
	FY22 Q4	FY23 Q1	FY23 Q2	FY23 Q3
Central	57%	55%	55%	58%
Cook	47%	56%	55%	52%
Northern	58%	49%	65%	56%
Southern	56%	59%	64%	59%
<b>Statewide</b>	<b>54%</b>	<b>55%</b>	<b>59%</b>	<b>56%</b>

**SUB-SECTION RATING: QUALITY OF CW-FATHER CONTACTS**

	% STRENGTH			
	FY22 Q4	FY23 Q1	FY23 Q2	FY23 Q3
Central	40%	37%	43%	41%
Cook	27%	38%	43%	43%
Northern	39%	34%	49%	41%
Southern	42%	48%	54%	50%
<b>Statewide</b>	<b>36%</b>	<b>39%</b>	<b>46%</b>	<b>43%</b>

**PIP Measurement Data, Year 2**

**SUBSECTION RATING: QUALITY of CW-MOTHER CONTACTS**

	%STRENGTH			
	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Central	65%	72%	59%	62%
Cook	57%	58%	50%	53%
Northern	63%	63%	60%	56%
Southern	45%	49%	45%	51%
<b>Statewide</b>	<b>58%</b>	<b>62%</b>	<b>54%</b>	<b>56%</b>

**SUBSECTION RATING: QUALITY of CW-FATHER CONTACTS**

	%STRENGTH			
	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Central	51%	57%	46%	45%
Cook	34%	36%	27%	30%
Northern	43%	45%	44%	34%
Southern	26%	34%	28%	37%
<b>Statewide</b>	<b>40%</b>	<b>44%</b>	<b>37%</b>	<b>37%</b>

**UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:**

**NOTE:** *Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 7 – 8.*

**Outcome WB2: Children receive appropriate services to meet their educational needs**

**ITEM 16: Educational Needs of the Child**

**DATA:**

		2019 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> 40 FC/ 25 IH (65 Total)	2022 PIP YEAR 3 <i>(FINAL as of 03/06/2023)</i> 40 FC/ 25 IH (65 Total)							
IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	COMBINED DATA										
	83%	%SAYS	#Substantially Achieved/ Strength	#Applicable	%SAYS	#Substantially Achieved/ Strength	#Applicable					
	83%	96.8%	30	31	92.1%	35	38	91.4%	32	35	97.4%	37
	Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS											
	Item 16: Educational Needs of the Child											

Statewide, our performance in Item 16 and Well-Being 2 improved over Year 2, and over the Baseline to 97.4% in Year 3. Performance for foster care cases improved slightly; In-Home improved from 0% in Year 2 to 100% in Year 3. There were 3 applicable In-Home cases for this outcome/item, and all were rated a Strength.

- For foster care cases, performance declined from 94.6% in the Baseline to 93.8% in Year 1, 94.1% in Year 2, and increased to 97.1% in Year 3.
- For in-home cases, Year 3 performance matched the 100% in the Baseline.

In 37 of 38 applicable cases, the following were strengths:

- Accurate, comprehensive and ongoing assessments of educational needs for 34 of 35 applicable Foster Care cases and all 3 In-Home cases; and
- Ensuring services for identified needs are provided (in 34 of 34 applicable Foster Care cases and all 3 In-Home cases).

**UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:**

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 7 – 8.

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs**

Outcome WB3 includes two Items, Item 17 (Physical Health of the Child), and Item 18 (Mental/Behavioral Health of the Child). CFSR PIP Baseline data continues to highlight the need for improvements in the areas of:

- Assessment and provision of appropriate services to meet identified physical, dental and/or mental/behavioral health needs, particularly for all children in in-home cases.

**DATA:**

IL CFSR 3 (2018) Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019	2020	2021	2022	IL CFSR 3 PIP Goals (based on 2019 PIP Baseline data)								
		PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)	PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)	PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)	PIP YEAR 3 (FINAL as of 03/06/2023) 40 FC/ 25 IH (65 Total)									
		COMBINED DATA												
		%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable	%SAS	# Substantially Achieved/ Strength	# Applicable	
56%	Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	64.8%	35	54	63.2%	36	57	57.9%	33	57	53.4%	31	58	
63%	Item 17: Physical Health of the Child	75.0%	33	44	75.5%	37	49	60.0%	30	50	66.7%	32	48	n/a
66%	Item 18: Mental/Behavioral Health of the Child	64.5%	20	31	68.6%	24	35	76.5%	26	34	61.1%	22	36	n/a

\*=a PIP Goal is not required for any item in Outcome WB3

Here again, staff turnover can impact the continuity of care and communication with medical/dental and mental/behavioral health providers about needs assessments and service delivery, as well as assistance in resolution of barriers identified.

**Item 17: Physical Health of the Child**

Performance in Item 17 during the Year 3 reviews incased to 66.7% Strength in both the Foster Care and In-Home cases, and due to the lack of timely dental assessment and needed dental care.

In most of the cases, routine well-child visits, annual physicals and immunizations were completed as expected. Cases rated ANI were often due to the continued disconnect between expectations around the

timing of dental exams for children in foster care: Illinois policy specifies that children should see a dentist beginning at age 2, whereas the federal tool follows the recommendations of the American Academy of Pediatric Dentistry (that children see a dentist as soon as their first tooth comes in or by their first birthday). As noted in the FY23 APSR (see Item 17), Illinois has no plans to change its policy regarding when a child in care should first see a dentist.

For some cases rated an ANI for this item, the reasons were also related to a routine or specific identified need that wasn't adequately addressed through services (for example: allergies, specific dental needs such as filling cavities or tooth extraction, immunizations needed, hearing or vision tests, etc.). Unlike in the Year 1 data, there was sufficient oversight of prescription medication(s) for physical health issues in the Year 2 data (from 75% in Year 1 to 90% in Year 2). COVID did have an impact in Item 17, specifically as it relates to routine and non-routine dental services that were due or needed during the PUR and which fell during the 6-month review cycle (the vast majority). This was because most if not all dentist offices were still catching up from COVID-related closures and/or there were insufficient local resources (a historical challenge for the state). In Year 3, there was an increase in 66.7% Strength.

In Year 3, there was a difference in terms of performance by case type (Foster Care was better):

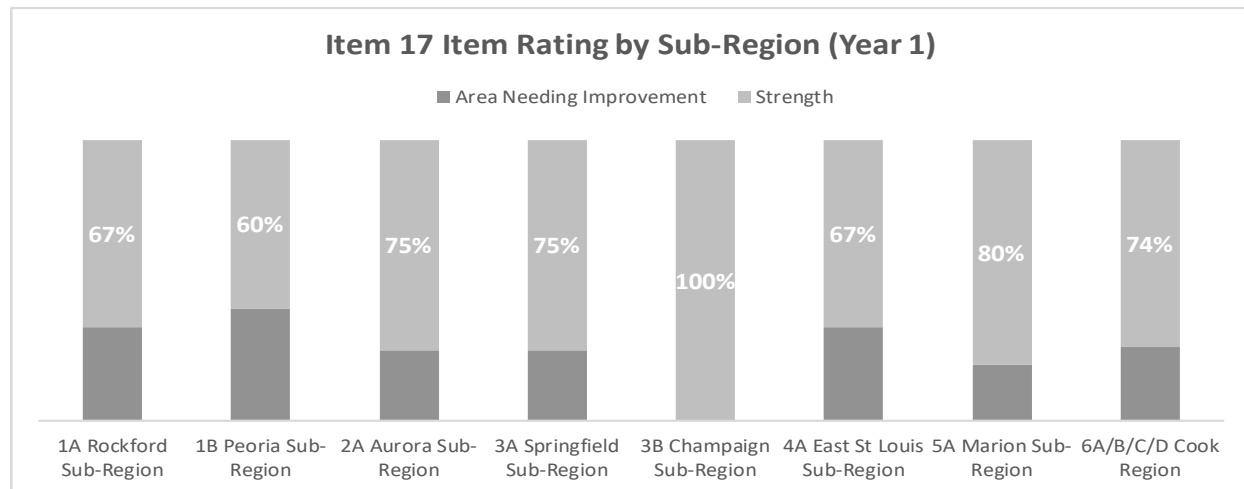
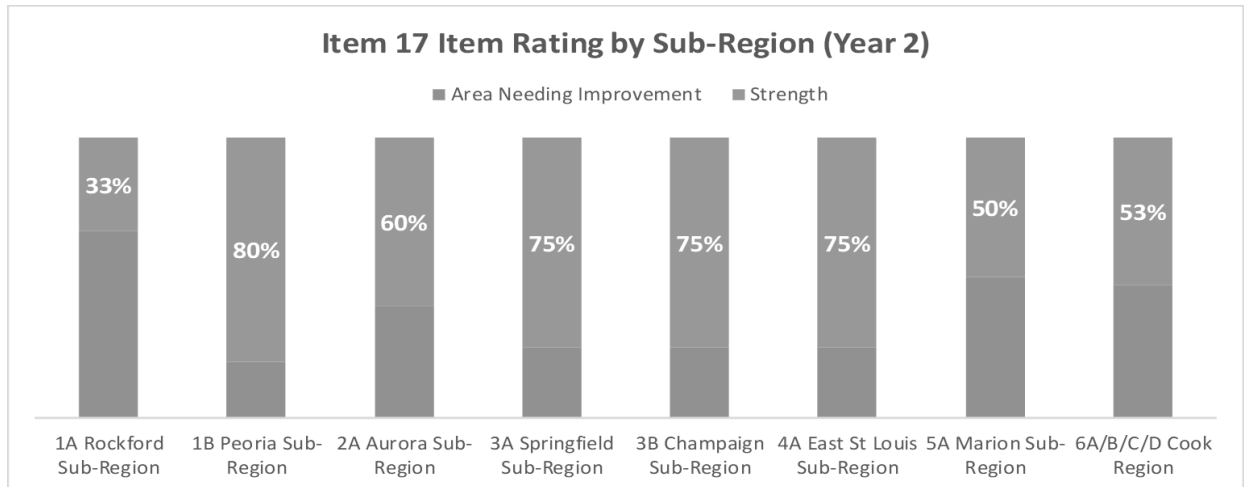
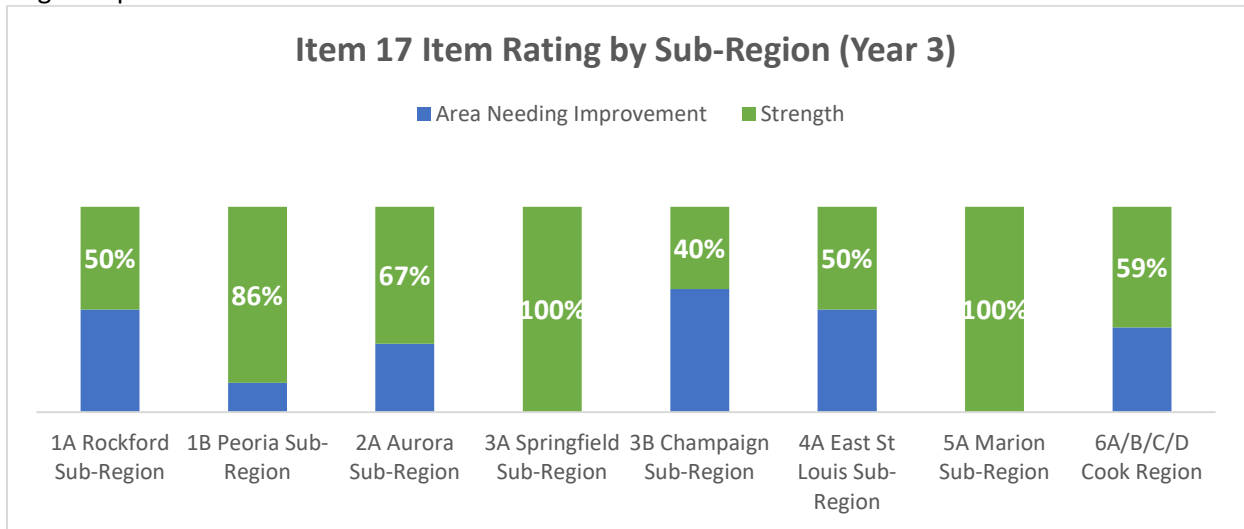
Year 3														
During the period under review (PUR), did the agency accurately assess the children's physical health care needs?			For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for physical health issues?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?			During the PUR, did the agency accurately assess the children's dental health care needs?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?		
% Yes			% Yes			% Yes			% Yes			% Yes		
All cases	FC Only	IH Only		FC Only		All cases	FC Only	IH Only	All cases	FC Only	IH Only	All cases	FC Only	IH Only
91.7%	92.5%	87.5%		100.0%		88.6%	86.1%	100.0%	66.7%	69.2%	33.3%	64.1%	65.7%	50.0%

Year 2														
During the period under review (PUR), did the agency accurately assess the children's physical health care needs?			For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for physical health issues?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?			During the PUR, did the agency accurately assess the children's dental health care needs?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?		
% Yes			% Yes			% Yes			% Yes			% Yes		
All cases	FC Only	IH Only		FC Only		All cases	FC Only	IH Only	All cases	FC Only	IH Only	All cases	FC Only	IH Only
92.0%	97.5%	70.0%		90.0%		87.2%	96.7%	55.6%	76.7%	76.9%	75.0%	54.3%	57.6%	0.0%

Year 1														
During the period under review (PUR), did the agency accurately assess the children's physical health care needs?			For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for physical health issues?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?			During the PUR, did the agency accurately assess the children's dental health care needs?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?		
% Yes			% Yes			% Yes			% Yes			% Yes		
All cases	FC Only	IH Only		FC Only		All cases	FC Only	IH Only	All cases	FC Only	IH Only	All cases	FC Only	IH Only
87.8%	95.0%	88.9%		75.0%		91.1%	91.7%	88.9%	80.5%	80.6%	80.0%	73.0%	72.7%	75.0%



Regional performance is noted in the charts below:



**ITEM 18:** During the Year 3 reviews, 36 children/youth were noted to have significant mental/behavioral health needs and diagnoses. Performance in Item 18 improved from the Baseline: from 64.5% to 76.5% in Year 2, however declined to 61.1% in Year 3, statewide. The foster care data has declined from 77.3% in Year 2 to 60% in Year 3 and also declined from 75% in Year 2 to 63.6% in Year 3 in the in-home cases.

There are several possibilities to explain the decline in performance noted in the Year 3 reviews:

- PIP Measurement reviewers thinking more critically, evaluating whether underlying reasons for case opening (DV, substance abuse, etc.) are assessed in terms of impact on the children.
- The field is not consistently evaluating and addressing DV and substance abuse by parents and how these affect children (even young children).
- In some cases the foster parent report the child as exhibiting challenging behaviors but the agency made the referral late and the child(ren) was/were put on a wait list.
- During COVID a lot of therapy was virtual which over time demonstrated that virtual therapy was not effective (which we caught more of in Year 3 than in Year 2).

Services commonly provided included individual therapy and psychotropic medication (12 children/youth were prescribed psychotropic medication and in 100% of those cases the agency provided appropriate oversight; only 1 youth in care required psychiatric hospitalization[s]).

Twenty-four percent (24%) of the children/youth (14 of 36 children/youth) assessed to have mental/behavioral health needs did not receive adequate services to meet their needs. Some of the services needed but not provided to the child/youth in Item 18 included:

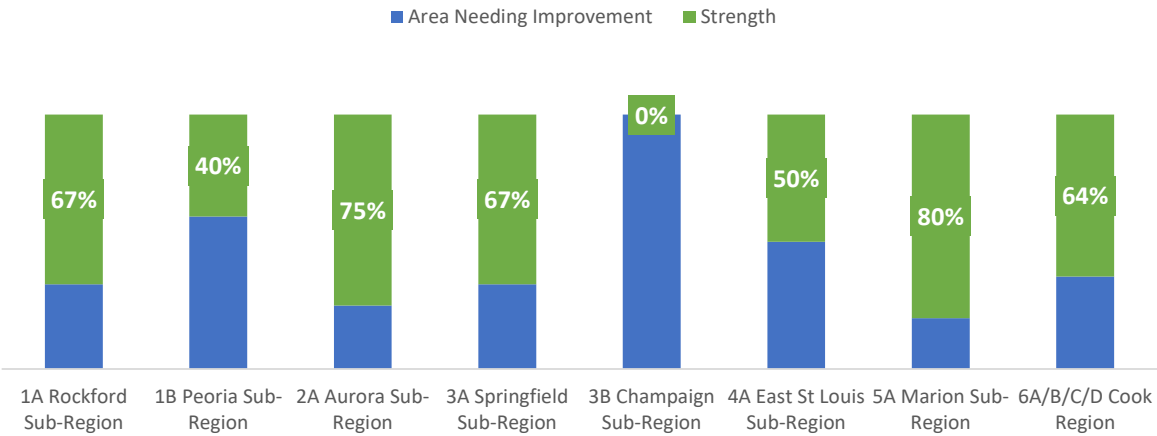
- Individual therapy, frequently specifically to address grief and loss.
- Mental health assessment.
- Psychological assessment, including for Autism.
- Medication assessment.
- Multi-system therapy.

Existing challenges impacting the 39% of youth who did not receive adequate mental/behavioral health services:

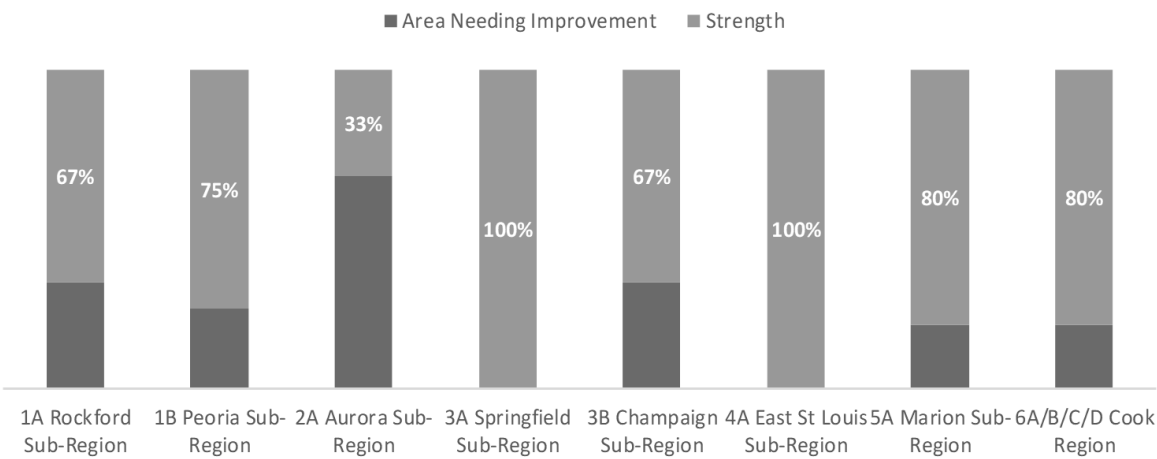
- Timely access to mental health services; **waiting lists** for needed services are an obstacle. This is a challenge in low resource areas including: central/southern regions.
- Lack of **specialized** mental health services, including trauma-focused and specialty providers.
- Lack of **flexible service delivery**; services offered within home based, school based or other settings which best meet the client's needs.
- Many services are only offered **virtually**. Engagement is difficult with children and teenagers.

There is currently an effort to increase the availability of clinical services statewide to improve service delivery and access for all youth in care. Additionally, the department will be increasing both capacity and service delivery in proven successful community-based interventions including IPS (Intensive Placement Stabilization) and utilization of flex funds. IPS includes both traditional and non-traditional mental health services and supports for both youth and families. Flex funds can be used to access specific needs in community-based services such as tutoring, recreation and respite support for youth and families. Regional performance is noted in the chart below:

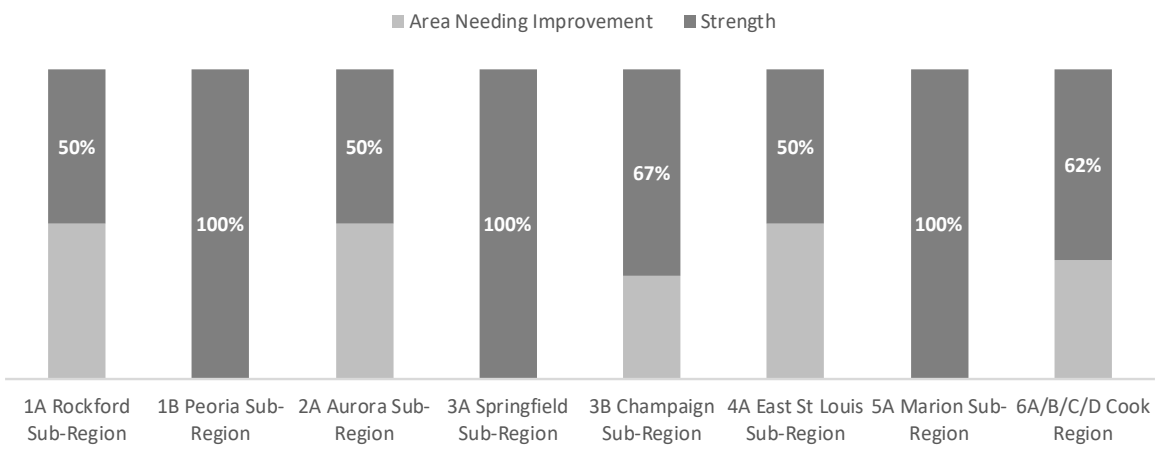
### Item 18 Item Rating by Sub-Region (Year 3)



### Item 18 Item Rating by Sub-Region (Year 2)



### Item 18 Item Rating by Sub-Region (Year 1)



**UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:**

**NOTE:** *Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 7 – 8.*

**Assessment of Systemic Factors**

**Statewide Information System (ITEM 19)**

Illinois has a robust system for capturing demographic, service and case information for youth and families served by DCFS. Person data on youth and family members is captured during Intake and expanded upon during the Investigation phase and further upon services by Intact Family Services or Placement and Permanency divisions. According to established policy and practice, every family and child with whom DCFS (“the department”) is involved (e.g., a case) has detailed case information captured in one or more of the department’s data systems (described in detail below). The department’s primary systems for tracking children and families served by the department are:

- **CYCIS** – The Child and Youth Centered Information System (CYCIS) captures data for any person or family that is or ever has received services through DCFS. The CYCIS system tracks significant demographic information on all clients, as well as placement and permanency goal information for all children for whom DCFS is legally responsible. Other than the standard demographic information such as date of birth, age, race (multi-select), ethnicity, sex and language, CYCIS also tracks data such as pregnant and parenting youth. The system also tracks legal information on youth in care, such as the status and timeliness, who maintains guardianship of the youth and when the department no longer maintains that guardianship because the youth has achieved permanency. It also collects data on the placements of youth in care with foster homes and other placements, including residential, independent living, hospitalizations, etc.
- **MARS** – The Management Accounting and Reporting System (MARS) tracks information regarding service providers and licensed caregivers. It is on the same platform as the CYCIS system. Through the use of unique identifiers, MARS information allows the state to obtain even more specific placement information on children in care, such as the age of the caregivers, the licensing capacity (number of slots) in the home and length foster parents’ license. Background check information on providers is also captured.
- **ICWS** (Illinois’ SACWIS) – is the entry point into the DCFS computer systems. It has undergone many phases of enhancements over the years to keep the system in compliance with numerous federal and state requirements in child welfare, as well as to keep the system relevant to the changing needs of child welfare in the areas of intake, investigations, case management, service planning, unusual incident reporting, health and education.

Additional case/service information collected resides in both CYCIS and SACWIS (ICWS) systems. When a youth is taken into care, the legal status, date of case open, case closure and living arrangement data are all captured in the computer systems supporting case work and available for reporting (see examples of reporting at the conclusion of this Item discussion). Legal status is captured on the CFS 1425L form and is required to open a case, and includes when protective custody was taken, temporary custody granted by the court, legal screenings, legal reviews and permanency goals set, as well as when they were set, what the goal is and the planned achievement date for that goal. All this data is kept historically, allowing for a

longitudinal view of the case over time until a final placement is achieved. Living arrangement data is collected by way of the CFS 906 form and includes the start date/time of the placement, the provider of the placement, whether it's a foster home, runaway (in which case there is no provider), hospitalization, residential placement, etc.

Ent FY	CaseKey	Case Name	Involve Reason	Region	Sub Region	Legal Start Date	Case Open Date	Removal Date	Legal Status	Placement Type	Placement County	Perm Goal	Gender	Race	Ethnicity
1	2024	1101205	Neglect	Central	Peoria	2023-07-15	2023-07-15	2023-07-15	PC	Home of Parent		1	Male	White	Not Hispanic
2	2024	1101323	Neglect	Southern	East St. Louis	2023-07-17	2023-07-17	2023-07-17	PC	Home of Relative	St. Clair	1	Female	Black / African American	Unknown
3	2024	1101338	Neglect	Central	Peoria	2023-07-19	2023-07-19	2023-07-19	PC	Foster Home Boarding	Bureau	1	Male	White	Not Hispanic
4	2024	1101352	Neglect	Northern	Rockford	2023-07-19	2023-07-19	2023-07-19	PC	Home of Relative	Winnegago	1	Male	Black / African American	Not Hispanic
5	2024	1101356	Neglect	Southern	East St. Louis	2023-07-17	2023-07-17	2023-07-17	PC	Home of Relative	St. Clair	1	Female	Black / African American	Unknown
6	2024	1101568	Neglect	Central	Champaign	2023-07-21	2023-07-21	2023-07-21	PC	Foster Home Boarding	Macon	1	Male	Black / African American	Not Hispanic
7	2024	1101602	Neglect	Central	Champaign	2023-07-22	2023-07-22	2023-07-22	PC	Home of Relative	Macon	1	Female	Black / African American	Not Hispanic
8	2024	1101611	Neglect	Northern	Rockford	2023-07-25	2023-07-25	2023-07-25	PC	Home of Relative	Winnegago	1	Female	Black / African American	Not Hispanic
9	2024	1101626	Neglect	Central	Champaign	2023-07-22	2023-07-22	2023-07-22	PC	Home of Relative	Macon	1	Female	Black / African American	Not Hispanic
10	2024	1101636	Neglect	Northern	Rockford	2023-07-25	2023-07-25	2023-07-25	PC	Home of Relative	Winnegago	1	Female	Black / African American	Not Hispanic
11	2024	1101841	Neglect	Southern	Marion	2023-08-01	2023-08-01	2023-08-01	PC	Home of Relative	Union	1	Male	White	Not Hispanic
12	2024	1101851	Neglect	Cook	Cook North	2023-07-24	2023-07-24	2023-07-24	PC	Home of Relative	City of Chicago	1	Female	White	Not Hispanic
13	2024	1101879	Neglect	Cook	Cook North	2023-07-24	2023-07-24	2023-07-24	PC	Home of Relative	City of Chicago	1	Male	White	Hispanic Other
14	2024	1101896	Neglect	Cook	Cook North	2023-07-24	2023-07-24	2023-07-24	PC	Home of Relative	City of Chicago	1	Male	White	Not Hispanic
15	2024	1102066	Neglect	Southern	Marion	2023-08-03	2023-08-03	2023-08-03	PC	Foster Home Boarding	Williamson	1	Female	White	Not Reported
16	2024	1102068	Neglect	Southern	Marion	2023-08-03	2023-08-03	2023-08-03	PC	Foster Home Boarding	Williamson	1	Female	White	Not Hispanic
17	2024	1102086	Neglect	Southern	Marion	2023-08-03	2023-08-03	2023-08-03	PC	Home of Fictive Kn	Williamson	1	Male	White	Not Hispanic
18	2024	1102105	Neglect	Central	Champaign	2023-08-07	2023-08-07	2023-08-07	PC	Home of Fictive Kn	McLean	1	Male	Black / African American	Not Hispanic
19	2024	1102109	Neglect	Southern	Marion	2023-08-03	2023-08-03	2023-08-03	PC	Home of Fictive Kn	Williamson	1	Male	White	Not Hispanic
20	2024	1102310	Neglect	Cook	Cook Central	2023-08-02	2023-08-02	2023-08-02	PC	Home of Relative	Will	1	Female	Black / African American	Not Hispanic

Sample Public data on the demographics of Foster Youth is available here: [Youth In Care By Demographic \(illinois.gov\)](https://illinois.gov/youth-in-care-by-demographic)

Illinois Department of Children & Family Services									
Youth In Care By Demographic									
Data as of July 31 2023									
COOK									
Primary Race	Total	18+	00-05	06-12	13-17	Primary Race	Total	FEMALE	MALE
ASIAN	35	7	14	8	6	ASIAN	35	17	18
BLACK / AFRICAN AMERICAN	3,909	573	1,240	1,228	868	BLACK / AFRICAN AMERICAN	3,909	1,907	2,002
COULD NOT BE VERIFIED	14	1	1	4	8	COULD NOT BE VERIFIED	14	7	7
DECLINED TO IDENTIFY	1		1			DECLINED TO IDENTIFY	1	1	
NATIVE AMERICAN / ALASKA NATIVE	2	1		1		NATIVE AMERICAN / ALASKA NATIVE	2		2
NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	2	2				NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	2	1	1
NOT REPORTED	1				1	NOT REPORTED	1	1	
UNKNOWN	10	1	9			UNKNOWN	10	7	3
WHITE	1,597	231	564	476	326	WHITE	1,597	835	762
<b>Total</b>	<b>5,571</b>	<b>816</b>	<b>1,829</b>	<b>1,717</b>	<b>1,209</b>	<b>Total</b>	<b>5,571</b>	<b>2,776</b>	<b>2,795</b>

The majority of AFCARS, NYTD and NCANDS reporting data come from the ICWS and CYCIS systems.

- **IllinoisConnect (CCWIS)** – is the new federally supported CCWIS solution being developed to consolidate all the department’s child welfare data systems and retire the above three systems over the course of the next four years. The project kicked off in June 2022, with a phased approach that not only looks to replace the systems currently in use, but to work with the business units that make use of those current systems, to analyze their business processes and to improve upon them considering changes to child welfare practice over the past 40+ years. Significant effort is being made to look closely at not only what the current systems do, but what they don’t do, and what data is not collected, so this can be incorporated into the new system and provide casework and other staff with a robust, efficient system that improves their ability to capture data without redundancy, frees up their time to focus on working with youth and families and provides significant improvement to processing and reporting capabilities for youth and families in Illinois. All the data capture capabilities

noted in the previous systems will be included in this new system, with added enhancements to better track how youth and families enter, are served by and exit the child welfare system.

In addition to the department's mainstream information systems, there are several application systems designed to track specific requirements or functions that fall outside the purview of SACWIS, CYCIS or MARS. Examples of these other systems include the Child and Adolescent Needs and Strengths system, the Statewide Provider Database and the Administrative Case Review system.

#### Strengths:

DCFS has benefitted from the absorbing of the information technology staff into the Illinois Department of Innovation and Technology and efforts to advance technology statewide. DoIT@DCFS describes the presence of IT staff working for Illinois DoIT in place at DCFS, and the efforts to advance technology, as well as critical restructuring of IT staff to better approach IT work. The organizational change has given new focus to innovative ideas to give DCFS staff the technological tools needed to better do the work of ensuring the safety of the youth of Illinois. Because DoIT@DCFS staff can leverage technologies procured at the statewide level by DoIT Core, better tools, capabilities and curated practices can benefit DCFS technology efforts.

A major project underway since June 2022 is the implementation of the CCWIS application that will replace the aging Legacy and ICWS systems and consolidate the functionality of both into a single data system. This application is intended to further allow better integration with cloud-based computing capabilities, with outside data partners and with potential providers and foster parents by creating a web-capable application that can unify the data collection and processing of child welfare data. This project is underway with vendors in place in the System Integrator, Independent Verification and Validation, Project Management and Business Process Redesign areas. The SI vendor was onsite for project kick-off in June 2022 and several modules supporting the department's capabilities have already been released. These include Augintel, a product that leverages artificial intelligence to enable workers to more easily comb through case notes for relevant information, Children360, which ties into existing DCFS provider data, as well as stores of external data to provide insights into daycare capacity and availability, as well as foster home recruitments and the Policy Information Management System (PIMS), which is already improving the speed and efficiency with which policy changes are developed and approved. IllinoisConnect (the Illinois CCWIS system and successor system for SACWIS) is in a phased implementation to be complete by 2027. Concurrently, updates have been made to capture additional AFCARS fields and report them in the new format required for AFCARS 2.0.

DoIT@DCFS continues to collaborate with IT leaders at Microsoft and IBM to enhance several key areas to better serve the DCFS staff serving children:

- The pilot Ally-IL project with Microsoft continues, which gives a youth in care the ability to text their worker and other members of their support team, including family members, to enhance the ability to connect youth with needed resources when they have need and to provide an emergency "Panic" button to connect them with the DCFS Hotline if the need is critical. This application received positive feedback from the caseworkers, youth and family members involved with the application with the pilot participation continuing to grow.
- A project underway to create an innovative and upgraded method of document capture, to centralize and reduce the effort on casework staff to maintain paper files and to allow the transference of that file to the appropriate worker should the case be moved to another team is being merged with the ongoing CCWIS project, to leverage that architecture and software to serve that functionality within

IllinoisConnect. DoIT@DCFS is continuing to seek innovative ways to utilize this technology to aid workers in reducing paper documentation and physical file storage and make documentation more easily accessible and searchable. The first phase of the project to create a significant improvement to the system maintaining provider information for the department has been implemented, with additional capabilities being developed over the next year. This project is working to replace the aging legacy provider system and strengthen and expand those capabilities to allow outside providers to manage information on their own business and the services and capacities they are able to provide, and better enable casework staff to choose capable providers for those services. It will also provide an enhanced capability for department financial staff to better process worker-approved services for youth by providers and feed this information more easily into the State of Illinois financial system. This already-developed application is being integrated into the IllinoisConnect system, to provide that functionality to the new system and to better tie in with the new data and processes.

DCFS systems capture a wealth of child welfare data that is used to describe characteristics, processes and outcomes for youth and families served by the department, as well as to determine program effectiveness, develop and enhance programs and project implementation. See sample data report below, at the end of this section, prior to the Case Review System section.

The department provides a multitude of reports both internally and externally. On a monthly basis, the Executive Statistical Summary, which contains data related to hotline, child protection, intact family service and foster care as well as licensing information, is posted on the DCFS website. Child abuse and neglect statistics are also posted on the website each month along with general demographic information for children in substitute care. Through response to Freedom of Information Act (FOIA) requests, the department also responds to data needs of the community at large. Internally, monthly performance reports all the way at the worker level are produced for child protection staff, intact family staff and placement (foster care) staff. DoIT@DCFS, in partnership with the Strategy and Performance Execution Division, continues to work to expand upon the use of data visualization software to provide useful reporting and data to aid the department to become more data-informed decision-makers.

New reporting has been made available in Power BI in Investigations, and in particular in contacts with children of those investigations. The use of this reporting has resulted in a 30% increase in contacts made with these youth, and the Division of Child Protection is developing new ideas to leverage this technology to further improve practice. Similar reporting capabilities have been developed for the residential placement teams dealing with congregate care, and similar work is underway for the Intact Family Services teams, for child welfare referrals and other areas in the next year.

The department has created several new data reports over the last year and has published them in the newly created page on internal site (D-Net). These reports are targeted for Operations and QA staff to engage in CQI activities and include access for both internal and contracted agency staff.

The most recent addition of statistical information on department's provision of services to Illinoisans is expected to be available in a new public interface Child Welfare Insights dashboard in June 2023.

The department’s Enterprise Data Warehouse (“EDW”) continues to expand to encompass more of the core Legacy systems and will be a vital part of the transition to a unified CCWIS system. Work is still to be done to rebuild the seven critical CFSR outcome measures from the EDW and is planned to be completed by the end of the calendar year. This extension will enable individual CWCAs to view and analyze their own performance on each of the seven measures, as well as other areas of performance. Additional plans for expansion of the EDW include foster home providers, location and capacity to identify areas of low capacity, investigation and casework teams and locations to better handle caseloads, intact families receiving services, to better enable workers to keep youth from coming into foster care, just to note a few examples. This data is available to create visualizations and advanced analytics using the department’s Power BI platform, which in turn allows for the identification of contributing factors to such outcomes as length in care, higher rates of placement moves, repeat entries into care, etc. This data warehouse will also serve as a central repository for the department’s external partners to aid in research and analysis of child welfare practices, while maximizing the security of personally identifiable information.

The department provides regular data to the University of Illinois’ Children and Family Research Center (CFRC), the Chapin Hall Center for Children at the University of Chicago, School of Social Services Administration and Northwestern University. The department is making use of the data exchange with the Illinois State Board of Education, expanded last year, providing enhanced information available to department staff on the enrollment and attendance of youth in care. These data shares and partnerships provide Illinois with an enormous capacity to collect and disseminate data on all aspects of department functions including the foster care population and youth at risk of abuse and neglect. Staff can view data

Column	Alias	Table	Outp...	Sort Type
CaseKey		fc	<input checked="" type="checkbox"/>	
PersonKey		fc	<input checked="" type="checkbox"/>	
CYCISCaseld	[CYCIS Case Id]	fc	<input checked="" type="checkbox"/>	
FirstName	[Case First Name]	fc	<input checked="" type="checkbox"/>	
LastName	[Case Last Name]	fc	<input checked="" type="checkbox"/>	
FamilyGroupld	[Family Group Id]	fc	<input checked="" type="checkbox"/>	
CYCISClusterid	[CYCIS Cluster Id]	fc	<input checked="" type="checkbox"/>	
InFosterCare	[In Foster Care]	fc	<input checked="" type="checkbox"/>	
EntranceFY	[Entrance FY]	fc	<input checked="" type="checkbox"/>	
ExitFY	[Exit FY]	fc	<input checked="" type="checkbox"/>	
SACWISCaseld	[SACWIS Case Id]	fc	<input checked="" type="checkbox"/>	
FosterCareStartDate	[Foster Care Start Date]	fc	<input checked="" type="checkbox"/>	
FosterCareStartDate	[Foster Care Open Date]	fc	<input checked="" type="checkbox"/>	
FosterCareEndDate	[Foster Care End Date]	fc	<input checked="" type="checkbox"/>	
CaseOpenDate	[Case Open Date]	fc	<input checked="" type="checkbox"/>	
CaseCloseDate	[Case Close Date]	fc	<input checked="" type="checkbox"/>	
CaseInvolveReason	[Case Involve Reason]	fc	<input checked="" type="checkbox"/>	
CaseInvolveReasonCode	[Case Involve Reason Code]	fc	<input checked="" type="checkbox"/>	
CaseCloseReason	[Case Close Reason]	fc	<input checked="" type="checkbox"/>	
CaseCloseReasonCode	[Case Close Reason Code]	fc	<input checked="" type="checkbox"/>	
PermanencyType	[Permanency Type]	fc	<input checked="" type="checkbox"/>	
PermanencyTypeCode	[Permanency Type Code]	fc	<input checked="" type="checkbox"/>	
PermanencyDate	[Permanency Date]	fc	<input checked="" type="checkbox"/>	
LatestOrganizationalEntityId	[Latest Organizational Entity Id]	fc	<input checked="" type="checkbox"/>	
LatestOrganizationalEntity	[Latest Organizational Entity Name]	fc	<input checked="" type="checkbox"/>	
LatestRegionSiteField	[Latest Region Site Field]	fc	<input checked="" type="checkbox"/>	
InitialOrganizationalEntityId	[Initial Organizational Entity Id]	fc	<input checked="" type="checkbox"/>	
InitialOrganizationalEntity	[Initial Organizational Entity Name]	fc	<input checked="" type="checkbox"/>	
InitialRegionSiteField	[Initial Region Site Field]	fc	<input checked="" type="checkbox"/>	
InitialLegalDate	[Legal Start Date]	fc	<input checked="" type="checkbox"/>	
InitialLegalStatusCode	[Initial Legal Status Code]	fc	<input checked="" type="checkbox"/>	
InitialLegalStatusCode	[Latest Legal Status Code]	fc	<input checked="" type="checkbox"/>	
LatestLegalDate	[Latest Legal Date]	fc	<input checked="" type="checkbox"/>	
LegalDocket	[Legal Docket]	fc	<input checked="" type="checkbox"/>	
InitialPlacementType	[Initial Placement Type]	fc	<input checked="" type="checkbox"/>	
InitialPlacementTypeCode	[Initial Placement Type Code]	fc	<input checked="" type="checkbox"/>	
InitialPlacementDate	[Initial Placement Date]	fc	<input checked="" type="checkbox"/>	
InitialPlacementCounty	[Initial Placement County]	fc	<input checked="" type="checkbox"/>	
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LatestPlacementCounty	[Latest Placement County]	fc	<input checked="" type="checkbox"/>	
LatestPlacementProviderId	[Latest Placement Provider Id]	fc	<input checked="" type="checkbox"/>	
LatestPlacementProviderName	[Latest Placement Provider Name]	fc	<input checked="" type="checkbox"/>	
PersonId	[Person Id]	fc	<input checked="" type="checkbox"/>	
DateOfBirth	[Date Of Birth]	fc	<input checked="" type="checkbox"/>	
Ethnicity		fc	<input checked="" type="checkbox"/>	
Gender		fc	<input checked="" type="checkbox"/>	
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RemovalDate	[Removal Date]	fc	<input checked="" type="checkbox"/>	
IsProtectiveCustodyOnly	[Is Protective Custody Only]	fc	<input checked="" type="checkbox"/>	
LatestRegion	[Latest Region]	fc	<input checked="" type="checkbox"/>	
LatestSubRegion	[Latest Sub Region]	fc	<input checked="" type="checkbox"/>	
LatestSubRegionCode	[Latest Sub Region Code]	fc	<input checked="" type="checkbox"/>	
LatestRegionSiteField	[Latest Latest Region Site Field]	fc	<input checked="" type="checkbox"/>	
IsBurgos	[Is Burgos]	fc	<input checked="" type="checkbox"/>	
WorkerId	[Worker Id]	fc	<input checked="" type="checkbox"/>	
WorkerLastName	[Worker Last Name]	fc	<input checked="" type="checkbox"/>	
WorkerFirstName	[Worker First Name]	fc	<input checked="" type="checkbox"/>	
WorkerEmail	[Worer Email]	fc	<input checked="" type="checkbox"/>	
WorkerPhone	[Worker Phone]	fc	<input checked="" type="checkbox"/>	
SupervisorFirstName	[Supervisor First Name]	fc	<input checked="" type="checkbox"/>	
SupervisorLastName	[Supervisor Last Name]	fc	<input checked="" type="checkbox"/>	
SupervisorEmail	[Supervisor Email]	fc	<input checked="" type="checkbox"/>	
SupervisorPhone	[Supervisor Phone]	fc	<input checked="" type="checkbox"/>	
PrimaryRace	[Primary Race]	fc	<input checked="" type="checkbox"/>	



and receive reports that are updated daily, weekly, monthly, quarterly and annually. As the Enterprise Data Warehouse expands and builds additional models, plans are also underway to connect these data partners with the EDW, replacing outdated methods of data sharing and utilizing the data models being created within. This will have the added benefit of reducing the impact of moving to the new IllinoisConnect and the decommissioning of the older data repositories currently in use, as the EDW will be updated with each phase of the CCWIS project, along with the data models it supports.

**Concerns:**

Illinois completed its work toward improvements in AFCARS reporting in accordance with the department’s AFCARS Improvement Plan. The Administration for Children and Families (ACF) approved and noted the completion of the AIP and allowed Illinois to enter a new phase of AFCARS reporting with the new AFCARS 2.0. Additional work to capture additional data elements for AFCARS 2.0 was completed in fall 2022 to coincide with the beginning of the latest collection period. The first submission under the new format was to be made on or before May 15, 2023. Due to last minute technical issues that could not be resolved in time to submit data in the new format, the data was submitted in the prior AFCARS format. The data management team is working to resolve the identified issues and submit a corrected file in the new format to ensure the most accurate reporting is made to ACF.

Another recurring concern focuses on the difficulty of maintaining like data in two systems: ICWS and CYCIS. However, with the kickoff of the CCWIS development effort in June 2022, Illinois is actively addressing those concerns and the resulting unified application and data system serving the department’s child welfare IT needs will alleviate these concerns. This project will eliminate both legacy systems in favor of the new, unified system. Several specific data quality issues resulting from dual data tracking system are being addressed in the Data Quality Plan, accompanying the CCWIS project.

*See data sample below; note that there are too many columns of data available in this dashboard to include in 1 visual, thus what follows are 3 visuals of the same point-in-time data. Each visual adds columns of available data to the previous visual:*

**Data Sample of children taken into care as of May 13, 2023**

Entrance FY	Case Id	Region	Sub Region	No of Children
All	All	All	All	20,298

Age at Entrance	Current Age	Date Of Birth	Person Id	Family Group Id	Latest Legal Status	Latest Legal Status Code	Is Always HMP	Is Protective Custody Only	Initial Placement Type	Latest Placement Type
6	20				Adoptive Rights	AR	False	False	Foster Home Boarding	Tran
10	15				Adoptive Rights	AR	False	False	Home of Relative	Qua
7	12				Adoptive Rights	AR	False	False	Home of Relative	Fost
1	3				Guardianship Only	GO	False	False	Foster Home Boarding	Fost
9	19				Adoptive Rights	AR	False	False	Foster Home Private Agency	Hon
9	11				Guardianship Only	GO	False	False	Foster Home Boarding	Fost
8	10				Guardianship Only	GO	False	False	Foster Home Boarding	Qua
0	2				Guardianship Only	GO	False	False	Hospital Facility Medical	Hon
5	11				Adoptive Rights	AR	False	False	Home of Fictive Kin	Hon
1	7				Adoptive Rights	AR	False	False	Home of Relative	Hon
5	7				Adoptive Rights	AR	False	False	Home of Relative	Hon
2	4				Adoptive Rights	AR	False	False	Home of Relative	Hon
9	11				Guardianship Only	GO	False	False	Home of Relative	Hon
5	7				Guardianship Only	GO	False	False	Home of Relative	Hon
3	5				Guardianship Only	GO	False	False	Home of Relative	Hon
2	4				Guardianship Only	GO	False	False	Home of Relative	Hon
8	11				Adoptive Rights	AR	False	False	Home of Relative	Fost
9	11				Guardianship Only	GO	False	False	Home of Fictive Kin	Hon
17	21				Guardianship Only	GO	False	False	Home of Fictive Kin	Inde
14	19				Temp Cust W/right To Consent	TR	False	False	Other	Hon
0	2				Guardianship Only	GO	False	False	Foster Home Boarding	Fost
14	15				Guardianship Only	GO	False	False	Home of Fictive Kin	Hon
5	15				Adoptive Rights	AR	False	False	Foster Home Boarding	Fost
6	16				Adoptive Rights	AR	False	False	Foster Home Boarding	Whe
9	19				Guardianship Only	GO	False	False	Foster Home Boarding	Fost
7	9				Guardianship Only	GO	False	False	Home of Relative	Hon
5	7				Guardianship Only	GO	False	False	Home of Relative	Hon
1	3				Guardianship Only	GO	False	False	Home of Relative	Hon

DCFS - Community Based Providers

Children In Foster Care

Active In Foster Care

Exited Foster Care

Entered Foster Care

APME Foster Care Performa...

File Share Export Get insights Subscribe to report

Entrance FY Case Id Region Sub Region No of Children

All All All All 20,298

CYCS Case Id	Case Last Name	Case First Name	Case Involve Reason	Region	Sub Region	Latest Region Site Field	Legal Start Date	Case Open Date	Removal Date	Initial Legal Status
			Neglect	Cook	Cook North	6B01GA	9/11/2009	9/11/2009	9/11/2009	Protective Custody
			Neglect	Northern	Rockford	1A UK	10/30/2018	10/30/2018	10/30/2018	Protective Custody
			Neglect	Northern	Rockford	1A UG	10/30/2018	10/30/2018	10/30/2018	Protective Custody
			Neglect	Cook	Cook North	6B0213	10/14/2021	10/14/2021	10/14/2021	Protective Custody
			Neglect	Northern	Rockford	1A DB	7/23/2013	7/23/2013	7/23/2013	Protective Custody
			Neglect	Northern	Rockford	1A 20	1/6/2021	1/6/2021	1/6/2021	Protective Custody
			Neglect	Northern	Rockford	1A 20	1/6/2021	1/6/2021	1/6/2021	Protective Custody
			Neglect	Northern	Rockford	1a dc	8/19/2021	8/19/2021	8/24/2021	Protective Custody
			Neglect	Northern	Aurora	2A NI	3/24/2017	3/24/2017	3/24/2017	Protective Custody
			Neglect	Northern	Aurora	2A NI	3/24/2017	3/24/2017	3/24/2017	Protective Custody
			Neglect	Northern	Rockford	1A JA	4/20/2021	4/20/2021	4/20/2021	Temp Cust W/right To Consent
			Neglect	Northern	Rockford	1A JA	4/20/2021	4/20/2021	4/20/2021	Temp Cust W/right To Consent
			Neglect	Northern	Rockford	1A DB	12/24/2021	12/24/2021	12/24/2021	Protective Custody
			Neglect	Northern	Rockford	1A DB	12/24/2021	12/24/2021	12/24/2021	Protective Custody
			Neglect	Northern	Rockford	1A DB	12/24/2021	12/24/2021	12/24/2021	Protective Custody
			Neglect	Northern	Rockford	1A DB	12/24/2021	12/24/2021	12/24/2021	Protective Custody
			Neglect	Northern	Rockford	1A JA	8/27/2020	8/27/2020	8/27/2020	Protective Custody
			Court Ordered Neglect	Northern	Rockford	1A UF	11/23/2021	11/23/2021	11/23/2021	Temp Cust W/right To Consent
			Neglect	Northern	Rockford	1A UG	1/2/2019	1/2/2019	1/2/2019	Protective Custody
			Child Behavior Problem	Northern	Rockford	1A UE	9/30/2018	9/30/2018	9/30/2018	Protective Custody
			Neglect	Northern	Rockford	1A 20	12/20/2021	12/20/2021	12/20/2021	Protective Custody
			Sexual Abuse	Northern	Rockford	1A UF	5/3/2022	5/3/2022	5/3/2022	Protective Custody
			Neglect	Northern	Aurora	2A MC	9/16/2013	9/16/2013	9/16/2013	Protective Custody
			Neglect	Northern	Aurora	2A MC	9/16/2013	9/16/2013	9/16/2013	Protective Custody
			Neglect	Cook	Cook Central	6C03ET	9/16/2013	9/16/2013	9/16/2013	Protective Custody
			Neglect	Northern	Aurora	2A LD	4/18/2021	4/18/2021	4/18/2021	Protective Custody
			Neglect	Northern	Aurora	2A LD	4/18/2021	4/18/2021	4/18/2021	Protective Custody
			Neglect	Northern	Aurora	2A LD	4/18/2021	4/18/2021	4/18/2021	Protective Custody
			Neglect	Northern	Aurora	2A LD	4/18/2021	4/18/2021	4/18/2021	Protective Custody

DCFS - Community Based Providers

Children In Foster Care

Active In Foster Care

Exited Foster Care

Entered Foster Care

APME Foster Care Performa...

File Share Export Get insights Subscribe to report

Entrance FY Case Id Region Sub Region No of Children

All All All All 20,298

test Placement Type	Latest Placement Provider Id	Ethnicity	Primary Race	Is Burgos	SACWIS Case Id	Worker Name	Latest Organizational Entity
nsitional Living	110490	Not Hispanic	Black / African American	False			The Harbour Inc Ilotlp
ialified Residential Treatment	021038	Not Hispanic	White	False			Lssi
ster Home Private Agency	586710	Not Hispanic	White	False			Lssi
ster Home Boarding	585369	Not Hispanic	White	False			Child Welfare Cook North Placement Team (6b0213)
me of Fictive Kin	620288	Not Hispanic	White	False			Youth Svc Bureau
ster Home Boarding	609594	Not Hispanic	White	False			Freeport Placement (1a 20)
ialified Residential Treatment	013014	Not Hispanic	White	False			Freeport Placement (1a 20)
me of Relative	533002	Not Hispanic	White	False			Youth Svc Bureau
me of Relative	559373	Hispanic Other	White	False			Lcfs
me of Relative	514433	Unknown	Black / African American	False			Lcfs
me of Relative	600510	Unknown	Black / African American	False			Chasi
me of Relative	613235	Not Hispanic	Black / African American	False			Chasi
me of Relative	607477	Not Hispanic	Black / African American	False			Youth Svc Bureau
me of Relative	607477	Not Hispanic	Black / African American	False			Youth Svc Bureau
me of Relative	607477	Not Hispanic	Black / African American	False			Youth Svc Bureau
me of Relative	607477	Not Hispanic	Black / African American	False			Youth Svc Bureau
ster Home Private Agency	588178	Not Hispanic	White	False			Chasi
me of Fictive Kin	606636	Not Hispanic	White	False			Lssi
pendent Living Only		Hispanic Other	Black / African American	False			Lssi
me of Relative	619738	Not Hispanic	Black / African American	False			Camelot
ster Home Boarding	562734	Not Hispanic	White	False			Freeport Placement (1a 20)
me of Fictive Kin	610719	Not Reported	White	False			Lssi
ster Home Private Agency	600917	Hispanic Mexican	White	False			Guardian Angel
ereabouts Unknown		Hispanic Mexican	White	False			Guardian Angel
ster Home Specialized	315834	Hispanic Mexican	White	False			Chasi
me of Relative	600387	Not Hispanic	White	False			Ardenshore
me of Relative	600387	Not Hispanic	White	False			Ardenshore
me of Relative	600387	Not Hispanic	White	False			Ardenshore

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

**ITEM 20: Written Case Plan**

**Response:** Please see Illinois’ 2022 APSR for descriptive information related to this Item. Updates in this APSR include:

- A strategy in the revised Illinois CFSR PIP includes a revision of the service plan format and language that pivots from an agency plan to a family/youth perspective that promotes family/youth voice and ownership (to be called “Case Plan”). The department is in process of finalizing a new Case Plan and intended to integrate it into the state SACWIS system. Due to delays in development of the revised Case Plan in SACWIS and the current effort to develop the new IllinoisConnect system consistent with the SAFE

Practice Model, a decision was made to defer the new Case Plan until the Case Management module of IllinoisConnect. The draft of the new Case Plan will need revisions to align with the SAFE Practice Model that will be implemented in Illinois over the coming years.

- As of March 1, 2021, the ACR process has been 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) caseworker contacts, 4) family visitation and 5) (caseworker) supervision. The ACR has become a structured interview process with key stakeholders to get beyond documentation and includes a detailed Intent and Instructions to guide the assessment of quality within each of the Priority Areas. The quality case plan section was initially put on hold pending the implementation of the new case plan, however the ACR service plan/case plan section was rolled out on September 1, 2022.
- Through the ACR data, the state is able to better understand the quality of efforts by the agency to engage parents in jointly developing the written case plan for each child in foster care. The focus on quality CFTMs will help determine whether the parents/youth are fully engaged in the development of the service plan. The service plan is to be developed jointly with the family’s input and designed to capture the strengths and needs of all family members. The parents as well as older youth are to be consulted as to what they feel their family needs to remedy issues leading to their involvement with DCFS. The parents voice should be on-going but one of the key milestones to document their input is at the child and family team meeting (CFTM).
- Data collected by ACR from July 1, 2022 through June 30, 2023 shows that required CFTMs are occurring 46% of the time statewide. Of the 46% held, only 27% statewide were deemed to be of outstanding/good quality; by region the “outstanding/good” data is: Cook region 29%, Northern region 26%, Central region 35% and Southern region 14%.
- ACR data provides additional information regarding engagement of parents in the quality of case planning and of caseworker in-person visits with parents:

	State		Northern		Cook		Central		Southern	
	#/% Yes	Total n	#/% Yes	Total n	#/% Yes	Total n	#/% Yes	Total n	#/% Yes	Total n
(B:01) Case Plan developed jointly with Mother	3534 (46.7%)	7569	661 (47.0%)	1406	1107 (50.0%)	2213	1134 (44.6%)	2543	632 (44.9%)	1407
(B.02) Case Plan developed jointly with Father	1524 (37.3%)	4090	328 (39.0%)	842	364 (40.4%)	901	560 (34.8%)	1608	272 (36.8%)	739
(C.05) Substantive discussion and observation during in-person visits with Mother	4721 (57.9%)	8157	888 (60.6%)	1466	1316 (55.0%)	2393	1548 (57.6%)	2688	969 (60.2%)	1610
(C.07) Substantive discussion and observation during in-person visits with Father	1968 (45.1%)	4363	403 (46.7%)	863	399 (42.8%)	932	750 (43.3%)	1732	416 (49.8%)	836

**ITEM 21: Periodic Reviews**

**Response:** The state provides a process for the periodic review of the status of each child in care that includes the required provisions no less frequently than once every six months, either by court or administrative review. Please see Illinois’ 2022 APSR (pages 68-69) for descriptive information related to this item.

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 frequently than every six months: Administrative Case Reviews (ACR), desk reviews and permanency hearings. ACRs focus on the safety, permanency and well-being of children in substitute care. The first ACR is conducted six months after a child or youth’s placement in substitute care. Subsequent reviews are conducted every six 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.

ACR looks in SACWIS to see what medical information is documented pertaining to each child reviewed. ACR looks at any documented school information. Caseworkers are also asked to provide any medical, dental, vision and hearing, mental health and school documents that are not in SACWIS. At the ACR the reviewer discusses if the child is on-target educationally, physically and their mental health needs are being met. Starting near the youth turning 17, ACR also focuses on the child’s movement toward independence by ensuring they have been provided with life skills, the youth driven transition plan completed and emancipation checklist completed when appropriate.

ACR allots 90 minutes for the actual ACR meeting. The time necessary varies depending on the number of youths being reviewed, number of foster parents and fathers in attendance, as well as the permanency goal. Normally goals of adoption or guardianship do not take as long in the actual ACR as do cases in which children have return home goals. While the ACR takes 90 minutes, there is approximately 60 minutes of prep time before each ACR and 30 minutes after the ACR to complete the CRIP and feedback. Overall, each ACR from prep to completion takes approximately three hours.

Updates for this APSR include:

- ACRs are conducted every 6-months for every child in foster care. During FY2023, 21,633 case reviews were conducted for families, which included 43,922 (duplicated) children:

<b>#ACRs FY22 (7/1/2021-6/30/2022)</b>			<b>#ACRs FY23 (7/1/2022-6/30/2023)</b>		
<b>Region</b>	<b># Families</b>	<b># Children</b>	<b>Region</b>	<b># Families</b>	<b># Children</b>
Central	6,840	12,273	Central	6,871	13,780
Cook	7,237	13,412	Cook	6,724	13,484
Northern	3,402	6,192	Northern	3,663	7,593
Southern	4,612	8,686	Southern	4,375	9,065
<b>STATE</b>	<b>22,091</b>	<b>40,563</b>	<b>STATE</b>	<b>21,633</b>	<b>43,922</b>

- All ACRs conducted during SFY2022 and SFY2023 used the new approach and all included a completed written case plan.

- Some ACRs may have been missed but were all rescheduled, and therefore there was 100% compliance with caseworkers completing a case plan since 7/1/2022.
- Participation data has been collected and efforts have been made (and continue to be made) to increase family participation in particular:

ACR FY23 TOTAL - Statewide				
Description	# Reviews	# Attended	# Invited	% Attended
Child under the age of 12	23	16	24	67%
Child 12 or over	9384	661	12222	5%
Counsel for parent	129	32	147	22%
Foster parent	22777	8224	30442	27%
Substitute care provider	5	0	5	0%
Other provider	328	56	357	16%
Other	1050	197	1243	16%
Counsel for child	54	6	54	11%
DCFS Caseworker	7019	5041	7604	66%
POS Caseworker	17306	12853	20232	64%
<b>Mother</b>	<b>21832</b>	<b>3483</b>	<b>22025</b>	<b>16%</b>
<b>Father</b>	<b>12789</b>	<b>1566</b>	<b>13854</b>	<b>11%</b>
Guardian AD Litem	1	1	1	100%
CASA	3234	1497	3644	41%
DCFS Supervisor	491	493	504	98%
Step Parent	4	4	4	100%
<b>Mother not on CYCIS</b>	<b>226</b>	<b>38</b>	<b>230</b>	<b>17%</b>
<b>Father not on CYCIS</b>	<b>1985</b>	<b>237</b>	<b>2194</b>	<b>11%</b>
POS Supervisor	1601	1611	1654	97%
<b>TOTAL Families and Youth:</b>		<b>6001</b>	<b>50549</b>	<b>12%</b>

To improve participation, during this APSR period, ACR has: 1) enhanced its notification system to include the reviewer's Webex/call-in information in every notification that gets mailed to case participants; 2) developed a letter for licensing staff to distribute to foster parents encouraging them to attend and participate in ACRs for youth in their care; 3) made phone calls to parents, foster parents and youth in advance of an ACR to advise them of their upcoming ACR and encourage their attendance; 4) presented at multiple regional and statewide DCFS and CWCA meetings to communicate the need to change the narrative: Caseworkers need to stop telling parents/youth/foster parents that they don't have to attend their ACR; 5) received active support from DCFS permanency leadership (and APME) and communications from them to all direct service staff (DCFS and CWCA) to encourage and support parents/youth/foster parents to attend their ACRs and to ensure they update addresses and phone numbers in SACWIS to ensure notifications can reach stakeholders. ACR is also in the process of organizing and convening focus groups around the state comprised of all ACR stakeholder types (ACR Coordinators all the way to lived experience) to better understand participation barriers and solicit perspective and solutions to barriers. Illinois will report out on this activity during the FY24 APSR.

**Illinois CFSR PIP Updates:** The PIP strategy 2.1 outlines areas to improve parental/youth engagement in permanency planning. These strategies are being incorporated into the quality ACR review process.

- **Key Activity 2.1.6:** The revised ACR process will identify cases in which fathers have not been engaged in permanency planning for their child(ren) and/or invited to participate in CFTMs. ACR continues to assess father's involvement in CFTMs as well as participation in the joint development of the service plans. Please see data provided in Item 20 which demonstrates the degree of engagement of parents in CFTMs and in the joint development of case plans. Findings from ACRs is communicated with assigned caseworkers and supervisors via the Feedback Form.
- **Key Activity 2.1.7:** The revised ACR process will identify cases in which fathers have not been supported around visitation with the youth to encourage strong, positive relationships. ACR continues to assess father's involvement with their children in care per visitation guidelines set forth in procedure 315. In FY23, 77% of the cases where a father was identified were rated as achieving this goal. The ACR feedback was utilized to notify the caseworker and supervisor when there were deficiencies in father's visitation.
- **Key Activity 2.1.10:** The revised ACR process will identify cases in which the worker conducted a CFTM prep meeting to assist the family to identify and invite the father, maternal and paternal relatives and other supports identified by the family and will consider this in the quality rating of the CFTM section of the review to reinforce this practice. ACR continues to assess father's involvement in CFTMs. During this

period there were 27% of the cases reviewed that met the definition of a child and family team meeting. Of that 27% total 64% of the fathers who participated in the ACR felt they were involved in the process. This is a significant increase from the 27% last year.

- Timeliness of ACRs: According to ACR data obtained from all DCFS regions, Illinois continues to perform well when it comes to ensuring that ACRs are held in a timely manner (within the first six months of placement and then every six months thereafter) as evidenced by this information.

	FY2014			FY2015			FY2016			FY2017		
Month	# Sched	# Reviews	% Held	# Sched	# Reviews	% Held	# Sched	# Reviews	% Held	# Sched	# Reviews	% Held
July	2497	2406	96.4%	2493	2449	98.2%	2498	2430	97.3%	2323	2307	99.3%
August	2472	2409	97.5%	2509	2468	98.4%	2412	2347	97.3%	2363	2356	99.7%
September	2693	2609	96.9%	2731	2691	98.5%	2756	2705	98.1%	2721	2700	99.2%
October	2690	2621	97.4%	2709	2678	98.9%	2417	2405	99.5%	2534	2513	99.2%
November	2542	2500	98.3%	2481	2417	97.4%	2459	2428	98.7%	2368	2351	99.3%
December	2436	2378	97.6%	2430	2378	97.9%	2372	2341	98.7%	2402	2368	98.6%
January	2608	2453	94.1%	2459	2420	98.4%	2444	2417	98.9%	2284	2274	99.6%
February	2469	2443	98.9%	2447	2397	98.0%	2434	2399	98.6%	2446	2427	99.2%
March	2701	2651	98.1%	2907	2857	98.3%	2816	2784	98.9%	2736	2718	99.3%
April	2749	2716	98.8%	2621	2574	98.2%	2552	2527	99.0%	2482	2468	99.4%
May	2594	2572	99.2%	2531	2492	98.5%	2489	2466	99.1%	2372	2360	99.5%
June	2421	2393	98.8%	2424	2389	98.6%	2364	2342	99.1%	2291	2272	99.2%
	FY2018			FY2019			FY2020					
Month	# Sched	# Reviews	% Held	# Sched	# Reviews	% Held	# Sched	# Reviews	% Held			
July	2245	2224	99.1%	2634	2584	98.1%	2894	2833	97.9%			
August	2372	2340	98.7%	2752	2716	98.7%	3099	3018	97.4%			
September	2756	2725	98.9%	3053	3007	98.5%	3367	3266	97.0%			
October	2480	2465	99.4%	3091	3058	98.9%	3188	3127	98.1%			
November	2390	2371	99.2%	2941	2898	98.5%	3127	3052	97.6%			
December	2364	2344	99.2%	2785	2728	98.0%	3038	2995	98.6%			
January	2424	2390	98.6%	2641	2607	98.7%	3269	3193	97.7%			
February	2506	2469	98.5%	3035	2995	98.7%	3209	3156	98.3%			
March	2890	2857	98.9%	3209	3163	98.6%	3517	3486	99.1%			
April	2626	2594	98.8%	2995	2937	98.1%	3304	3288	99.5%			
May	2693	2608	96.8%	2899	2843	98.1%	3201	3182	99.4%			
June	2654	2605	98.2%	2851	2790	97.9%	3051	3025	99.1%			
	FY2021			FY2022			FY2023					
Month	# Sched	# Reviews	% Held	# Sched	# Reviews	% Held	# Sched	# Reviews	% Held			
July	3200	3150	98.4%	3596	3536	98.3%	3524	3474	98.6%			
August	3341	3299	98.7%	3737	3663	98.0%	4085	3994	97.8%			
September	3525	3489	99.0%	3970	3897	98.2%	3965	3906	98.5%			
October	3228	3150	97.6%	3651	3568	97.7%	3704	3611	97.5%			
November	3331	3284	98.6%	3410	3340	97.9%	3644	3556	97.6%			
December	3300	3244	98.3%	3376	3302	97.8%	3537	3472	98.2%			
January	3409	3377	99.1%	3699	3654	98.8%	3519	3447	98.0%			
February	3565	3529	99.0%	3869	3796	98.1%	3729	3669	98.4%			
March	3887	3811	98.0%	4028	3961	98.3%	4098	4003	97.7%			
April	3517	3439	97.8%	3664	3600	98.3%	3861	3774	97.7%			
May	3299	3209	97.3%	3685	3612	98.0%	3693	3600	97.5%			
June	3308	3240	97.9%	3480	3422	98.3%	3540	3416	96.5%			

The information in the table above shows statewide data and represents the percentage of children who were eligible for a review (denominator) and received a review within the appropriate time frames (numerator). Reasons why an ACR might not occur remain the same as noted in the FY2023 APSR:

- *Child went home prior to review date; review was canceled, child then came back into care prior to original review month and caseworker did not notify ACR of the need to reschedule the ACR. ACR would*

receive notice of the child's return to care through the ACR system download from CYCIS that the child was back in care once the updated paperwork is processed by the worker. This child would then be scheduled for an ACR within the next six-month cycle date.

- New baby taken into care and added to the case after the ACR date, however the data entry is back dated so it appears the child came into care prior to the ACR. Again, ACR receives notice from CYCIS and the child is reviewed during the next six-month cycle date.

Added in FY2022 and continuing in FY23, additional reasons for a missed ACR included:

- Service Plan not completed in time.
- Assigned staff forget to attend the ACR.
- Staff turnover: newly assigned or covering staff are not aware of the ACR date/time.

## ITEM 22: Permanency Hearings

**Response:** Based on Rule 316.120, the department or its provider agency 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. 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. Updates to this APSR include:

- During FY23 ACR was able to verify that permanency hearings were completed in 54% of the cases reviewed. (Permanency hearings were verified by a review of the court order submitted to the reviewer by the caseworker.) This percentage reflects the number of cases in which a permanency review hearing occurred no later than 12 months from entry into foster care (numerator), of all child cases eligible for a permanency hearing (denominator). *This data was obtained by viewing the actual court orders, during ACRs.*
- In 46% of the cases reviewed by ACR, a permanency hearing was either not held or it was held but no signed court order was presented at the ACR for verification.
- From our internal tracking systems is the following data on Permanency Hearing completion: (Note: This is the count of entries, count and % of initial perms within 0-12 months [of foster care start date] based on entry cohorts.

Row Labels	2017 Count			2018 Count			2019 Count			2020 Count			2021 Count			2022 Count			2023 Count		
	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial
Central	1755	1274	72.59%	2096	1426	68.03%	2508	1625	64.79%	2835	1364	48.11%	2698	1412	52.34%	2113	291	13.77%	8203	5973	72.81%
Cook	1198	942	78.63%	1418	964	67.98%	1277	753	58.97%	1812	559	30.85%	1342	615	45.83%	1019	188	18.45%	8441	2723	32.26%
Northern	874	515	58.92%	929	480	51.67%	1133	555	48.98%	1341	379	28.26%	1626	527	32.41%	1258	135	10.73%	4357	2872	65.91%
Southern	966	673	69.67%	1314	872	66.36%	1584	890	56.19%	1457	695	47.70%	1491	883	59.22%	1322	165	12.48%	5175	4042	78.10%
<b>Grand Total</b>	<b>5273</b>	<b>3405</b>	<b>64.57%</b>	<b>6314</b>	<b>3744</b>	<b>59.30%</b>	<b>7136</b>	<b>3823</b>	<b>53.57%</b>	<b>8261</b>	<b>2997</b>	<b>36.28%</b>	<b>8301</b>	<b>3437</b>	<b>41.40%</b>	<b>6520</b>	<b>779</b>	<b>11.95%</b>	<b>28970</b>	<b>15610</b>	<b>53.88%</b>

- The AOIC coordinates the Quality Court Hearings Project, however, it is limited to eight courts.
- Data entry of legal information has been an ongoing challenge due to the lack of access to CYCIS for data entry by CWCA agencies. The data entry process requires completion of a paper form that is submitted to a DCFS clerical staff to data enter. The clerical staff have other responsibilities, and this often is a low priority in the context of their other work. There have also been challenges with youth that enter care through delinquency court and the delinquency court personnel are not consistently familiar with the

requirements for permanency hearings. The Cook court system data enters legal status information that gets pushed to the DCFS system, but there are occasional glitches in that process. The issues with legal data are a priority in planning development of the CCWIS system.

**ITEM 23: Termination of Parental Rights**

**Response:** The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones. Please see Illinois’ 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

- While Illinois has a well-articulated process in place for TPR in conjunction with the juvenile court, the timeliness of TPR in accordance with the Adoption and Safe Family Act (ASFA) continues to be a challenge.
- As of 06-30-23, export of CFSR Active Children in Care dashboard, count of latest legal status of Adoptive Rights (AR) and Surrender Both Parents (SB) (this indicates cases in which TPR has occurred):

Count of Ent FY 23			
Row Labels	AR	SB	Grand Total
Central	1,138	112	1,250
Cook	617	5	622
No Region	3		3
Northern	368	11	379
Southern	604	36	640
Grand Total	2,730	164	2,894

- Below is the count and average number of days to TPR based on FY exit cohorts (all exits). This is based on the date Adoptive Rights status was achieved so it doesn’t include SB status.

Region	2017		2018		2019		2020		2021		2022		2023	
	Count	AvgDays	Count	AvgDays	Count	AvgDays	Count	AvgDays	Count	AvgDays	Count	AvgDays	Count	AvgDays
Central	1709	767.97	1593	747.43	1897	784.56	1806	775.90	2263	802.26	2427	841.45	2238	825.07
Cook	1474	1280.19	1603	1336.42	1461	1324.51	1239	1292.09	1285	1312.12	1339	1394.96	1309	1470.49
Northern	1147	894.00	1010	833.30	1010	839.71	939	924.40	1232	887.09	1348	905.01	1187	921.82
Southern	804	1010.15	884	875.09	1038	842.19	1064	879.66	1368	815.41	1300	906.70	1295	928.43
<b>Statewide</b>	<b>5134</b>	<b>963.34</b>	<b>5090</b>	<b>944.73</b>	<b>5406</b>	<b>944.30</b>	<b>5048</b>	<b>948.41</b>	<b>6148</b>	<b>922.04</b>	<b>6414</b>	<b>969.96</b>	<b>6029</b>	<b>985.43</b>

- Efforts to address barriers and effect change in this area (i.e., the Illinois CFSR PIP) have not yet resulted in sustainable improvement.
- The AOIC implemented steps during the Child and Family Services Review Program Improvement Plan (CFSR PIP) period aimed at improving time to child permanency (please see Chapter 1, [Administrative Office of the Illinois Courts](#), for more information).



- Adoption Safe Family Act (ASFA) Compliance: During the past seven fiscal years ASFA compliance has averaged at 90.54%, based on ACR data (of ACRs completed [denominator] – see data in Item 21 – how many included completion of the ASFA form [numerator]). ACR was seeing an increase in ASFA compliance from FY16 through FY19. There was a decrease in FY20. It dropped again slightly in FY21. In FY22 there was a 0.50% increase and in FY23 another 0.30% increase in compliance. The primary reason for lack of 100% compliance was caseworkers not completing or submitting the ASFA at the ACR. Efforts to improve compliance with completing this form includes enhanced monitoring by supervisory and administrative personnel. This information comes from the ACR Special Needs data. ACR verifies this information from the completion of the ASFA form that is provided for each ACR. This data percentage includes all youth in foster care. The table to the right contains data that DCFS gained through the completions of ASFA forms.

	Clients Reviewed Requiring ASFA	Clients meeting ASFA
FY16	10,941	8,687 79.4%
FY17	11,939	10,382 87.0%
FY18	11,973	10,786 90.1%
FY19	10,904	10,173 93.3%
FY20	11,318	10,285 90.9%
FY21	13,152	11,887 90.4%
FY22	14,522	13,194 90.9%
FY23	14,688	13,396 91.2%

Data collected through the state’s CFSR 3 PIP Measurement Reviews for Item 5 shows that on average, across the Baseline (collected in 2019) and the three subsequent Measurement Periods (2020, 2021 and 2022), 70% (or 70 of 100 cases) of foster care cases reviewed the agency did not file or join a petition to terminate parental rights in cases where the child had been in care 15 of the last 22 months. Of that 70%, in 44% of the cases (or 31 of the 70 cases) an exception to the requirement to file or join a termination of parental rights petition did not exist. Currently, the state does not have a report that informs it of this data for all children in foster care.

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

**Response:** The state provides a process for the child’s substitute caregiver to be notified of and have a right to be heard during the ACR with respect to the child and family services. Please see the 2022 APSR for descriptive information related to this Item (page 73).

The notice is automatically generated based on the living arrangement data for the child and is sent to all living arrangement types, including foster homes, relative homes and congregate care settings. Upon ACR scheduling completion, the department sends official notification to all persons listed on the Case Review Monthly Roster (CRMR) who are to be invited to the ACR.

A written notice indicating the date, time, location and purpose of the Administrative Case Review is mailed 21 days prior to the ACR to ensure the notice is received a minimum of 14 days before the scheduled review. The ACR notice encourages the invited participant to attend and emphasizes the participant will have an opportunity to share information about services provided to the child and family, as well as outlines relevant appeal rights. This notice goes to the parents (and informs them of their rights to bring a representative to the review); the child, if age appropriate (12 or older); the child’s caregiver; the caseworker; the child’s guardian ad litem/CASA downstate, GAL and public defenders in Cook County and all others whom the caseworker identifies to attend. Should any logistical changes be made to the scheduled ACR, revised letters are generated to inform the invitee of the change in date, time and/or location. In Cook County, the GAL and

Public Defender contact the respective ACR office to confirm their attendance and are apprised of any logistical changes at that time.

Updates for this APSR include:

The average percentage of Administrative Case Reviews (ACR) with notifications for the past six fiscal years is 98.25%. Most of the non-notifications involve incorrect addresses for the participant.

Fiscal Year	Case Reviews Held	Case Reviews with Notifications Sent	% Reviews 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	24,174	23,984	99.21%
2023	23,833	23,636	99.17%

The 98.25% is described as the average rate of notice to caregivers over the past six years with over 99% for 2021, 2022 and 2023. The ACR system automatically pulls in the foster parent’s name and address from the living arrangement data for the child and generates the automated letter that goes out 14 days before the scheduled ACR. If the ACR is rescheduled on short notice, the system will not have sufficient time to generate the mailed notice and will report that the caregiver did not receive notice. Caregivers are notified by the worker in those situations, but it is not captured in the ACR data system.

There is 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. Caseworkers notify those that may not be in attendance such as foster parents, parents and youth.

Formal notice of hearings is handled by the local Clerk of Court. Local DCFS personnel provide the prosecutor’s office and the Clerk of Court with names, addresses of parties to a hearing. Additional follow up reminders are provided by case managers during visits to ensure court notices have been received. The court additionally expects DCFS to take such steps as are necessary to ensure all parties are present at Hearings. Illinois Courts take strong exception to failure to attend hearings. The Juvenile Court Act (705ILCS 405/1-5(2)(a)) gives current or former foster parents the right to be heard by the court.

In addition, the current service plan/case plan documents have been revised but will not be released until a later phase of CCWIS. The new templates, referred to as case plan documents, include a prominent field to report the next court hearing and the type of hearing it is set for. A simplified version of the case plan, referred to as Action Steps, can be printed by the worker for use during Child and Family Team Meetings and this document also prominently features information about the next court hearing. There is an existing version of this in the current Service Plan, called the “Refrigerator Plan” that staff can use while waiting for CCWIS. The new templates will support improved communication about the rights of birth parents, caregivers and youth in care to be heard in court.

As we develop CCWIS, we intend to leverage available technology to improve communication with various stakeholders, which would include automated notices of court hearings, similar to the current ACR notification

system. Among the stakeholders to be included will be the Administrative Office of Illinois Courts (AOIC). Their feedback will be beneficial to coordinating joint efforts.

### **Quality Assurance System (ITEM 25)**

***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?***

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' 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 OSRI to evaluate cases reviewed for PIP Measurement reviews; the Intent & Instructions for the ACR data collection, 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.

QA 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.

Please see Illinois' 2022 APSR for descriptive information related to this Item. The explanation begins on page 74.

Updates for this APSR include the following goals:

- A clear focus on communicating and increasing awareness of the outstanding CFSR 3 PIP Goals (the state has not yet met six of 10 PIP Goals, and faces a hefty financial penalty if the remaining goals are not achieved by 3/31/2024), as well as a clear ask: what is the smallest change you can do NOW that will have the biggest impact? The Division of QA has been very effective at getting on agendas and presenting the data and presenting to operations where in the state to focus and what type of case (foster care or in-home). Unfortunately, money talks, and a nearly \$5 million penalty talks very loudly. We are using this to our advantage by generating awareness and interest in doing better.
- Implementing Regional CQI Support Teams (RSTs) in Cook County and then scaling statewide. We have the support and expertise of the Center for States in this endeavor.
- Building capacity internally (within QA) to be the CQI experts for the department (this will bleed into the FY25 APSR and our next CFSP).

- Developing and enhancing data literacy – first among QA staff, then among departmental staff.
- Producing high quality data and providing real-time feedback and support to assigned caseworkers and their supervisors.
- 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).

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

#### CFSR 3 PIP Measurement Reviews

Co-managed by DCFS QA and the UIUC Foster Care Utilization Review Program (FCURP), 65 cases are reviewed per measurement period to inform progress toward CFSR 3 PIP Goals. During the last 12 months, Illinois has completed its PIP, and is now in the non-overlapping period (this is a period given to states to allow all PIP strategies to settle into the system and ideally result in improved outcomes and achievement of PIP goals). The data collected through this qualitative review process is discussed in detail earlier in this Chapter (the Outcomes section).

#### Administrative Case Review (ACR)

Please see Item 20 for information and data specific to this important unit within the Division of Quality Assurance. Every child in foster care is reviewed every six months, and the data generated from this work is critical in the 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 Intact Pilot

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.

Please see Safety Item 3 earlier in this Chapter for more information/data.

DCFS has continued its partnership with the Capacity Building Center for States to provide ongoing facilitation, coaching and support for the Cook CFTM Intact Pilot. A new workplan has been developed and is close to final – the intent of the new workplan is to support the successful transfer of implementing and providing coaching to supervisors by DCFS. Coaching sessions with Cook County intact workers continue, and the Implementation Team continues to promote the CFTM tip sheets and the Parent Engagement Survey to gather data regarding client satisfaction as it relates to CFTMs. QEST’s Cook County CFTM data is shared with the CFTM Implementation Team to educate staff during CFTM trainings and track progress of the Implementation Team’s efforts to increase and improve CFTMs.

The data collected by QEST indicates that CFTMs are taking place much more frequently than before the pilot began. The focus is shifting to enhancing the *quality* of the CFTMs.

### QEST Quality of Caseworker Contacts (Intact cases)

QEST reviewed 1860 cases in the first three quarters of FY2023. Since FY2020, the intact family services program has shown improvement in certain areas of practice, including:

- Frequency of contacts with parents/caretakers/children showing concerted efforts by the worker to support the family towards achieving case goals, decreasing the gaps in contacts and the ongoing assessment and identification of safety threats.
- Contacts, observations and discussion with parents/caretakers and children were sufficient to assess the quality of relationships/current functioning of the family, parental protective factors, child vulnerabilities, desired changes in behavior and current family stressors/challenges.
- Safety assessments supporting the safety decision based on relevant information gathered.
- Intact worker actively engaging the children/family in discussions around service and safety needs and progress towards case goals.
- Supervision following up on direction provided during a prior supervision. Since reviews began in FY2018, there has been a steady and consistent decline in the number of safety concerns identified during the review.

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

The Illinois department of Children and Family Services (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 by Child Protection and Operations administrators in June 2019.

Please review additional information in Chapter 5A

### Efforts to Track and Prevent Child Maltreatment Deaths

Please also see attached Power Point with 3<sup>rd</sup> quarter of SFY 2023 data about the CIT process and findings.



Q3withnotes.pdf

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

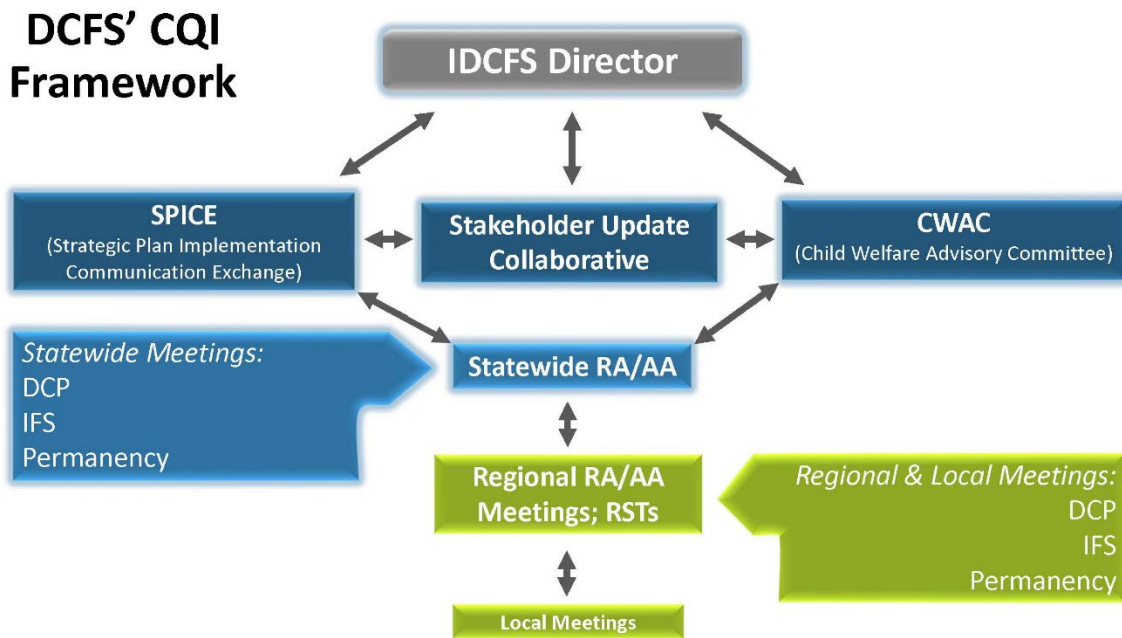
Through the development of the CFSR Program Improvement Plan (PIP), Illinois identified that the principles of CQI as a sustainable process that results in measurable improvement are operating, but require improved coordination, refining and strengthening. A revised model is in development that will utilize the leadership from the Family First Prevention work and the PIP to integrate CQI principles in all programming and initiatives.

Using the principles outlined in the Children's Bureau issued Information memorandum ACYF-CB-IM 12-07 to assess CQI:

- Foundational administrative structure:

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. 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. 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 in existing meetings involving DCFS, private agencies, Administrative Office of Illinois Courts (AOIC) and other key stakeholders.



- Quality data collection

An ongoing agenda item of the Data Workgroup is the continual validation of data and improving extraction code. DCFS is in the final stages of completing its first Data Quality Plan, in which the priority is to improve the quality of permanency goal and race and ethnicity data in CCWIS. The second priority is to increase data literacy throughout the entire department via a Data Literacy Plan. The Data Literacy Plan is in development. The Division of Quality Assurance has begun 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.”
- Case record review data and processes

Case record review is a strength for the department and utilizes standardized training and protocols for successful case review. There are a number of qualitative case record reviews that include assessing both DCFS and CWCA performance in Illinois, such as the PIP Baseline and Measurement reviews that utilize the Federal OSRI, an intact case review instrument that emphasizes a review of quality practices that support positive outcomes, the Quality Service Reviews previously conducted in the Immersion sites on a small number of cases, the development of targeted reviews and qualitative data produced by ACR (a new model of ACR was rolled out in 2021 and focuses on the qualitative assessment of key casework practices; see Item 20 for more information). The new ACR process is modeled off of the CFSR, in the sense that a question-by-question guide was developed to guide reviewers on what to consider when answering a question (this document is called the “Intent & Instructions”), and the ACR reviewer conducts group and

individual interviews during the ACR in order to gain a comprehensive understanding of what has happened over the last 6 months and where the case is heading.

- Analysis and dissemination of quality data

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 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.

Root cause analysis is occurring within the Cook Regional Support Team (RST) and at the SPICE. During this federal fiscal year, the Cook RST merged into one group and is tasked with looking at data specific to improving timely permanency, improving the quality of caseworker contacts and improving the engagement of fathers. The group is taking a deeper dive into the causes, e.g., timely achievement of permanency (a complete profile was generated that included PIP Measurement data, as well as ACR data and other administrative data), and were looking specifically at timeframes to adjudication. As of the May 2023 RST, the group is narrowing its focus on improving the quality of caseworker visits in order to support timely permanency.

A key goal of the Division of Quality Assurance over the next 12 months or more is to launch the RST concept to other regions of the state, with the QA regional quality specialists being the “CQI experts” and helping teams implement the PDCA cycle of improvement at the regional level. QA has secured the assistance of the Capacity Building Center for States to help QA reach this goal successfully. QA has been able to add more staff to the Qualitative Case Review Unit (primarily tasked with completing PIP Measurement Reviews), to free up the regional quality specialists to get back to doing CQI in the regions and sub-regions like they used to do. The Center for States will help QA with training and developing the expertise in CQI that the Regional Quality Specialists will need to have to be successful.

- 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 continues to be an area to be strengthened. The strategic planning workgroups (specifically SPICE) will be utilized as a communication loop to identify and inform revision needed to the goals, objectives and interventions for improvement and will then track those changes to evaluate whether improvement has occurred. 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.

Illinois has a dedicated statewide Division of Quality Assurance (QA) within the larger Quality Assurance system. This division has led the preparations for the CFSR Round 3, PIP-related stakeholder meetings, Illinois' CFSR 3 PIP Measurement Plan and the implementation of the PIP Baseline and ongoing Measurement Case Reviews. QA is spreading the word about the PIP data and what it tells us as a system about our strengths and areas needing improvement, and operations staff have been very interested in hearing more and having us present at all their meetings so that we can spread the message to teams (DCFS and private) statewide.

The Division of Quality Assurance is working on building relationships, collaborating with other divisions (particularly operations leadership and staff) to communicate data and use that data to improve practice and outcomes, as well as continually identifying the right feedback loops for improvement in its programs and initiatives, data-related activities and case reviews.

### **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, however this 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.

In addition, case review findings and aggregate reports completed by QA staff include:

- CFSR-PIP Baseline Reviews & ongoing PIP Measurement Reviews-Outcome Enhancement Reviews.
- Quality Service Review reviews (recently replaced by Well-being Improvement Review and Linkage (WIRL) reviews).
- Intact Safety and Practice case reviews.
- Crisis Intervention Team reviews.
- ACR reviews (every child in care every six months).

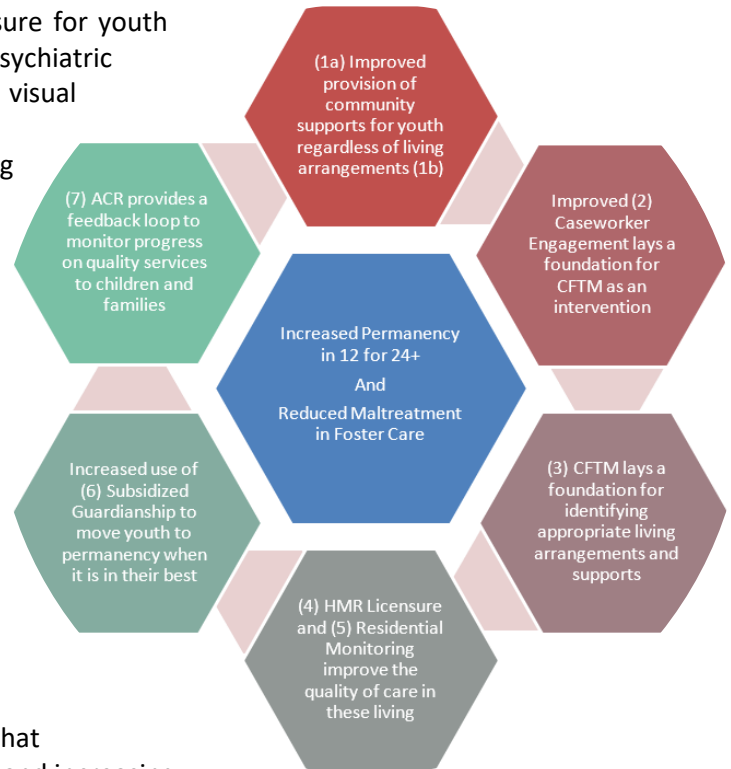
As part of the improvement plan to the Quality Assurance system, leadership of the QA entities will be meeting to exchange data reports and aggregate findings to increase understanding of strengths and areas of improvement. The Division of Quality Assurance contracts for, and receives, expertise and support from external experts:

- Chapin Hall CQI Training and Support: To bolster and standardize understanding of CQI, University partner Chapin Hall has developed and piloted CQI training modules. The training modules emphasize establishing common language, understanding and communicating the PDCA (plan do check act) CQI cycle and effective data and findings presentations. DCFS leadership participated in the first training presentation with a goal of expanding to private agency leadership and all DCFS and private agency staff at all levels. The training presentation is accessible through the Virtual Training Center as an on-demand on-line training with two different modules/pathways i.e., QA staff and all staff. Each training path includes a practical example of using data to identify a problem moving through the PDCA cycle. CQI staff have completed the course and, along with the Virtual Training Center (VTC) availability, are charged with training and coaching the CQI process throughout all levels of DCFS and private agencies.
- Work Plans: Specific work plans have been developed (and approved by the court) to further address areas of improvement that will support progress toward the identified standards for the overarching BH outcomes (CFSR indicators specific to maltreatment in care and achieving permanency in 12 months for



youth in care 24 months or more and a stability measure for youth experiencing multiple moves including a psychiatric hospitalization). These work plans are described in the visual below are as follows:

1. Resource Development and Service Array - Improving the provision of community supports for youth regardless of living arrangements.
2. Quality Engagement – Improved caseworker engagement.
3. Use of Child and Family Team Meetings as an essential component of the Illinois Core Practice Model to assist in appropriate living arrangements and supports.
4. Increasing licensure of home of relatives.
5. Launching a new model for residential monitoring.
6. Increasing the use of subsidized guardianship.
7. Using ACR to monitor progress of quality services and movement towards permanency.



The work plans are intended to work together, interdependently, in a continuum of improved practice that specifically targets reducing maltreatment in foster care and increasing permanency in 12 months for youth in care 24 months+.

See Chapter 3 Illinois Program Improvement Plan for details regarding improvement activities.

### Agency Performance Monitoring & Execution (APME) Team

While not included within the Division of Quality Assurance, Agency Performance Monitoring & Execution Team (APME) plays a critical role in the implementation of QA and CQI within the system. (APME is the new title for Agency Performance Team (APT) as it encompasses our new way of supporting all agencies.) APME and QA must work together to make real impact.

The Agency Performance Monitoring & Execution Team is undergoing changes and improvements that align with Director Smith’s commitment to hold DCFS and CWCA agency practice to the same high standards. The Agency Performance Monitoring & Execution Team has now been moved under the Division of Permanency Services.

APME created a Quality Case Review Tool. This review tool can compare many factors, including the comprehensive and detailed data presented from ACR reviews and uses that information to direct APME action and agency focus. Currently, APME views this data on a randomly selected case and every team is reviewed monthly. This has been in effect since January 2022. This method allows for focus on time sensitive and critical issues, however, is limited in the ability to address red flag trends and work effort prior to decline in overall performance. The results are distributed to the Permanency Casework and Intact team caseworker, supervisor and administrator for review. The caseworker has 14 days to correct or fix any deficiencies and the case is re-reviewed for changes and additions, and the tool is updated at that time to reflect any positive changes. The results are again shared with the Permanency and Intact team. The Quality Case Review Tool 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 we serve.

The new ACR dashboard will allow strategic analysis and focused efforts by APME. The following areas have a series of focused questions that encompass all lead and lagging measures in the following areas: ACR list and overall score in the Priority Case Practices as listed below. (Please also see **Item 20**):

1. Quality CFTMs.
2. Quality case planning.
3. Quality in-person caseworker contacts.
4. Quality family visitation.
5. Quality supervision.

When APME can refine by site, we are able to customize monitoring, providing increased resources and efforts in areas of need. In addition, sites with increased supervision and organization would be identified as routine monitoring creating APME efficiency based on need. This allows greater opportunity for growth of Specialized Foster Care (SPEC), the department, etc. APME monitors performance using the following sources:

Dashboard Performance Data

There are three dashboards, each with similar measures that are factored into an agency’s monitoring level: the Foster Care Dashboard, the Intact Dashboard and the Specialized Care Dashboard. There is an additional intact dashboard that agencies use to monitor their own performance on subcategories of this larger dashboard. Below is a sample of the HMR/Traditional Dashboard, specifically the performance of a particular agency (called an “Agency Scorecard”):

**Foster Care (HMR) Agency Scorecard (Sample) – FY23 Data reflecting April 2023**

Measure	Description	Goal	Agency Statewide PFY Pct		Agency Statewide CFY Pct		Agency Statewide LM Pct	
			PFY_Pct	PFY_Pct	CFY_Pct	CFY_PCT	LM_PCT	LM_PCT
1	% of Children Achieving Legal Permanency	40%	39.87	29.68	35.02	20.65		
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%	98.35	91.74	98.46	92.77	99.27	88.57
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%	95.74	86.69	95.61	87.97	95.35	83.95
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%	62.38	45.37	61.70	47.52	63.31	47.07
5a	% Weekly In-Person Parent/Child Visits (RH goals only) (per SACWIS)	80%	62.01	33.99	64.49	33.18	57.10	27.25
5b	Average # Parent/Child Visits Per Month (RH goals only) (per SACWIS)	4.00	4.25	2.28	4.51	2.19	4.38	1.88
6	% Absence of Maltreatment While In Foster Care	100%	99.06	97.65	97.74	98.55	100.00	99.98
7	% Absence of Maltreatment 6 Months Post Permanency	100%	97.35	95.65	98.03	97.41	100.00	100.00
8	% of HMR Foster Homes Licensed	70%					41.08	37.66
9	% of Children Placed With Less Than 2 Paid Providers over a 12 month period	90%	85.49	84.81	85.05	83.98		
10	% of Cases With a Service Plan Completed Within 45 Days of Child Case Opening	95%	95.43	76.98	98.05	79.11		
11	% of Children Assigned to less than 2 Caseworkers over a 12 month period	Info Only	44.69	45.58	58.71	53.78		

*LM (Last Month) PCT 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 were no assigned cases for that Measure under CFY or LM. If there is a 0, that means that there are assigned cases for that Measure under CFY or LM.*

The Dashboard provides scorecard performance for State, Agency and Region. In addition, information can be disaggregated to the case level. 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. These performance issues can be identified by anyone with a monitoring role with CWCA agencies.
- Microsoft Teams – The Agency Performance Monitoring & Execution Team has transitioned most of their project tracking, audits and reporting over to Microsoft TEAMS channels. This includes caseload ratio data, audit findings, permanency updates, fatality 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 was updated and includes very detailed information about performance and quality of each program type at each site. The report format is a four-month format (trimester) where tab 1 feeds into the next tab so that in the four month you have a full picture of performance and staffing during the trimester. Monthly performance data is dropped into this group share by APMEs assigned IT personnel and APME monitors upload the specific data for a site and program into the report for a specific agency each month.

Reports/Audits - The chart below shows the number and type of reports written by the Agency Performance Monitoring & Execution Team staff year to date in FY 23:

Report/Audit	Report/Audit	Completed
Performance Reports	Monitor Monthly Report – FC/Spec	1983
	Monitor Monthly Report - IFS	866
SACWIS Case File Audits	10%/Trimester - FC	482
	10%/Trimester - IFS	336
	10%/Trimester - Spec	148
Hard Copy File Audit	IFS/FC	344
Case Interviews	Staff Interview	128
	Care Provider Interview	82
	Parent Interview	73

Audits – Agency Performance Monitoring & Execution 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 related to compliance with action transmittals, closed case record management, normalcy factors, youth credit checks, foster home capacity/utilization and an assessment of identified service issues addressed prior to case closing.

Reviews – Agency Performance Monitoring & Execution Team has continued to conduct case reviews on private agency cases. If these reviews unveil a safety issue, the results of these reviews are addressed immediately with CWC agency administrative staff. If there are quality and general compliance issues, the results are discussed at monthly Agency Performance Monitoring & Execution Team meetings. The focus on

identifying barriers to permanency to adoption and guardianship cases initially led to a slight decline of case reviews in parts of the State, however. The addition of the Quality Indicator Review Tool has remedied this.

Monthly agency site performance meetings - These continue between the APME monitor and agency staff, including the APME supervisor. While meetings were converted to video performance meetings initially due to COVID-19, this unit has opted to continue monthly performance meetings via video calls with PowerPoint presentations. The Agency Performance Monitoring & Execution Team staff and management have met with the CWC agency administrative staff monthly virtually. The video calls with PowerPoint presentations have saved both CWCA and DCFS staff time and travel and has created a more concise but detailed historical record of performance discussions for that month.

HMR Licensure reviews - the Agency Performance Monitoring & Execution (APME) Team also meets with the agencies monthly during a separate meeting with licensing staff to address unlicensed HMR foster homes, check the status of the home becoming licensed and assist with removing any barriers to licensure. The separate monthly meetings between APME and the licensing staff at the community-based partners signify the importance of increasing the numbers of licensed relative foster parents. Historically when a youth is in the home of a licensed relative, that factor has been instrumental in lessening the risk of abuse, neglect and trauma to the youth that we serve due to the added training and continued monitoring of the home.

The licensing of the home of relative is a dashboard measure that reviews agency performance in order to increase HMR licensure. APME has determined that the ongoing collaboration with the community-based partner licensing staff remains a way to continually assure that the agency stays in compliance with their expected HMR licensure of foster homes.

Monitoring Collaboration - Agency Performance Monitoring & Execution Team 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 agency site level. Youth moving toward adoption and guardianship are reviewed weekly by APME monitors to discuss barriers and progress. Monthly video calls are held with APME monitors and CWCA permanency/adoption staff to discuss specifics and barriers for each case in detail.

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 22 and FY 23 through March. The last column shows the percentage of increase/decrease between FY 22 and FY 23 performance. It should be noted that COVID-19 contact restrictions and work force challenges have a significant impact on performance in all areas.

Performance Measure	Measure Goal	FY 22	FFY 23
Permanency	40%/yr.	29.86%	20.65%
CW Contact w/Children	95%	91.74%	92.77%
CW Contact w/Care Provider	90%	86.69%	87.97%
CW Contact w/Parents	80%	45.37%	47.52%
Weekly Parent/Child Visits	80%	33.99%	33.88%
4X Month Parent/Child Visits	4 visits	2.28	2.19
Lack of Maltreatment in Care	100%	97.65%	98.55%

Performance Measure	Measure Goal	FY 22	FFY 23
No Maltreatment 6 Mo. Post-perm	100%	95.65%	97.41%
HMR Licensure	70%	*	LM=37.66%
Placement Stability	90%	84.81%	83.98%
Timely Service Plans	95%	76.98%	79.11%
CW Stability	Info only	45.58	53.78%

\*\* FYTD CWCA Permanencies through March 2022. The 12-month projection is 32.85%.

\*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 begun to monitor the performance of DCFS foster care and intact family service teams. This transition is occurring in stages while APME is gradually staffed up to accommodate the changes. Currently APME is completing Quality Indicator reviews for both CWCA and DCFS teams. While the DCFS Division of Quality Assurance facilitates the activity in providing performance data via OER and OER Plus, the APME model of monitoring has proved effective in moving the performance of the private sector in a positive direction.

There is a current trend towards Agency Performance Monitoring & Execution Team further monitoring the successful completion of Child & Family Team Meetings. This will allow the Agency Performance Monitoring & Execution Team to monitor further compliance of the agency participation of CFTMs and the goal is to increase permanencies. Currently the department has contracted with an outside consulting firm to review and offer direction for ways to fully implement a comprehensive approach to ensuring the statewide implementation of an effective Child and Family Team Meeting model. The entire Agency Performance Monitoring & Execution Team completed an extensive training on the Child and Family Team Meeting model that includes continued monitoring, shadowing and follow up regarding AMPE responsibilities and documentation regarding the CFTM.

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

The Statewide APME team will continue to focus on specialized services for the youth and families serve by a specialized community-based provider. The statewide APME team will continue this work by assuring that specialized services are provided, reviewing the contracted numbers projected to serve youth and families and assuring that the community-based partners are assisting the youth that they were contracted to serve with specialized services.

This shall also include a continual review of agency foster homes numbers with the intent to increase the numbers of foster parents who will receive specialized training prior to the youth's placement into home-based foster care. This will allow immediate service provision that will support the youth placed in the home with a more comprehensive and individualized support system who has been trained to immediately meet the needs of the youth on an individual basis.

The long-term goal is to increase specialized services for youth statewide with a continued focus to support statewide consistency for the specialized population served by the Child Welfare Contributing Agency partners with ongoing support and monitoring by the Statewide Specialized APME team. This includes ongoing review and the continued monitoring of the same youth when they step down from specialized services to traditional services so that they may be served by the same community-based partner when they transition from specialized services. This is a relatively new team that currently has an APME monitor for every region with additional monitoring from Cook County to be hired along with a statewide APME supervisor.

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

### **ITEM 26: Initial Staff Training**

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff that has case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state's CFSP.*

Areas to address:

- Staff receive training pursuant to the established curriculum and time frames for the provision of initial training.
- How well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

**Response:** The state is operating a staff development and training program that provides initial training to address the skills and knowledge that are needed to carry out duties regarding the services included in the Child and Family Services Plan (CFSP) and state law. Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

#### **Foundations Training for New Staff**

As noted in the 2023 APSR, Illinois began phasing in more in-person learning opportunities beginning in February 2022 and increasing through May 2022. These in-person deliveries continued through the summer and into fall of 2022 with the exception of transitioning specific cohorts back to virtual deliveries whenever there were noted outbreaks of COVID infections within the cohort or within a specific training venue. In October 2022, the Placement and Intact Foundation was re-designed. Part of the re-design supported a long-term transition to a hybrid training model. The re-designed Foundation is now a 15-day course. Two-thirds or 10 days are in-person and one-third, or five days, are facilitated virtually which includes line-instructor online trainings.

As stated in the FY23 APSR, beginning in October 2022, OLPD concluded the use of both the 10-day and 20-day Foundation pre-service training series for intact and for placement specialties. After reviewing the past few years of piloting the 10-day alternative format and in assessing the needs of the current incoming new hire workforce, a single re-designed Foundation series for intact and for placement new hires was launched. This re-designed pre-service series (one for each specialty – intact and placement), embedded some of the newer required trainings that had been initiatives added over the past few years (most notably Family First and Motivational Interviewing) and reorganized the training content for enhanced learner comprehension and connections. This re-design of Foundation includes only a single option (agencies no longer can choose between a 10- or 20-day format). This new re-designed pre-service series, capitalized on strengths and lessons learned during the global health pandemic regarding which training content could effectively be trained through live virtual instructor led formats and which training modules were more effective remaining as live in-person instructor led trainings.

The re-design included 10 days in-person and five days live virtual instruction which totaled the 15-day series. By offering a hybrid course series, agencies were also able to more effectively schedule staff to attend, who otherwise would have had a greater challenge to be in-person for three consecutive weeks due to geographic locations of the participants and the trainings. The hybrid format also supported OLPD's efforts logistically to continue offering the increased numbers of cohorts that have become requested due to the continued high hiring rates of FY 23. In FY24, a second phase of the Foundation re-design for intact and for placement will occur which further updates individual curriculum module content, further integrates curriculum modules

across the 15-day series and incorporates a greater number of application exercises including a practice family vignette that will be integrated throughout the 15 days.

By legislative mandate, Foundations for Child Protection investigative staff includes a week in the department Child Protection Training Academy (CPTA) Simulation Labs. The department currently operated two simulation labs, the DCFS CPTA at the University of Illinois Urbana-Champaign (UIUC) in Chicago and the DCFS CPTA at UIS in Springfield in 2022. Beginning in mid-March 2020, due to the COVID-19 health pandemic and resulting social distancing requirements, both the Springfield Simulation Lab and the Chicago Simulation Lab suspended in-person pre-service simulation-based training. Simulations training for new child protection investigators was moved to an in-service training at that time until March 2022, when Child Protection Foundations for Investigators returned completely to in-person learning. Between August 2020-March 2022, all newly hired investigators received the virtual simulation training component as part of their pre-service similar to the in-person simulation version prior to COVID-19. Enhancements to the simulation training for investigators continued throughout 2020 and into 2021 with the addition of new technology to supplement and enhance virtual simulation experience, and through the addition of a second scenario case so that participants have multiple case experiences before completing their pre-service simulation training, and through the updating and inclusion of a SACWIS component for the simulation week.

#### **DCP Simulation Labs**

During this APSR year, the University of Illinois-Springfield (UIS) decided to not renew their contract for simulations with DCFS and all simulations were routed to the Chicago lab operated by UIUC July 2022 through May 2023. The department is in the process of establishing two additional simulation labs, CPTA at Northern Illinois University (NIU) in DeKalb, which was anticipated to be operational FY2022 Q4, and CPTA at Southern Illinois University-Carbondale (SIU-C), which was anticipated to be operational during the FY2023, Q1. Due to contract execution which impacted hiring both the NIU and SIU-C labs have been delayed. NIU held their soft launch with their first simulation at their facility in May 2023. Before the soft launch, NIU staff were supporting simulations at the Chicago site as part of their onboarding training. NIU will be fully operational in July 2023 and SIU-C has posted positions with an anticipated start date in the second quarter of FY24. Illinois State University (ISU) is in the early stages of contracting with DCFS to be the central region simulation lab provider. To support staffing of simulation labs, DCFS OLPD administration has worked with DCFS Office of Employee Services (OES) and the chief of staff to establish a team of DCFS simulation facilitators that will be headquartered in each DCFS region to support university simulations and DCFS-provided simulations in FY24. Simulation labs continued into FFY 2023. However, the Northern Illinois University launch for a northern region simulation lab was delayed from original target of Fall 2022 and has begun with an initial simulation week for live participants May 2023. The Springfield simulation lab ended in July of 2023, after UIS selected to not renew their partnership with DCFS for a Springfield area simulation lab. Thus, for FY23, UIUC will continue running the sole child welfare simulation lab in Illinois, with assistance as available from onboarding NIU simulation staff and from OLPD trainers. Southern Illinois University – Carbondale (SIU-C) will launch a southern region sim lab later in 2023 or early 2024. Also, later in 2023 DCFS will begin construction on a sim lab and learning center in the downtown Springfield area.

#### **Foundations for the State Central Register (Hotline) staff**

Foundations for the State Central Register (Hotline) staff is offered in Springfield at their employment site. The target was to transition the facilitation of SCR Foundations over to OLPD, with support as needed from SCR field trainers, beginning in FY22, which successfully occurred within FY22. Due to the remote nature of SCR work, the Foundations for SCR staff continues to be facilitated remotely through virtual video conference platforms.

All trainings are competency-based and OLPD reviews the competencies annually with Operations to ensure they are targeting the correct competencies and aligning with emerging best practice as well as current field practice. OLPD also conducts pre- and post-knowledge assessments, test scores and training evaluations to assess the quality and relevance of training content.

The revised target is to transition the pre-service series for SCR back to SCR trainers. OLPD has ensured the pre-service series is aligned with current pre-service staff modules and has been training the SCR trainers on the current modules. The target for this transition to occur is in the summer of 2023.

**Areas for Improvement:**

Please review the FY23 APSR for descriptive information. Updates for this APSR include:

The transition to the new Learning Management System was scheduled to occur in the summer of 2023. This has required substantial pre-work to support the transition from all OLPD staff and will require ongoing support from OLPD staff in the first few quarters after the implementation and during subsequent software releases/updates. This process has been substantially demanding on time and staffing resources which has further limited OLPD’s capacity to develop and implement longer term efficacy surveys. As staffing levels hopefully stabilize and following OLPD’s full conversion to an upgraded Learning Management System, the target to revisit these long-term efficacy surveys will be within FY24.

OLPD does not know the universe of staff who need training, they rely on supervisors who register their staff for initial training. OLPD also uses caseload tracking data generated by SACWIS to estimate the number of staff who will need to be trained. During FY22 (7/1/2021 – 6/30/2022), the number of new staff trained by OLPD was:

Type of Staff Trained	# Trained (7/1/2021 – 6/30/2022)
Investigations (DCP)	198
Placement & Intact*	1,949

*\*For FY22 (7/1/21 through 6/30/22) there were 14,609 completions of the nine pre-service Fundamentals training events. This number primarily represents pre-service intact and permanency staff participants but there are occasions when non-pre-service participants (veteran staff) select to retake one or more of these Fundamentals training events (or are required by their leadership to retake). The total completion number represent repeated participants who are taking more than one of the nine training events. In addition to the nine Fundamentals training events, there were 1,949 unique participants who completed either an Intact Foundations pre-service course series or a Permanency Foundations pre-service course series in FY22.*

**ITEM 27: Ongoing Staff Training**

***Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state’s CFSP.***

***Staff, for purposes of assessing this item, also includes direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state’s CFSP.***



**Response:** The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties regarding the services included in the Child and Family Services Plan (CFSP) and state law. Please see Illinois' 2023 APSR for descriptive information related to this Item. Updates for this APSR include:

DCFS uses available department data sources and learning about new accounts created in the VTC, OLPD estimates the number of participants broken down by role who need to participate in a learning campaign.

Post Foundations on-demand training events are required for all new hire staff and are available to veteran direct service staff who select to retake one or more of these post Foundation trainings or who are required by their leadership to retake. In the first three quarters to date of FY23, there have been 16,223 completions of post Foundation training (some post Foundation trainings were added into the 15 re-designed pre-service series itself in October 2022). The number of post Foundation training events has been continuing to rise over the past few years as whenever a statewide required in-service training initiative is implemented for all current direct service staff, the training event is added (following the completion of that initiative) to the list of required post Foundation training events to ensure new staff hires also receive the same training content.

OLPD generates reports at designated intervals that are distributed to DCFS leadership and APME for the CWCA staff that lists out all staff who have completed required training, so that field-based supervisors, managers and administrations can effectively manage and ensure their staff are completing required training. All trainings are competency-based and OLPD reviews the competencies annually with Operations to ensure they are targeting the correct competencies and cover emerging best practice as well as current field practice. Also conduct pre- and post-knowledge assessments, test scores and training evaluations to assess the quality and relevance of training content. When our threshold for a successful learning campaign completion is at 85% (this accounts for attrition and other workforce factors that impact turnover). Determined by the number estimated to participate/attend (based on see above)/number of actual completions (85% is assessed weekly). Anyone listed in the VTC as needing to take a required training (and their supervisor) receives weekly notices advising them that they must complete the required training(s).

Much of the ongoing staff training is focused on the Illinois Core Practice Model which is comprised of three parts: Family-centered, Trauma-Informed, Strength-based (FTS) Practice; Model of Supervisory Practice (MoSP); and the Child and Family Team Model (CFTM). The Field Implementation Support Program (FISP) supports the department's efforts to train and coach the components of the Core Practice Model. The total number of participants who have completed the full version of the MoSP, inclusive of the initial pilot in 2016 (36 participants), the immersion sites, the Boot Camp that ended in 2019 and the full statewide launch begun in 2018, is 867 as of March 3, 2023. As Illinois continued to expand the implementation of the Model of Supervisory Practice (MoSP), it became a mandated course for all supervisors statewide. Since MoSP targets and is open to all supervisors (both direct and non-direct service), and since there is no reliable exhaustive data available to OLPD on all child welfare staff statewide (inclusive of private agency hiring and attrition), OLPD has been limited in assessing the percentage of current supervisors who have completed the course. The total completion number of 867 does not account for the additional number of supervisors (both formerly and currently employed) who started the MoSP series by taking one or more of the four modules but who have not yet or had never completed the entire four module series. There are four modules for the MoSP series. In the first three quarters of FY23, there have been 75-120 completions for each of the four modules for a combined total of 371 participant completions. As many of these, but not all, are participants who have taken one or more module within this fiscal year and potentially a previous fiscal year, this number of 371 does not represent unique individuals.

Beginning in the second quarter of FY21, OLPD began facilitating an additional layer of supervisory development and training through the Supervisory Enhancement Series: Foundations for Supervisors. Infused with the Core Practice Model, the Foundation for Supervisors provides a pre-service level training for those identified as child welfare supervisors. Each supervisor is required to complete all four days, but during the initial roll out while trying to accommodate veteran supervisors' schedules, many participants do not take the four days of modules consecutively but are allowed to schedule them as they can. In all, from its implementation in late calendar year 2020, through the third quarter of FY22 there had been 180 participants who have fully completed all four modules of the series. In all four quarters of FY22, each of the four modules had between 105 and 113 participant completions each. In the first three quarters of FY23, each of the four modules had between 73 and 81 participant completions.

The Child and Family Team Meeting training and coaching was developed nationally by the Child Welfare Policy and Practice Group (referred to as "CWG" and/or "CWPPG"). FISP staff has been developed by the consulting group as trainers of this curriculum and as Master Coaches or Advanced Master Coaches. By May 2023, inclusive of those staff who remain in child welfare, there are six Advanced Master Coaches within OLPD (FISP) and seven Master Coaches within OLPD (FISP). There are also seven additional Master Coaches who have been developed outside of OLPD but who remain in child welfare related positions. The effectiveness of this approach is being monitored by DCFS Quality Assurance and Chapin Hall. Coaching and training that occurred within the immersion sites continues but is currently focused on training staff in the Meta Model pilot teams. New approaches to the training and coaching for this model are being piloted in different areas of the state as the goal is to scale the practice of quality CFTM statewide as a core intervention with families. In October 2022, an introductory CFTM course which updated the department's previous CFTM training, and incorporated aspects of the CWG CFTM framework along with DCFS policy and procedure, was added to both the Intact and Placement pre-service series as well as offered as a stand-alone in-service for veteran staff.

Additional OLPD activities:

- In FY21, OLPD worked with DCFS leadership to begin developing staff trainings related to the Federal Family First initiative. In FY23, the third phase, targeted to child protection/investigation staff was launched and continues. As of May 5, 2023, 73% of all targeted intact, placement and adoption staff have completed the training, and 15% of all targeted child protection staff have completed the training. It is worthy to note that when limiting to just targeted Intact staff, the target benchmark of 85% or more was reached by the beginning of November 2022.

**Areas for Improvement:**

As stated above, OLPD, in partnership with the Clinical LGBTQI Program and Human Rights Campaign (All Children All Families), launched an online training series for staff in June 2019. The three 90-minute webinars, created by the Human Rights Campaign, addresses LGBTQ-affirming interactions and interventions with child welfare-involved families. A caregiver webinar was added in August 2019. Representatives from the Human Rights Campaign, DCFS and the LGBTQ Roundtable continued to meet regularly to develop a sustainable, LGBTQI-affirming training practice for DCFS and private agency partners. This training launched in FY22 and replaced the previous on-demand training. Efforts continue in the development of the next phase of this training topic which includes a live-facilitated training event. The development of this live facilitated training curriculum is contingent on several external factors in addition to OLPD efforts. These factors include DCFS working with an external vendor (HRC) for the development of this content, and efforts also underway for revisions/updates in policy which will be reflected in this curriculum. Issues in the contracting process for the vendor resulted in delays for a finalized contract. Meanwhile revisions/updates to the policy were also concurrently longer than originally targeted. Thus, curriculum delivery targets continued to be impacted in

part based on the timeline required for Policy updates and on the finalization of an agreed upon contract with the vendor.

#### **ITEM 28: Foster and Adoptive Caregiver Training**

**Response:** The state is operating a training system that ensures training is occurring statewide that addresses the skills and knowledge needed to carry out the duties of caregivers for children and youth. The Division of Licensing works closely with the Office of Learning & Professional Development, which holds a contract with the University of Illinois at Urbana-Champaign to provide services in curriculum design. Please see the FY23 APSR for descriptive information specific to this Item.

In FY21, 47,201 participant enrollments occurred for 6,778 in-service and pre-service caregiver training events. These numbers represent duplicated unique participants as participants typically register for multiple training events but not all participants register or complete all events required for a series completion. There were 36,869 completions from these enrolled events resulting in 78% of all registered events being completed. In FY22, 56,224 participant enrollments occurred for in-service and pre-service caregiver training events (live facilitated and on-demand combined), with 45,275 (approximately 81%) completions for these registrations. Within the first three quarters of FY23, there have been 43,971 enrollments, with 35,839 completions (82%). Updates for this APSR includes E-learning Traditional PRIDE training which was revamped FY22. The new version includes structural change in the delivery of the training to include completion of increments of three modules, followed by group check-in meeting to reinforce what the modules addressed, before the next group of modules is released and available. This prevents participants from completing all modules at once in order to satisfy requirements. The live facilitator PRIDE training was revamped and launched in FY23.

As noted in the FY23 APSR, there is no way to determine how many people needed training as the number of those that need to enroll is driven by caregiver self-identification or recruitment.

About PRIDE caregiver training, knowledge check assessments were embedded into the pre-service course to evaluate the transfer of learning through the pre-service. These knowledge checks launched during the fourth quarter of FY20 but were impacted by technical challenges that arose when all curriculum was adapted for remote learning platforms due to social distancing requirements necessary because of the COVID-19 health pandemic. OLPD worked to resolve the technical challenges for a smoother user experience as they participate in these knowledge checks in FY21. However, further technical challenges arose in FY22 with knowledge checks for some specific modules over others. As a result, OLPD has been reviewing the process and technology used for these knowledge checks and has been revising and further resolving these challenges ahead of an eventual conversion to a new Learning Management System (LMS) expected in late FY2023. These revisions included reviewing and updating the language of the knowledge checks as the re-designed PRIDE e-learning and live facilitator-led trainings launched. As the re-designed PRIDE curriculum is now fully implemented in FY23, and as the new LMS launches in the summer of 2023, reviews and revisions to the language and technology used for these knowledge checks continue to improve the reliability of data collected from such efficacy measures.

DCFS was selected to participate in the National Foster and Adoptive Parent training collaboration to pilot training developed that will be presented as a national model for states and jurisdictions. This was a five-year pilot, which concluded in September 2022. As of April 2022, Illinois had satisfied the required number of participants for the pilot and had submitted all necessary data and documentation related to those participants in the pilot except for a second and final survey from only 19 remaining control group participants,

which occurred within the fourth quarter of FY22. Thus, Illinois fully completed the minimum requirements for this study well ahead of the September 2022 target completion date.

By September 2022, 186 participants out of a required number of 160 had fully completed the NTDC curriculum and various related intervention documents (baseline survey, pre-test and post-test). At that time, 219 participants in the pilot's control group had completed the baseline survey with 97 of them completing the post follow-up survey. While DCFS continued to offer and finish NTDC curriculum cohorts into the first quarter of FY23 despite meeting the minimum number required for the pilot, by the second quarter of FY23, DCFS was offering only NTDC make up sessions for those who missed one or more of their cohort sessions.

No NTDC cohorts or make up sessions were facilitated by DCFS in the third quarter of FY23. This piloted pre-service caregiver curriculum was made available for prospective caregivers in specific piloted regions in Illinois and was compared against other specific regions in Illinois. While Illinois met the pilot target numbers early, the national pilot was scheduled to provide Illinois with a comparative analysis only after the second quarter of FY23, as other districts and states in the pilot were still ongoing in their deliveries. As of May 2023, the NTDC pilot sponsors are in the process of scheduling an evaluation meeting in Washington DC, to which Illinois reportedly will be invited. Following that meeting, the pilot sponsors report that Illinois will receive the final pilot analysis report. In the meantime, the pilot has supplied DCFS with source files for some of the training content and has allowed Illinois to utilize these as stand-alone optional in-service trainings for caregivers.

As of the third quarter of FY23, DCFS has reviewed some information which has been received from the study and has begun incorporating some of the stand-alone NTDC modules as supplemental training options for caregivers. Additionally, lessons learned from the NTDC, including training content and activities that were effective in transfer of learning, informed the revamped instructor led PRIDE curriculum launch in FY23.

The LGBTQ in-service curriculum was revised and implemented as an on-demand course released on 4/8/20, "Caring for LGBTQ Youth." Prior to the launch of this new on-demand course, caregivers were referred to the available on-demand LGBTQ training through All Children, All Families which was implemented on 7/28/19. The new course, "Caring for LGBTQ Youth," was completed by 469 caregivers in FY21. This course went on to see another 326 participants complete the course in FY22, as well as 1,996 caregiver participants complete the LGBTQ+ Youth in Foster Care Caregiver Training. Additionally, a video and learning content addressing LGBTQ issues and fostering youth was also embedded into the PRIDE pre-service series. Within the first three quarters of FY23, 60 additional caregivers completed the course, "Caring for LGBTQ Youth," and 2,000 caregiver participants completed the LGBTQ+ Youth in Foster Care Caregiver Training.

Congregate Care Institute (CCI) staff, while not mandated to take new staff trainings with DCFS, have been integrated into the Virtual Training Center (VTC) so they can take self-directed trainings. As this is not a mandatory requirement, they are often categorized as "Other Staff." The CCWIS, IllinoisConnect timeline pushed back the roll out for the new Learning Management System, which will be called the Learning and Development Center (LDC). OLPD and OITS have been meeting regularly with the contractors for IllinoisConnect and completed several rounds of process mapping and current and future state of functionality. The timeline for IllinoisConnect to be rolled out to staff with full integration is now in 2025. OLPD will support training in the new LDC as modules come online for various divisions.

**Areas for Improvement:**

The systems that OLPD has used in the past to evaluate trainings has need for improvement to address the effectiveness of the training that has been delivered. OLPD will be one of the first divisions to rollout a portion of the CCWIS system with anticipated completion during state fiscal year 2023. As part of the IllinoisConnect process, OLPD is launching a new Learning Management System (LMS) that will replace the VTC that comes with built in systems that will support the evaluation of trainings and gather data in a more effective manner than the current external systems through Survey Monkey and Qualtrix.

**Service Array and Resource Development (ITEMS 29 and 30)****ITEM 29: Array of Services**

**Response:** Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

The Department of Children and Family Services continues to develop, expand and implement the array of services to ensure the provision of individualized services that meet the physical, emotional and mental health needs of children in its care. The system will provide services and supports necessary to both prevent instability and to promote safety, permanency and well-being without delay. The department has continued to both expand resources focused to keep kids stable in family like settings as well as engaging with new system services for higher need youth.

Children whose complex and/or acute behavioral health needs cannot be met safely and appropriately in family-like settings will receive high quality and time-limited clinical interventions in more restrictive settings with the goal to return safely to a community setting with necessary services and supports. Since 2019, the state has developed over 104 therapeutic beds to address children who have the highest mental and behavioral health needs. These beds have been created targeting a variety of needs including IDD/ASD; LGBTQ youth; youth that are pregnant and parenting who have significant mental health needs; and QRTP beds for those with behavioral and mental health challenges.

Additionally, the department has invested over \$25 million capital dollars to support both the preservations of current therapeutic residential placements and the development of new innovative programing. This support has included the development residential services for IDD youth and those youth stepping out of a hospital in need of continued stabilization services.

Illinois relies upon its Service Provider Identification and Exploration Resource (SPIDER) database that lists program types and services including (but not limited to) Mental Health, Substance Use, Domestic Violence, Parenting, Early Childhood, Health Clinics and Non-clinical programs such as Food Pantries or Recreational Activities. SPIDER has geocoded over 1,750 agencies and 4,500 programs to visually represent the concentration of services and services gaps in rural areas. Programs are also searchable by languages, ages served and payment types, and are regularly updated throughout the year. The SPIDER database can be found at: <https://spider.dcf.illinois.gov>

The SPIDER database continues to average about 3000 visitors a month. During the one-year period of April 2022 to April 2023, 1763 programs were updated. During the same time period, 158 new programs and 135 address/agency locations were added to the SPIDER database. The SPIDER staff facilitated 84 training presentations for 1089 individuals.

In addition to community-provided services, Illinois has implemented several services that strive to fill gaps in programmatic resources that exist geographically or therapeutically. Some of these programs are described below:

- Core Practice Model – Includes the core practice of teaming and care coordination, which is practiced through engagement of families in the context of Child and Family Team Meetings (CFTM). The CFTM provides a process to engage the family's support system in developing a plan to meet the needs of the family.
- Therapeutic/Specialized Foster Care – Provides effective treatment for high-needs youth, as it offers more intensive, yet flexible services to meet the needs of the youth and families. The department is currently finalizing the expansion of Therapeutic Foster care targeting youth that are stepping down from QRTP or at risk of needing a higher level of care.
- Wrap Programs – Have been piloted in areas across the state and are specifically targeted to serve families that may benefit from intensive home-based programs, either intact or foster care. High-Fidelity Wraparound contracts are expanding during calendar year 2023 from serving about 30 counties to serving about 52 counties (there are 102 counties in Illinois).
- Community-Based/Non-Traditional Therapeutic Services – Services that target either the caregiver or youth that can be provided via a para-professional. These services are supportive in nature and are targeted to support living environment i.e., respite, mentoring, caregiver support, home visiting. As stated above, these non-traditional services were a significant part of the FY23 IPS expansion.

The current data systems do not provide detailed administrative data to run reports on gaps in services. A provider portal was recently developed in SACWIS for the prevention services now provided. There were technical issues that prevented several of the referrals from getting through to the providers and the problem was recently resolved (January 2023). In 2020 Illinois youth in care were transitioned to the YouthCare program as the Medicaid Managed Care Organization. YouthCare is contracted by HFS to develop services needed by youth in care, but not currently available. YouthCare provides care coordinators and an evaluation of YouthCare services is currently under development. There is also a Child Well-Being sub-committee of the Child Welfare Advisory Committee (CWAC) that is working on improved ways to track and evaluate performance on meeting the well-being needs of youth in care, including physical health and emotional health.

Currently there are no functions in CWIS to assist in closing the gaps. There are two projects that DCFS expects to assist in the future in identifying service needs and support resource development.

- 1) By year's end (2023), DCFS is expected to finalize the development and implementation of the Match Maker Application. This program / data base will allow more detailed youth needs tracking for congregate care intervention and the current capacity of providers to meet those needs. The system will allow data reporting to be driven by current provider profile based on services and population served vs. actual referrals (needs) for this service.
- 2) A part of the IllinoisConnect development; the proposed Service Management functionality build out, will track and report on actual service/resource requests vs. availability. Data from this system will allow DCFS to understand current capacity for services and anticipate further needs.

### **ITEM 30: Individualized Services**

**Response:** The Department of Children and Family Services' current resource development and implementation focus is targeting individualized services that meet the physical, emotional and mental health needs of children in its care. The system will provide services and supports necessary to both prevent

instability and to promote safety, permanency and well-being without delay. The department believes that children with emotional and behavioral health needs can (and in most instances should) be served in their home communities, and the department is committed to ensuring that there are enough in-home care options and services to support them. Additionally, children whose complex and/or acute behavioral health needs cannot be met safely and appropriately in family-like settings will receive high quality and time-limited clinical interventions in more restrictive settings, with safe and timely return to their home communities with necessary services and supports.

Data collection systems are being implemented with the expansion of services. The resource development team has been working to expand both capacity and service array to meet the individualized needs of youth and families.

The Intensive Placement Stabilization (IPS) service providers cover the entire state geographically and include both traditional and nontraditional mental health services. Expansion of these services has included increasing wages for service providers as well as service portfolio. This service delivery expansion included a \$3 million investment. IPS services cover the entire state through 22 private service providers. The expansion was offered to all providers and 16 accepted the opportunity. The focus of the expansion was both increasing overall capacity with the 16 providers but also increase the services offered, focusing on nontraditional mental health services i.e. mentoring, respite etc. Additionally, for SFY23, the department has expanded the use of Flex Funds to meet both individual needs but also to provide flexibility to access services. Both expansions will have data tracking mechanisms to measure both access and effectiveness. The department continues to discuss expansion with those providers that did not engage for FY23.

The Illinois Department of Healthcare and Family Services has rolled out its Pathways to Success program. This program targets Medicaid eligible youth with significant mental health needs. DCFS has actively been involved in developing a strategy to assure awareness of this service and support to enroll eligible DCFS youth.

The DCFS team responsible for resource development is developing a “call for proposal” communications plan to seek out new community-based services as well as developing innovative residential programs targeting youth with the highest mental health needs.

Through ongoing Child and Family Team Meetings and a clinical staffing process that will focus on assessment and recommendations for youth and families’ needs, rather than “level of” or “type” of placement, the department can assure needs of individual youth and families are being met. Over the past three years the Clinical Service Division has embarked on a model redesign to better meet the needs of the youth and families served. The development and implementation of a new staffing model targets consolidating existing regional and specialty clinical staffing processes. The new model will allow one “front door” for all supportive, assessment and consultation services provided by the division of Social Work Practice. The overarching goal is to ensure that the agency is enhancing system and personnel efficiency, providing improved continuity for youth, families and casework staff, reducing fragmentation in the youth’s and families’ service delivery and allowing for follow up to occur.

the redesigned staffing will be led by a clinical team of a regional clinical services coordinator and a clinical support specialist. The youth will be followed by the same team to support continuity and consistency. Specialty staff and other subject matter experts may also join the clinical team as determined by the regional clinical services coordinator or other team member based on individual youth need (0-3, nursing, DV, Substance Use, SBP, IDD, Deaf/hard of hearing/blind, health services staff). The clinical team member will be

trained in and utilize the Child and Adolescent Needs and Strength (CANS) 2.0 as the base for assessment and recommendation.

DCFS has continued to strive for improvement in insuring that the individualized needs of children and families are met whenever they encounter Illinois child welfare and a need for services. SPIDER’s current efforts include area and service-focused projects throughout the SPIDER team. These include target populations such as persons experiencing homelessness, mental health providers for persons and communities of color, LGBTQIA+ services and noted geographic needs such as housing and transportation services in central and southern Illinois. These special projects add dozens of new agencies into SPIDER every quarter. It is an ongoing priority of SPIDER to take departmental, individual and community feedback into account and improve our offerings whenever possible.

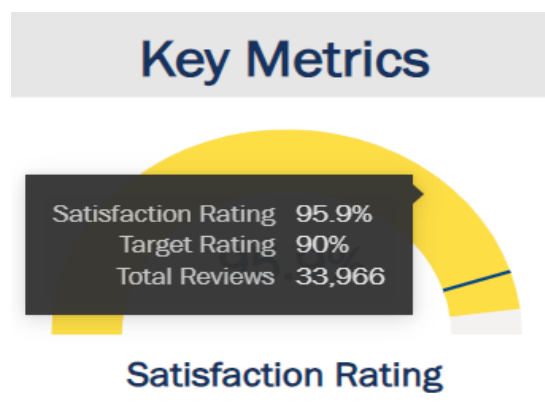
Not only does DCFS and its private agency partners employ bilingual employees whenever possible, but a 24-hour language line is also available when other languages are needed, and interpreters are hired via private contract when required. Propio is the contracted provider for the interpreter/language line service. Propio has a dedicated quality assurance team and interpreter recruitment team for ensuring quality interpretation services are provided on every call.

Propio interpreters undergo quality tests before they can be onboarded to take calls for Propio. There is a required passing score of 90% for all interpreters. The current passing rate of applicants is 20%. Interpreters must take the following tests and assessments:

- National “Interagency Language Roundtable” (ILR) competency test.
- 25-step mock interpretation sessions.
- Medical terminology assessment.

Propio follows a continuous quality tracking cycle. Any concerns reported by users are investigated by our quality team and resolved accordingly. Propio also uses a call rating system giving callers the ability at the end of each call to rate in according to a 1 – 5 scale, 1 being very poor and 5 being very good. All calls rated 1 - 2 are automatically sent to Propio’s quality team for investigation. Upon review of the call the interpreter will be contacted appropriately by the quality team.

Calls rated 3 and above account for 96% of the calls that received call ratings:





State of Illinois Call Ratings 1/1/2023 - 8/14/2023		
Client Rating	Count	Percentage
5	18599	87%
4	1576	7%
3	448	2%
2	192	1%
1	594	3%
<b>Total</b>	<b>21409</b>	<b>100.00%</b>

2023 YTD	
<b>Calls serviced</b>	63,474
<b>Call Ratings Provided</b>	21,409
<b>Participation %</b>	34%

There was a total of 103,366 calls serviced by Propio in 2022. Caller satisfaction was 95.9% for the year. A total of 33,966 calls (33% of all calls) were provided call ratings by callers in 2022.

DCFS' training website offers all child welfare staff and foster parents training, information and/or links to other websites focusing on individualizing client need including working with deaf and hard-of-hearing individuals, information "tip sheets" on issues such as cerebral palsy, autism, epilepsy and sickle cell, as well as links to a teen parenting services network and a Chicago community resource directory.

DCFS is also offering individualized services in the form of the therapeutic foster care and wrap programs that were introduced in Item 29. Also introduced in the last item was the SPIDER database.

Since SPIDER's inception, there have been continued improvements made and currently search functions not only include searching by distance, by service offered in-home and by payment types accepted, but also searches by languages like English, Spanish and Polish; and target populations such as: developmentally disabled, juvenile offenders, LGBTQI+, physically challenged/medically complex and trauma survivors.

SPIDER also includes other "helpful links" that steer users to the SAMHSA (Substance Abuse and Mental Health Services Administration) as well as other resources. New resources that SPIDER will be adding are as follows:

- Evidence-based Practice providers.
- Credentialing information.
- Expanded language search option.
- A guided recorded walkthrough of SPIDER.

**Agency Responsiveness to the Community (ITEMS 31 and 32)**

**ITEM 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR**

**Response:** Illinois Department of Children and Family Services (DCFS) advisory boards and councils continue to develop strategic partnerships with the people served, external stakeholders, community-based organizations, academic partners and contracted community-based agencies. There are 20 advisory groups at DCFS that strive to address the needs of those served. DCFS continues to work at actively listening and

engaging children, youth and families and to collaborate with key internal and external stakeholders and community partners to improve outcomes for children, youth and families in Illinois. Advisory groups are a natural extension of the DCFS' public-private partnership. Each group provides recommendations and action steps to the DCFS director to improve the care and service provided to Illinois children and families, as well as care of those that serve families in crisis in communities statewide. Advisory boards associated with Illinois child welfare fall within the following categories:

- *People We Serve*: Youth Advisory Board, Partnering with Parents (PWP), Statewide Parent Advisory Council (SPAC), Statewide Foster Care Advisory Council and Illinois Adoption Advisory Council.
- *Community, Culture & Heritage*: African American Advisory Council, Asian American Advisory Council, Latino Advisory Council, Indian Child Welfare Advisory Council (re-activated April 2020).
- *Governance*: Institutional Review Board, Child Day Care Licensing Advisory Council, Child Welfare Employee Licensure Board; Child Welfare Medicaid Managed Care Advisory Workgroup.
- *Promoting Family Well-Being*: Adoption Registry-Confidential Intermediary Advisory Council, Child Endangerment Risk Assessment Protocol, Child Welfare Advisory Committee, Illinois Children and Family Services Advisory Council; Task Force on Strengthening the Child Welfare Workforce for Children and Families.
- *Citizen Review Panels*: Children's Justice Task Force; Child Death Review Team; Statewide Citizen's Committee on Abuse and Neglect.

Below are examples of work done by four of DCFS' stakeholder groups. Further information on other groups is available from the DCFS Communications Division or the DCFS public website.

### **Child Welfare Advisory Committee (CWAC)**

CWAC is a unique committee that consists of members having a wide variety of backgrounds and experiences. It is known as the department's preeminent advisory committee. CWAC has robust subcommittees that are very active in working on specific issues that are important to the stakeholders participating. CWAC consists of DCFS and CWC agency members collaborating to address challenges concerning safety, permanency and well-being. The Permanency Subcommittee, like the other subcommittees, then reports back to the bigger CWAC for further feedback and action. CWAC meets monthly to go over issues, recommendations and current foci to better develop action plans.

To ensure that service recipients have formal mechanisms for input into the department's operations, the department provides its constituent advisory councils with seats on CWAC. This council is commonly known as a very important and influential advisory committee. The following paragraph sets out details about the three constituent councils' representation on CWAC.

### **Statewide Foster Care Advisory Council (SWFCAC)**

The Statewide Foster Care Advisory Council was established by law in 1996 with the objective of advising and consulting with the director of the Department of Children and Family Services or their designee on all matters involving the delivery of foster care. Other responsibilities include communicating to the public the need for more foster parents, support to foster parents and professional teamwork. The council is responsible for implementing the Foster Parent Law. The council has four joint appointments on the Child Welfare Advisory Council (CWAC). Two are foster parents and two are professionals.

### **Statewide Parent Advisory Council**

This council was created with the objective of advising and consulting with the director of DCFS and/or his/her designee(s) on all matters involving the programs, resources and practices that affect parents who are

involved with the Illinois child welfare system. It grew out of the Parent Steering Committee that was included as a key activity in the department's most recent PIP. SPAC fulfills the PIP activity that the department provide its parents with an official mechanism for input into the department's QA/QI and other systems. This council meets monthly.

As noted in the CWAC discussion, the SPAC has joined the department's group of official boards, councils and commissions. As such, SPAC is now connected to the advisory board coordinator in the DCFS Director's Office. The OCPS has also worked with the DCFS Office of Child and Family Policy to have this council added to the DCFS Policy Manual. The SPAC tracks the department's work with the Parents Change Management Proposal, and its co-chairs serve on the Meta Model workgroup that has been assigned to implement this proposal. This new council parallels the work of the department's other two stakeholder councils, the Statewide Foster Care Advisory Council and the Illinois Adoption Advisory Council, and it will interact with those councils as necessary and appropriate going forward.

### **Illinois Adoption Advisory Council (IAAC)**

The Illinois Adoption Advisory Council's (IAAC) mission is dedicated to building, improving and sustaining quality lifelong adoptions and subsidized guardianships for the children and families of Illinois. The IAAC has worked diligently through the development and implementation of on-going, purposeful, mission driven, goal-oriented committees and workgroups charged with improving the range, accessibility and provision of pre and post permanency services and supports focused on meeting the unique needs of families formed by adoption/guardianship. The IAAC continues to identify and resolve barriers in the field that reduce or delay children achieving permanency, including ensuring that children are listed when a family has not been identified for them. Collaboratively, the council works with the department's guardianship administrator, adoption unit, adoption support and preservation services manager and providers to enhance practice, policy and legislation which will better benefit families. This has included making recommendations for changes in subsidy related forms to give more complete and accurate information about the full array of post permanency services available to families and how to access them, guidance to contractual service providers to make their services easier to find and identify on the statewide adoption/guardianship website, Path Beyond Adoption, for families in need, or often in crisis, and making internal recommendations to ensure compliance with the Illinois Adoption Act requirements to regularly notify families receiving subsidies about the resources available to them following permanency. Most recently, the IAAC, in partnership with the Children's Bureau Quality Improvement Center for Adoption and Guardianship Support and Preservation grant and the Spaulding Center for Special Needs Adoption has created a new trauma informed pre-service training (Adoption/Guardianship Readiness Training) for adoptive and guardianship families. This training includes the addition of a session on the on-going need for trauma centered, post permanency services throughout a child's growth and development and encourages families to see seeking services early and often as a strength and a means to prevent crisis and placement instability. Further the IAAC has made recommendations to provide for the availability of additional hybrid, online training opportunities specific to this curriculum for both families and child welfare permanency staff. In summary, the Illinois Adoption Advisory Council has actively worked to give the children and families touched by adoption/guardianship in Illinois (along with key adoption/guardianship professionals) a voice and a role in creating effective practices, programs and policies that enhance the lives of all those on the lifelong journey of adoption and/or guardianship.

### **Stakeholder Collaborative**

Due to the number and diversity of the DCFS advisory groups, a "Stakeholder Collaborative Update" meeting was implemented in January 2021. This monthly meeting is attended by representatives or liaisons for each

of the advisory groups. The purpose of the meeting is to promote communication and collaboration among and between advisory groups. The meeting also provides a structured process to ensure each 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. The tracking process is still in development and the initiation of the meeting has been positively received by advisory group representatives. The Stakeholder Collaborative Update meetings will provide another method of collaboration with stakeholders in development of various department plans and initiatives, such as the CFSR PIP and CFSP/APSR.

### **ITEM 32: Coordination of CFSP Services with Other Federal Programs**

**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 (IGAs). IGAs 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 IGAs 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 Illinois Pathways to Success program, which provides Medicaid funded high-fidelity wraparound services to Illinois 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 we serve across the state.

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

**ITEM 33: Standards Applied Equally**

**Response:** The DCFS Office of Licensing continues to work toward ensuring that standards are applied to all licensed or approved foster family homes or childcare institutions receiving Title IV-B funds. The Child Care Act and respective administrative rules and procedures provide in detail what is required to be issued (and to maintain) a childcare facility license. Equal application of the standards is set up through established practices within our system that do not allow someone to be issued an initial license, or maintain a license, when they do not maintain compliance with licensing rules. DCFS and private agency foster home licensing staff must hold a child welfare employee license and pass examinations on Rules 402 and the Child Care Act, before being activated to conduct foster home licensing responsibilities. In addition, private agency and DCFS licensing staff have received specific training related to Foster Care Rules and Procedures 402 and 383, as well as newly developed trainings, described below.

The Foster Home Licensing Standards have been under revision for several years and are near completion. Illinois DCFS is bringing these standards to align with the Federal standards for foster home licensing standards.

The waiver requests are reviewed by the associate deputy of licensing and the associate deputy in the Clinical Division when meeting certain criteria. The policy guide 2023.01 expanded capacity waiver process for licensed foster homes and unlicensed relative homes was released February 9, 2023. The numbers below represent the outcomes of the waiver requests.

**DCFS Waiver July 1, 2022- April 2023**

<u>WAIVERS REQUESTED</u>	<u>74</u>
<u>WAIVERS APPROVED</u>	<u>34</u>
<u>WAIVERS INCOMPLETE</u>	<u>6</u>
<u>WAIVERS DENIED</u>	<u>4</u>
<u>WAIVERS WITHDRAWN</u>	<u>10</u>
<u>WAIVERS PENDING (APRIL 2023)</u>	<u>20</u>

Rules 402-Non-Safety Waivable Standards Training went live at the Virtual Training Center on 8/15/22. The training is mandatory. The Family First Prevention Services Act (FFPSA) directed The Department of Health and Human Services (HHS) to issue the National Model Foster Family Home Licensing Standards. As part of this response, the department had to provide training on Non-Safety Waivable Standards for relative foster family homes, to quickly place children. This mandate requires all foster care workers, supervisors (DCFS/CWCA), foster care licensing (DCFS/POS), agencies and institutions licensing administrators, supervisors and representatives to be trained to use the waiver authority and a process be provided to assist caseworkers in waiving these non-safety standards.

### ITEM 34: Requirements for Criminal Background Checks

**Response:** Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

- Goal 1: Proposed changes to Rule 385, are still pending as of 5/1/23 in order that it aligns with the Family First Prevention Services Act (FFPSA) and the Child Care Development Block Grant Act (CCDBG). FFPSA requires that as a condition of Title IV-E eligibility, all new potential applicants shall not start employment with a child welfare agency, group home or childcare institution until the employer receives the full background clearances.

Previously, DCFS allowed a conditional hiring process. This allowed childcare facilities to employ staff on a conditional basis, allowing staff members and volunteers to begin employment under the supervision of a staff member who had a full background clearance. The Office of the Administration for Children and Families informed DCFS that the conditional employment language did not meet the federal funding requirements in Title IV-E established by the FFPSA. On 4/20/23, Information Transmittal 2023.07 went out to inform licensing staff and childcare institutions, group homes, residential treatment centers, shelters and other congregate care settings that effective May 1, 2023, the conditional employee hiring process was no longer permitted. The transmittal also notifies agencies and congregate care facilities regarding changes with the background check form. The new form is the CFS 718-B (AI) that was revised 4/2023.

For day care background checks, DCFS had to comply with the Child Care Block Development Grant Act (CCBDGA) that requires prospective childcare staff can start employment after completing the FBI fingerprint criminal background check or ISP fingerprint criminal background check and a criminal record check of each state criminal repository where such staff member resided during the preceding five years. Pending completion of all background check components, the staff member must be under the supervision of a staff member who has a full background check clearance. On 4/20/23, Information Transmittal 2023.07 went out to inform all DCFS licensing staff, background check unit and day care center licensed facilities of a new revised Background Check Authorization Form CFS 718-B (DC).

In response to the federal changes surrounding background checks, a background check portal was created that went live in November 2022. Licensed child welfare agencies/institutions and day care centers employers can access the portal to check background status for employees required for hiring purposes. The background check portal includes a fingerprint search feature that allows the public applying for employment to search and see if they need fingerprinting before completing the background check process, obtain background check forms and get the latest news and FAQ updates surrounding updates. The background portal also has a feature that allows child welfare agencies/institutions and day care centers to upload the Background Check Authorization when employees do not require fingerprints. All information surrounding the status of background checks are confidential and is shared only with authorized designated administrators.

Goal 2: The curriculum for background checks rules and procedures has not been completed to date. This is based on pending work with draft Rule 385 Background Checks and the release of the new system used by the Office of Learning and Professional Development. The work project on updating the current PowerPoint curriculum for background checks continues. The curriculum will be ready to put forward to the Office of Learning and Professional Development when they have completed other FFPSA curricula related requirements, primarily for permanency and licensing staff.

The manager of statewide licensing training and policy development will work closely with the Office of Learning and Professional Development with building the related training curricula.

**ITEM 35: Diligent Recruitment of Foster and Adoptive Homes**

Please also see Addendum B.

**Summary:** Recent barriers and challenges, including the impact of COVID (i.e., lack of interest in becoming a foster parent) and more globally the acuity and the needs of older youth in care (12+) have made it challenging to secure resources for youth in care. The plan to overcome these challenges includes DCFS being more proactive in accessing community-based resources for this group of youth (i.e., clinical services, educational supports, other services as needed) to wrap the youth and foster parents with support PRIOR to placement in existing foster homes so as to set the placement up for success and preserve it for as long as needed or possible. In addition, DCFS is being more transparent with potential foster parents about what the available community-based services that DCFS will assist the foster parents in accessing should they become a foster parent. DCFS is doing more specialized recruitment for foster parents who are comfortable and supportive of LGBTQ+ youth in care, as well as youth in care who are developmentally disabled and youth with chronic and severe mental illness.

The Resource and Recruitment unit continues to review the child protective service reports for regional and statewide child placement trends which informs the unit of where placement resources are needed. For example, the increased number of indicated family reports with children entering the child welfare system in the central region represents a substantial increase in the need for foster homes. To meet this demand, the unit advocated to fill the supervisor and staff vacancies in the central region to bolster our recruitment efforts. The supervisory role was filled in September 2022 and the unit is in the process of also filling the vacant recruiter positions.

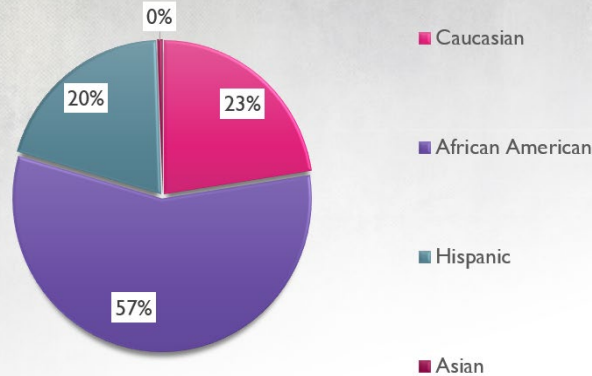
**Illinois Department of Children & Family Services  
Child Abuse and Neglect Data  
Fiscal Year to Date 5/31/2023**

**Protective Custody Information**

**Protective Custody Reports**

	FYTD 2023		FY 2022		FY 2021		FY 2020		FY 2019		FY 2018	
	Total Number	% by Region	Total Number	% by Region	Total Number	% by Region	Total Number	% by Region	Total Number	% by Region	Total Number	% by Region
<b>Statewide</b>	<b>5,058</b>	<b>100.0%</b>	<b>6,190</b>	<b>100.0%</b>	<b>7,531</b>	<b>100.0%</b>	<b>7,520</b>	<b>100.0%</b>	<b>6,634</b>	<b>100.0%</b>	<b>5,664</b>	<b>100.0%</b>
Cook Region	862	17.0%	1,077	17.4%	1,350	17.9%	1,833	24.4%	1,571	23.7%	1,533	27.1%
Central Region	1,973	39.0%	2,253	36.4%	2,644	35.1%	2,794	37.2%	2,351	35.4%	2,010	35.5%
Northern Region	1,086	21.5%	1,447	23.4%	1,927	25.6%	1,420	18.9%	1,154	17.4%	902	15.9%
Southern Region	1,137	22.5%	1,413	22.8%	1,609	21.4%	1,473	19.6%	1,556	23.5%	1,219	21.5%
Region Unassigned	0	0.0%	0	0.0%	1	0.0%	0	0.0%	2	0.0%	0	0.0%

Additionally, according to the Illinois Department of Children and Family Services Demographic Information of Children in Foster/Relative/Institution/Group Home Care Data as of April 30, 2023, in Cook County, 57% of the children are African American. To address the placement needs of these children, the Recruitment and Resources unit partnered with Living Springs Community Church in the Glenwood community to facilitate a foster parent recruitment presentation. This community was targeted because 68.9% of its population is African American. Similar targeted efforts were made throughout the state to best meet the racial/ethnic placement needs of children in child welfare.



Illinois Department of Children & Family Services  
Demographic Information of Children In Foster/Relative/Institution/Group Home Care Data as of April 30, 2023

There were 1,347 (18.4%) viable foster parents referred to the licensing unit for licensure out of the 7,318 foster family home inquiries collected from community recruitment efforts in FY2023. This number is deemed a success because although many people left the comfort of their homes to return to work, this did not impact the number of viable foster parents open to accept children in their homes. These viable foster parents continue to be pending at various stages of their foster family home licensure.

The Recruitment and Resource team has also begun to utilize the C360 Foster Care Recruitment Tool, that is designed to locate and filter communities with potential foster care homes to meet the race/ethnicity of children in need of foster and adoptive homes in that specific region.

The department has successfully developed and implemented a training curriculum on foster parent recruitment and retention for DCFS and CWCA staff. This is an ongoing, mandatory training for recruitment staff. The training emphasizes that recruitment is the responsibility of all agency personnel (from answering the phone and discussing foster care at the point of inquiry, to engaging in the process of licensure, to responsiveness of the case management team, clinical and resources and to aftercare services) as recruitment of a diverse and skilled group of foster parents is fundamental to every agency that works with youth in care. The curriculum is listed in the training center and is a one-week hybrid training. Resource and Recruitment staff facilitate the one hour opening session to gain an idea as to who is participating in the training, to discuss what their expectations are, to discuss the content of the training, how to navigate the training and the expectations for completion. The training provides information on the licensing process so that participants can speak about this with prospective foster parents and answer any questions. Additionally, the recruitment section provides examples and suggestions as to where to recruit, how to utilize data and trends to target recruitment and discusses assessing the recruitment program's strengths and areas for improvement. The training is interactive with a variety of activities to reinforce knowledge. There are also additional reference attachments to enhance the content. At the end of the training, the participants reconvene for the facilitated discussion about what they took away from the training and to share insights, challenges and examples of what their agency is doing to recruit and retain foster parents. This training has been well received and has brought DCFS and our CWCA partners together to collaborate on how to grow our foster parenting programs across the state.



Challenges in recruitment efforts have been the COVID-19 pandemic which closed many festivals, although some of these venues have opened up during 2022. The plan is to develop a network of resources beginning with partnership with large established churches.

There are six Catholic Diocese in Illinois (Chicago, Rockford, Joliet, Peoria, Springfield and Belleville). Each of them has literally hundreds of parishes and hundreds of thousands of parishioners. The Diocese of Chicago has 2.2 million Catholics with 246 parishes. The Diocese of Springfield has 125,000 'active' Catholics with 129 parishes. The United Church of Christ is another mega church statewide in Illinois. Partnerships with The Center on Halsted (LGBTQI) as they are the established agency in that community that also serves youth and provides a variety of social services, Chinese American Services League (CASEL), National Association of Social Work-Illinois Chapter, National Association of Black Social Workers-Chicago Chapter, Native American Community Collaborative, Latino Association of Social Work based in Chicago. The central part of Illinois is experiencing a growth of children coming into foster care. DCFS is exploring ways to recruit in rural areas of Central, Northern and Southern Illinois and identify community organizations with whom we can partner.

### **ITEM 36: State Use of Cross-Jurisdictional Resources for Permanent Placements**

**Response:** The Office of Permanency Support Illinois Interstate Compact Office (ICPC) is the clearinghouse for referrals when Illinois is seeking an out-of-state placement for youth in care, along with in state placement of youth in care from other states. To provide clarification of the process, procedure 328 provides overall instruction to Illinois workers regarding the Interstate Compact required documents needed to make an Interstate Compact referral. It also provides clarification of the process from the compact on other areas regarding interstate movement. The procedure was reviewed in 2022 with recommendations from the ICPC team. However, IllinoisConnect was launched at the end of 2022 and a deeper dive into the step-by-step functioning of the Interstate process is currently being mapped. Recommendations are recorded and once the validation process is complete procedures will be updated to include all recommended changes.

The Interstate Compact Office uses a dedicated outlook mailbox for incoming and outgoing referrals. This mailbox may be used by all DCFS and private agency workers to electronically submit a referral for review to the Interstate Compact Office. Often casework staff struggle with the submission of complete ICPC referral packets, so they are supported by ICPC coordinators. ICPC staff communicate via email or phone when there is missing, or partial paperwork and ask for the additional documents to be provided to complete the ICPC packet. Timeframes are provided to the worker and direct supervisor to gather and submit the missing documents. If the documents are received within the requested timeframe, the packet will continue to be reviewed. If the information is not received, then the ICPC coordinator will work diligently with the casework and supervisory staff to obtain that information. Incomplete referrals that do not meet the federal standard of required documents cannot be sent to the receiving state for consideration as this will facilitate a denial or a delay in the ICPC process. ICPC coordinators assistance to casework staff is intended to minimize these delays.

To eliminate or reduce incomplete interstate referral packets, the Interstate Compact Office has devised a checklist that lists all the necessary documents, and this checklist has been disseminated to the field via permanency management as well as by request. Interstate Compact coordinators provide one-on-one consultation to both field staff and their respective supervisors regarding the necessary documents for a complete Interstate Compact referral. Coordinators have provided both in-person and virtual video conference training to DCFS and private agency staff regarding the process of interstate compact cases to include the referral process and other components of the regulations under the Interstate Compact on

Placement of Children. A goal from the last reporting period was to provide links on the DCF's D-Net resource website which was complete in 2023. The second achievement in process is ICPC is working with the Office of Learning and Professional Development to develop a self-directed on demand training. Estimated completion is summer 2023.

During the last two years, Illinois has not sent any youth out of state as a public adoption ICPC (for a family that was located out of state for a listed child). The first process would be to ensure all children are listed on the adoption registry when available for adoption. Then to engage families out of state for placement and set up a contract with an agency in the receiving state to assist in the specialized/therapeutic case management of that youth. An ICPC approval to place the youth out of state is next. ICPC should collect the data on interstate placements for our youth in care and the length of time it takes to get the home study completed for placement or an adoption from the other state as this would impact placement and adoptions. This is being added to IllinoisConnect.

National Electronic Interstate Compact Enterprise or NEICE has been implemented in approximately 42 states. If Illinois is sending a referral to a NEICE participating state, the referral may be uploaded to the system with all communication being sent to the receiving state. The NEICE system is not utilized by all states; therefore, Illinois has maintained the Access database where all non-Niece referrals are data entered. NEICE participation satisfies the requirement at 471(a)(25) of the Act for states to Develop an electronic interstate case processing system by October 1, 2027.

ICPC has started using NEICE for non-NEICE states in early 2023 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 received, referrals sent to Illinois local or other state's ICPC office and receipt of completed home studies/referrals. The spreadsheets allow individual ICPC coordinators to view and sort missing information and provide follow up.

Data can be gained from ICPC spreadsheets and NEICE to show rates of completion of home study requests both incoming from other states and outgoing sent by Illinois. NEICE initial data reports have also been provided to all states. There is a safe and timely report for all referral types (relative/foster and licensure). Foster care licensing requests for resources in receiving states follow roughly the same timeframe (4-6 months on average) as Illinois provides. There are many reasons for the delay of completion once the receiving state has the request. Examples of such include personnel shortages in ICPC offices, delays by field staff once the ICPC referral has been assigned to their field staff for completion, delays of background clearances (LEADS/CANTS/Adam Walsh requirements), unresponsive placement resources or missing or incomplete documentation from the sending state. Illinois does contact receiving states regarding referrals that are not completed within the safe and timely timeframes and ask for barriers to completion of the referral. NEICE provides a 10-day alert prior to home study due date to both the sending and receiving state. NEICE also provides an overdue alert once the home study is past the completion due date. Illinois has found that communication with other ICPC offices throughout the country is paramount to resolving barriers. Illinois has also found that requesting updates from other states as well as Illinois home study assessors can locate barriers timelier.

Illinois ICPC continues to assist Illinois youth in care to move toward timely permanency who reside out of state. Illinois ICPC staff discuss with Illinois workers other state's requirements for Medicaid and permanency. If the receiving state requires licensure for adoption, or the youth's goal is guardianship, then the type of referral sent is a foster licensing study if an intact foster family is moving to a new state. This will allow the

family to move swifter toward permanency once the goal is guardianship or adoption. It was found in FY 2023 that Illinois caseworkers were not aware that families must become licensed if the receiving state laws requires. Illinois does not have the requirement to be licensed to adopt. Illinois ICPC works closely with the DCFS adoption unit and Agency Performance Monitor and Execution (APME) for private agencies regarding youth with adoption goals. The DCFS adoption unit and APME contact ICPC to ensure that an adoption home study has been requested of the receiving state as they monitor youth goal changes. If the home study has not been requested both APME and ICPC reach out to the caseworker to request. As ICPC is now completely electronic ICPC often supplies the caseworker with the prior ICPC packet that will include some of the information such as birth certificate, social security card and court orders for the worker to ensure a faster response to packet completion.

ICPC staff continue to monitor with NEICE dashboard data and ICPC spreadsheets timely submission of home studies by Illinois providers. Illinois ICPC meets with agencies to discuss barriers, home study completion and billing. This ensures that both the agency and ICPC know the status of all pending home studies and can assist in resolution to barriers or reach out to the sending state. Program monitoring notes are stored in One Note notebook that all ICPC program monitors have access. Due to staffing issues the downstate referrals on average for completion went from 89 days to 106 days. For the Cook County area average days for completion went from 106 days to 69 days. This pattern shows the filling of one position to allow for a decrease in average days to completion and then an increase in the average days to completion for the area that became vacant. However overall, even with the vacancy average completion days only rose 10 days between fiscal years. 88 pending referrals were less than 60 days at the time of the writing of this report. The Interstate staff are working with Illuminative Strategies, Inc. mapping the interstate process. There are high level recommendations on the table as to restructure the process within the Interstate office and how it interacts with the field. Over the next several years, ICPC will have an improved, more efficient process to serve the youth and families in a timelier manner.

**Incoming Referral Information:**

<b>Fiscal Year</b>	<b>Total Incoming Referrals</b>	<b>Average Days to Completion</b>	<b>Completed Within 60 Days</b>
FY 19	754	56	68%
FY 20	705	85	66%
FY 21	266	101	15%
FY 22	656	80	72%
FY23 Through May 2023	599	90 days for referral > 60 days (511 referrals)	25% 129/511

The decline in home study compliance completed in 60 days is the direct result of an ICPC vacancy. The Illinois ICPC downstate coordinator vacated the position July 2022. This is one of two positions that processes all the incoming and outgoing foster care referrals for Illinois. This position remained vacant until March 2023. The ICPC manager and the other foster care coordinator assisted in covering for the vacant position for nine months leading to a delay in home study assignments.

# Chapter 3

## Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes

### Revisions to Goals, Objectives and Interventions

- *The state must review, update and revise, as necessary, the goals, objectives and interventions identified in the 2020-2024 CFSP and subsequent APSRs to ensure that they are consistent with their CFSR PIP or to sustain improvements for successfully completed PIPs. States must also incorporate any additional areas needing improvement that were identified in a Title IV-E, AFCARS, NYTD or other program improvement plan or in the “Update on Assessment of Current Performance,” Section C2.*
- *States should include information on how the state CQI/QA system objectives and interventions.*
- *If the state’s 2020-2024 CFSP or subsequent APSRs did not have a goal, objective or intervention that addresses key areas needing improvement as identified through the “Update on Assessment of Current Performance” and in joint planning with CB, the associated goal, objective, intervention and measures of progress must be revised or added to the 2024 APSR.*

Director Marc D. Smith and his executive leadership team have taken intentional actions to ensure alignment across all projects and programs. In this context, the goals and objectives from the CFSP and subsequent APSRs have been reviewed to maximize limited resources and ensure they are focused on the most important priorities. Any goals that were not aligned with the mission, vision and values of the department were deferred or discontinued in the 2023 APSR.

**PROTECTING CHILDREN, STRENGTHENING FAMILIES**

**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**

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.

**Values**

Safety First, Safety Always  
Equity, Inclusion, and Social Justice  
Responsive Interactions  
Empathy  
Respect  
Trust  
Accountability

The 36 items evaluated in the CFSR are aligned with the mission, vision and values of DCFS and improved performance on these items is likely to result in improved outcomes for children and families served. Therefore, these 36 items are foundational in our goals and objectives for the coming year. DCFS also

prioritizes implementation of commitments made in the Illinois Title IV-E Adoption Assistance and Family First Improvement plans and the National Youth in Transition Database Improvement Plan.

### **Child and Family Services Review (CFSR) - Round 3 - Program Improvement Plan (PIP)**

With respect to implementation of the CFSR 3 PIP, Illinois completed the two-year implementation period as of September 30, 2022. As of April 27, 2023, the Administration for Children and Families (ACF), Children's Bureau (CB) has verified the state's completion of all required PIP implementation goals and strategies. In addition, the CB determined that the state met PIP measurement goals for CFSR Item 1 (Safety Outcome1) and CFSR Item 14 (Well-Being Outcome 1) during the PIP implementation period. More recently, CB determined that Illinois DCFS met PIP measurement goals for items 13 and 15 (Well-Being Outcome 1) on March 1, 2023. Illinois has not yet achieved all PIP measurement goals for the following outcomes:

- Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.
  - Measurement Goals for Items 2 and 3 have not been achieved.
- Permanency Outcome 1: Children have permanency and stability in their living situations.
  - Measurement Goals for Items 4, 5 and 6 have not been achieved.
- Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs.
  - Measurement Goal for Item 12 has not been achieved.

Illinois has until March 31, 2024, which is the end of the non-overlapping evaluation period, to achieve the remaining PIP measurement goals. Please see the "Illinois PIP Final Report for Quarter 7 and Quarter 8" for more information (Attachment 1).

The Illinois Court Improvement Program (ICIP) updates are also included in the Quarter 7 and Quarter 8 report included as an attachment. Since completion of the PIP implementation period, DCFS and AOIC have begun collaboration on new CIP strategies. This includes continuation of the Quality Hearing Project and improved data collection for the court systems across the state, as was summarized in chapter 1 under collaboration.

There are five key activities from the CFSR PIP that were not fully completed during the implementation period and reporting on those is included in this APSR. Three of the ongoing key activities are part of the work of the Cook Regional Support Team (RST) and the other two key activities are regarding expansion of the Early Childhood Court Teams (ECCT) and Clinical Intervention into Child and Family Team Meetings (CI-CFTM). Updates on all five of these key activities is provided in this section.

#### **Status report on Clinical Involvement with Child and Family Teams (Key Activity 1.3.9)**

**Key Activity 1.3.9 (Original):** Identify members of child's CFTM to support linkage to identified needs. Ensure participation by clinical specialist in key discussions or interviews to identify early indicators of mental health, specialized service and/or resources for the child and caregivers in the specified living arrangement (i.e. respite, trauma-informed care, transportation, flex funding, community support, peer services).

**Key Activity 1.3.9 (Re-negotiated to only four sites; lack of Clinical staff):** Identify members of child's CFTM to support linkage to identified needs. Ensure participation by clinical specialist in key discussions or interviews to identify early indicators of mental health, specialized service and/or resources for the

child and caregivers in the specified living arrangement (i.e. respite, trauma informed care, transportation, flex funding, community support, peer services).

**The Clinical Integration into Child and Family Teams test of change was completed in Quarters 7 and 8 in the Performance Improvement Plan with the following recommendations: (1) identify family needs early in the life of a case, (2) youth in lower levels of care have demonstrable need for clinical services and supports.** In FY24 the Illinois Department of Children and Family Services will pilot the Clinical in DCFS High Fidelity Wraparound program (Wraparound) where Clinical will join CFTMs that are being performed by high-fidelity wraparound coordinators or supervisors on disrupted Intact cases. The new test of change will deliver robust support to substitute caregivers, especially relative and fictive kin providers, through the practices of teaming and care coordination with the intention of increasing supports and information available to the individuals. As well as the original language of the activity (“Identifying members of child’s CFTM to support linkage to identified needs, ensure participation by clinical specialist in key discussions or interviews to identify early indicators of mental health, specialized service and/or resources for the child and caregivers in the specified living arrangement (i.e. respite, trauma informed care, transportation, flex funding, community support, peer services).”), our goal will be to impact safety, linkage, resources and supports to families who are entering High-Fidelity Wraparound as disrupted Intact cases who have higher levels of need. This test of change will be evaluated and reported out in the APSR. The test of change includes the following three components:

- The test of change will begin in the 22 original counties served by Wraparound and then extend to the 30 additional Wraparound counties that are part of the expansion sites when they are staffed and available for referrals.
- Children aged 0-21 whose cases have been identified as a disrupted intact case with complex trauma, behavior and/or emotional challenges who have been recently placed in traditional foster care, home of relative or fictive kin will be referred to Wraparound.
- Clinical Support will be offered to qualifying youth as an additional resource in the Child and Family Team (CFTM) facilitated by a Wraparound Coordinator in the first 90 days post disruption of Intact Family Services.

Information and data, including but not limited to participation in CFTMs related to this test of change will be included in subsequent APSR reports.

#### **Status Report on the Regional Support Teams (Key Activities 1.3.14, 1.3.15 and 1.3.16)**

DCFS and CWCA in Cook continued to work on assigned PIP Key Activities related to the Regional Support Teams (RST), even after the submission of the PIP Q7&8 report. Through monthly meetings, RST members report on progress and examples of implementation of identified Key Activities as well as challenges being addressed. The first meeting after the PIP implementation period was held on October 17, 2022, with conversations around combining DCFS and CWCA teams. A plan was set to combine the regional support teams from DCFS and private agencies in one meeting. Previously, there were two separate RST groups and two separate meetings. Since October 2022 these two groups were merged to form one team to work more collaboratively. The first joint DCFS-CWCA Regional Support Team meeting was held in November 2022 with more agencies reporting on examples of implementation, as well as successes and challenges with a heavy focus on Key Activities 1.3.14, 1.3.15 and 1.3.16. The following were examples provided by agencies related to the implementation of PIP Key Activities.

**Key Activity 1:3.14 Regional support teams to follow up on ACR reports and aggregated data on CFTM quality to reinforce these practices with DCFS and CWCA placement teams.**

One of the agencies assigned to this activity was SOS Children's Village. The agency reported at the November 2022 RST about the barriers they have identified from the data and what they have done to improve their data. Specific things they worked on were Aristotle P (sibling visitation) and missing documentation. The barriers they identified included 1. When cases were transferred, there was a lack of documentation from previous caseworkers; 2. Too many agencies were involved to meet the Aristotle P Mandate; 3. Older youth in care refusing to visit siblings and 4. Occasionally 2 or more ACRs are scheduled at the same time.

Among the steps taken by the agency to improve the data included hiring more workers and interns to assist with the follow-throughs; completing thorough reviews of case files when the case manager changes; having more accurate and updated case transfer summaries when case managers leave; making sure service plans are done and sent to the courts in a timely manner; if a child refuses to visit with siblings, have them meet with a therapist; and also increase supervision on newly assigned cases.

The agency also noted barriers they found with Child & Family Team Meetings particularly scheduling conflict between all parties and lack of response from attorneys, GALs, foster parents and other agencies involved in the case. Improvements they are working on include scheduling the next CFTM at the end of the current meeting so that everyone can look at their calendars to come up with mutual dates.

Another agency, Seguin, also reported on progress on implementation, specific to their data on CFTM Quality. The agency recently added a specific question for fathers on their Child & Family Team Meetings form. They are to be making sure they update any findings regarding fathers at least every three months. "We have engaged more fathers than we used to since the start of this project. Some of them do fall off, but at least they were engaged for a while," said Joseph Hughes, program manager. Narrating one of their success stories with fathers, Joseph explained that one father who got involved in therapy and services had not realized that his significant other was not able to get the kids back herself. This knowledge made him fight a little bit stronger to get his kids.

For the DCFS teams, Robin Albritton states that they have started doing a pilot in Harvey looking at the whole process of the CFTM. "We are currently working on element 2, the prep meeting. It is important to get the key players at the table, working with the family to identify the agenda items and discuss any barrier."

**Key Activity 1.3.15 Monitoring and regional support teams will work with agencies to support quality contacts with children at least once monthly in licensed homes and twice monthly in unlicensed homes, using data reports on quality caseworker contacts for tracking. For agencies not achieving benchmarks for quality contacts, regional support teams will explore barriers and root causes with agencies to conduct small tests of change until improvements are sustained for at least two quarters.**

One CWCA and a DCFS team reported on this key activity. The CWCA UCAN reported that on their assigned activity relating to contacts with children, the agency came up with a standard operating procedure regarding entering case notes into SACWIS. "Case managers will enter contact notes into SACWIS within seven days of the contact. Caseworkers who are over their caseloads are to submit their notes within 14 days. Expectations are documentation of the visits three times a month, unlicensed relatives twice a

month and traditional once a month. Contacts need to be entered into SACWIS, printed, signed and submitted to the supervisor every Thursday by 5 p.m., or every other Thursday when carrying over the caseload. The supervisor would review and initial the notes within five days of receipt of the case notes, then submit to their family support workers to be filed within five days," said Ann, program director, UCAN. This policy was effective in October 2022.

The DCFS teams also reported that one of the things they added in September is requesting that all in-person contacts be made by the 20<sup>th</sup> of each month. They want to make sure those contacts are documented within 48 hours. *"Benny and his team had been doing very well in this area. It is a region-wide effort that they are engaged in. AA (area administrator) Tracy Marshall is checking to make sure that all case notes are entered to ensure they're compliant with the benchmark,"* said Robin Albritton, ARA.

**Key Activity 1.3.16 Monitoring and regional support teams will review maltreatment in care reports for trends/patterns in specific areas or with specific agencies. Where trends indicate a higher rate of maltreatment in care, regional support teams will explore barriers and root causes with agencies to conduct small tests of change until improvements are sustained for at least two quarters.**

Two more agencies, One Hope United and VOA, reported this key activity. One Hope United had only one maltreatment this fiscal year. To minimize maltreatment, every year they do an improvement plan focusing on providing support services to the foster parents and engaging in direct conversations with the foster caregivers and the kids about how things are going and any maltreatment issues.

For VOA, although they didn't notice any trend in maltreatment issues, they have observed a trend with youth in care placed more frequently with relatives. *"It may be an issue of them not going through training yet. Some are not aware of DCFS policies and procedures for being licensed. These tend to be the placements that utilize corporal punishment, which results in hotline calls. Lashonda Ross with VOA reported "The caseworkers assigned to the cases that are unlicensed need to take extra time in the home to talk to them about policies and procedures and make them accountable to following them."*

**New Direction for Regional Support Teams:**

Regional Support Teams in Cook continue to meet and conduct Continuous Quality Improvement (CQI) work around goals identified by Cook permanency and Child welfare Contributing Agency (CWCA) leadership in the region. Three key permanency priorities were identified for the RSTs to focus on in the region.

1. **Increase Permanency Rates** by working to increase reunification rates, increase the number of CFTMs as well as reduce time delays between temporary custody and adjudication.
2. **Increase Quality Caseworker visits.**
3. **Increase Engagement of Fathers.**

Although these three priorities continue to be the current focus of Cook RST, the team had agreed to work on one priority at a time and, as such, activities in April and May of 2023 were surrounding **Increase Quality Caseworker Visits**. During that timeframe, the RST engaged in deeper digging into the data and conducting root cause analysis to come up with ideas to implement small tests of change at agency/team levels. The meeting in June was dedicated to getting feedback from teams about what's going well, what hasn't worked and what are the ideas for improvement. Specifically, members liked getting reminders of tasks, having the agenda prior to meeting as well as the sharing of experiences among teams/agencies. Members also provided feedback on group size, technology glitches, inconsistent attendance and lack of



engagement of some members during meetings. Ideas for improvements include suggestions about doing more outreach between meetings; including higher levels of personnel to become part of the RST; and inviting other agencies or individuals with lived experiences to participate in the Regional Support Team. Consistent with efforts to grow the RST statewide, regional quality assurance specialists (RQAS) are engaged in intense professional development and learning to improve their skills in areas that are critical for creating a successful regional support team. With support of consultants from the Center for Capacity Building for States, an in-person RQAS-RST retreat was held in June focusing on RST implementation, readiness, roles, skills and capacity of the RQAS to lead the RSTs in their regions. Specifically, seven key roles/ skills were identified for RQAS in the RST.

- Relationship-building.
- Meeting facilitation.
- Data skills.
- Technical assistance for virtual RSTs (setting up meeting invites, running virtual meetings, break-out groups, managing the chat, launching polls, etc.).
- RBA/CQI expert.
- Presenter.
- Information-gatherer.

To support RQAS in acquiring these highlighted skills, RST retreats like the one that occurred in June will be held every three months. In between retreats, RQAS will receive support from the CBCS consultants on building those critical skills through monthly learning sessions (Learning labs). Similarly, all RQAS are enrolled in the CQI Training Academy to help them develop a broader understanding of CQI, concepts and application, as well as using data for improved outcomes.

As Illinois DCFS continues to scale up the implementation of Regional Support Teams in Cook County and replicating the structure statewide, the work of this group, in supporting the field with identify regional priorities and conducting continuous quality improvement (CQI) activities will be reported in the 2025-2029 Child and Family Services Plan, as part of the Quality Assurance Systems.

As more agencies and DCFS teams remain committed to PIP Key Activities implementation, through the Regional Support Teams, DCFS QA leadership is reorganizing the structure by expanding to other regions and refocusing the team to align its work with specific regional and statewide priorities. As a CQI, data-driven group, the Regional Support Team is projected to be central in the Regional CQI structure, providing the field with lots of support in understanding data, identifying root causes of performance issues, and making action plans for improvement. Having piloted the structure in Cook for the last two years, DCFS is currently planning to refine the process in Cook and then introduce the concept in the other DCFS regions of the state over the next few years.

**Stakeholders:**

Key players in the RST include Agency Performance Monitoring and Execution teams (APME) Administrative Case Review (ACR), DCFS Legal, as well as the regional leadership, such as the regional administrator (RA), second level supervisors (area administrators or CWCA equivalent) and team supervisors. The structure will also include CWCA agency leadership, team supervisors, and a CQI staff, if they have one. Regional quality assurance specialists in the regions will facilitate RST meetings. These teams, as a group, will facilitate conversations around making data-informed decisions that support the achievement of performance targets, program goals, individual and family outcomes and staff and

consumer satisfaction relying heavily on DCFS CQI mission of active engagement of staff at all levels, persons served and stakeholders.

DCFS will be working with the Administrative Office for Illinois Courts (AOIC) on a plan to engage more judicial partners into the RST process. AOIC and DCFS have a mutual interest in reducing the lengths of stay for youth in foster care.

### **Status Report on Early Childhood Court Teams (Key Activity 3.2.10)**

**Key Activity 3.2.10 (Original):** Expand Early Childhood Court Teams to an additional site outside of Cook County with one juvenile court judge.

**Key Activity 3.2.10 (Re-negotiated due to pandemic and Remote Hearings):** Illinois will report on the state's efforts and progress to engage courts in the expansion of the Early Childhood Court Teams to at least one jurisdiction outside of Cook County.

The Illinois Department of Children and Family Services continues its commitment to expand Early Childhood Court Teams (ECCT) throughout the state. In March 2023 ECCT leadership and the Administrative Office of the Illinois Courts (AOIC) partnered together to schedule and complete a presentation and discussion of the Early Childhood Court Team project for judges in Kankakee, Ogle, Lake, McLean, Kane, Winnebago and Champaign counties. The discussion entailed the court process, reviewing progress, making recommendations and engaging families in individualized services.

As a follow-up to the meeting in March, the Early Childhood Court Team (ECCT) and the immersion site directors in Lake and Jefferson counties re-engaged two judges in Lake County and one in Jefferson County to discuss the possibility of expanding Early Childhood Court Teams to the courts that they presided over. At the time of engagement, the judges explained that ECCT was not currently in line with their focus and they would like to revisit expansion in the two counties at a later date. Specific barriers included: challenges with high turnover (in the court system and DCFS), high caseloads and other specialized court projects that had begun in their respective court systems.

Multidisciplinary partnerships are important to the Illinois Department of Children and Family Services, and as a state we remain committed to Early Childhood Teams. As we transition through another phase of engaging the court system and agencies, the department will continue to provide the necessary supports for the expansion of ECCTs.

Please also see discussion on ECCTs on pages 114-117 in *'Services to Children under age 5'*

### **Illinois AFCARS Improvement Plan (AIP)**

As of April 11, 2022, Illinois was notified that it had successfully completed its AFCARS Improvement Plan (AIP) under the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review. Illinois' AIP has been closed out. After Children's Bureau staff's review and conversations with DCFS staff, the Children's Bureau staff determined that the remaining AIP tasks were 1) already completed, 2) dismissed for lack of relevance to AFCARS 2020 or 3) dismissed and flagged for CB's review during the assessment phase for AFCARS 2020. DCFS was advised that it should ensure that the tasks in the third category are addressed in the current and new systems and extraction for AFCARS 2020 data

collection and reporting. The Children's Bureau will assess these issues again as they begin the process to conduct an AFCARS 2020 review. Flagged issues:

- Health conditions.
- Pre-adoptive homes.
- Moves within a campus.
- Circumstances at removal.
- Multiple race options.
- Relationship to adoptive parent.

Data collection for AFCARS 2020 began October 1, 2022 and requires both new and revised data elements and an entirely new method of file submission that was due May 15, 2023. Due to technical challenges with the new format, Illinois was unable to submit AFCARS data in the new submission format by the due date and submitted the data in the old format. Illinois is diligently working to submit a compliant file in the new format as soon as possible, although there will still be penalties for missing the due date.

## **ECCT**

### **Illinois NYTD Improvement Plan (IP)**

The department participated in an onsite federal review of the NYTD reporting system June 25-29, 2019. The first NYTD IP was submitted on 3/23/2021 and approved by the Children's Bureau on 8/11/2021. The NYTD IP Update #2 was submitted on 2/6/23, although it has not yet been approved by the CB. The NYTD IP states that Illinois is in the process of developing a new SACWIS, to be known as CCWIS, system.

The goal is to capture independent living services provided by the state more efficiently and in more totality. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

The NYTD IP also states that DCFS will strive to improve the reporting of independent living services, increase survey participation by out of care youth and utilize the NYTD data for the improvement of service delivery. The department posts NYTD data reports generated from the NYTD portal on the internal website that is available to DCFS and private agency staff. At this time, the department has not shared NYTD data with external stakeholders in any other manner.

Youth who complete the NYTD survey receive a \$25 e-gift card for their participation. It is hopeful this will increase the level of participation of both in and out of care youth required to complete a survey. To date for federal fiscal year 2023, 190 e-gift cards have been requested and 107 youth have claimed the e-gift card.

### **Illinois Title IV-E Adoption Assistance Program Improvement Plan (PIP)**

On March 10, 2022, Illinois received approval for its IV-E Adoption Assistance PIP submitted January 27, 2022. The PIP included updates to DCFS stopping the practice of automatically terminating or suspending adoption assistance agreements when children re-enter foster care; efforts to identify and make appropriate adjustments to any title IV-E payments that were discontinued as a result of Illinois' practice going back to 2012; and Illinois' plan to rectify this issue in the short and long term so that title IV-E adoption assistance payments are not automatically stopped if an adoptive child re-enters foster care. The PIP began April 1, 2022 and was to be completed within 12 months. Due to some outstanding activities, Illinois has requested an extension, which is pending.

Since implementation of the Adoption Assistance PIP, DCFS has initiated policy revisions and identified specific youth and families impacted by the prior practices on subsidy termination when youth re-enter foster care. Beyond necessary policy changes, additional activities include updating notification letters, updating subsidy forms, notifying families potentially impacted and explaining the appeal process and reimbursement of subsidy funds to impacted adoptive families.

### **Illinois Family First Prevention Program Improvement Plan (PIP)**

On July 21, 2022, Illinois was notified by the CB that the IV-E Program Improvement Plan for the Family First Prevention Program that had been submitted May 12, 2022 was approved. Illinois has since begun quarterly reporting to update the CB on progress. The most recent progress report was submitted March 15, 2023 and is pending approval.

One of the main topics to address in the Title IV-E PIP is to clarify the definition of a foster home and to discontinue allowing foster parents to provide respite for children if those children exceed the foster home licensed capacity. Changes to Rules 402 are in process to accomplish this activity, such as striking part C and amending appendix B. The proposed draft was sent to the CB team during a collaborative call on November 17, 2022 and is awaiting final review with the DCFS Office of Legal Services. Changes are also needed for Rules 359.4 and 301.100 to limit federal financial participation consistent with the Family First Prevention Services Act with respect to payments for youth in residential care. The relevant procedural updates were completed in March 2022, although claiming has not started to ensure all facilities are in compliance. Illinois will also be submitting a revised preprint to the Children's Bureau for approval.

- ***Include information on how the CQI/QA system was utilized to identify and inform revisions needed to the goals, objectives and interventions:***

Particularly with the CFSR 3 PIP, the state has utilized the CQI system to identify what strategies are working, which ones are not, whether changes are needed to activities and overarching interventions. The Final Q7 and Q8 Progress Report reflects that CQI activity.

The NYTD PIP, Adoption Assistance PIP and Family First PIP have been managed by using the Plan, Do, Study, Act CQI process. Most of these improvement plans began with identification of a problem, followed by exploration of the problem and underlying causes. Once the problem and its root causes are understood, a plan to correct the issue was put into place. The changes are now monitored to determine if they are having the desired effect.

### **Implementation & Program Supports**

- ***Align implementation support across the CFSR PIP and CFSP.***
- ***Identify the additional supports needed to achieve and sustain each goal and objective.***
- ***Plan a timeline for ensuring the supports are or will be put in place. (Examples of implementation supports include staffing, training and coaching, financing, data systems, policies, physical space, equipment and memoranda of understanding with tribes, other agencies and organizations.)***

The CFSP Goals are primarily the CFSR 3 PIP Goals and strategies, thus implementation is aligned in that regard. Various program descriptions also included goals specific to those programs and were integrated throughout the CFSP and subsequent APSRs. Similar to most other jurisdictions, child welfare positions in Illinois are experiencing high turnover, high vacancy rates and difficulty recruiting new staff. Building upon

the workforce development efforts from last year, Illinois DCFS is currently participating in a National Child Welfare Workforce Institute (NCWWI) Breakthrough Series Collaborative (BSC) called “Cultivating a Sustainable Workforce.” The NCWWI BSC involves collaboration for 18 months with other child welfare public and tribal teams to implement small tests of change that promote staff mental health and well-being. Illinois has elected to focus these initial efforts with child protection staff in two locations of the state (Harvey and Carlinville) to represent a rural area and an urban area. The theory is that improved employee retention will eventually lead to improved staffing levels and more manageable workloads across the system. In the context of program improvement efforts, high turnover and unmanageable workloads are frequently stated as barriers to successful implementation of practice changes.

Illinois is receiving support from the Capacity Building Center for States in improvement of the APSR development process and implementation of a structured process for development of the next Child and Family Services Plan (CFSP), which was mentioned in Chapter 1. The Center also provided support for efforts at practice improvement that began as PIP strategies, such as expansion of child and family teams to intact families and supporting continuous quality improvement processes and decision-making. The Center support has included expanding the intact CFTM work to Permanency teams in Harvey, with an emphasis on father engagement. The involved staff have received feedback from consultants with lived experience that supported use of Motivational Interviewing as a way to improve engagement with parents. The Center support for Regional Support Teams was mentioned earlier in this chapter and also contributes to strengthen the CQI structures and process for Illinois. The work plan for the projects described here is anticipated to continue until May 31, 2024. An especial area of emphasis has been with the Fatherhood Initiative and Regional Support Teams.

The Child Family Service Review (CFSR) found challenges associated with contacting and engaging parents in permanency cases. Caseworkers did not routinely engage mothers and fathers in assessing needs, services or in the case planning process (Only covered in 40% of Permanency cases; 43% with Mothers and 30% with fathers). Although poor engagement outcomes were more pronounced among fathers (only 23% engagement), child and family case planning were rated as a strength in only 45% of permanency cases.

The following activities and processes are being used. It is a priority to actively engage fathers at case opening. It should be noted that the expectation is to engage fathers the same as with mothers. The following steps have demonstrated promise:

- At the regional level, review the Administrative Case Review data to ascertain the ratings of quality CFTM (specifically, father engagement).
- Fathers are thoroughly assessed for services at the time of case opening.
- Paternity tests completed and paternity established during case inception.
- Once paternity is established, offer services and visits with child/ren on a regular basis.
- Encourage fathers to be part of the Court proceedings, ACR, CFTM, etc.
- Complete diligent searches, including public aid searches for unknown/unnamed fathers.
- Workers have regular contact with fathers who are incarcerated and arrange in-person or virtual contacts with their children.
- File mining (searching old records).
- Engagement with child/parent visitation.
- Engagement with service delivery.
- Ensure that the fathers receive the information for the Fatherhood Initiative Program that’s included in the Integrated Assessment that list all the providers in the region.

- As appropriate, refer fathers for Housing Advocacy.

Illinois also has contracts with multiple universities that support performance improvement efforts by assisting with data analysis, evaluating programs and interventions and supporting efforts to address racial equity in services provided. DCFS works with consultants with expertise on implementation support to improve scaling of interventions targeted to improve outcomes for children and families. DCFS is piloting different approaches to ongoing field support to build engagement and intervention skills for front line staff and supervisors. Prior implementation efforts indicate the need for practice supports in the field, such as coaching. The pilots of different types of field support will inform decisions on the number of positions that may need to be added to provide sufficient support for practice improvements in direct service with families. DCFS is working with the Illinois Department of Central Management Services to increase workspaces available in several areas around the state to accommodate the additional positions that have been added to meet the needs of families served.

DCFS, in collaboration with the Department of Innovation and Technology (DoIT), is in the process of upgrading the technology that supports the work of child welfare in Illinois. Development and implementation of a Comprehensive Child Welfare Information System (CCWIS) is occurring concurrently with implementation of the SAFE Practice Model to ensure consistency across these complex projects. The contracts with vendors for both projects include considerable technical assistance to ensure successful implementation and sustainability. These efforts will extend throughout and beyond the coming year and are known collectively as IllinoisConnect. The SAFE Practice Model implementation is supported by Action for Child Protection and is being implemented in stages to correspond to the IllinoisConnect module releases. The first release most relevant to the SAFE model is the Intake module, which impacts how our call floor workers at the State Central Register screen incoming calls to the hotline. The model differs from current practice most notably with a focus on caregiver protective capacities in the context of assessing for present danger and impending danger.

As described in Chapter 1, Illinois DCFS is engaged in partnerships with other state agencies to work collaboratively on improvements to the delivery of emotional and behavioral health services to youth. These efforts could result in the need for new or revised information sharing agreements.

As described in Chapter 2, there were ongoing enhancements to initial staff training over the past year, including enhancements to the simulation training for child protection staff. The Office of Learning and Professional Development (OLPD) uses pre and post surveys to evaluate the transfer of learning during initial and ongoing training and is working toward a more comprehensive training evaluation process to ensure staff have the necessary knowledge and skills. OLPD continues to offer Core Practice Model training and added a Foundations for Supervisors during the second quarter of state fiscal year 2021, which continued into FY22. The Safety First, Safety Always series of trainings has continued during the past year and includes Workplace and Field Safety. The Safety series has been converted to an on demand virtual training and the Workplace and Field Safety training is facilitated live. An on-demand training for staff and caregivers for working with or caring for LGBTQI+ youth was launched in calendar year 2021 and over 80% of direct service staff completed this training by December 31, 2021. OLPD has also provided training on Family First Prevention Services and Motivational Interviewing from fall 2021 into spring 2022 as a live facilitated three-day training for intact workers and two-day training for permanency and adoption staff. Implicit Bias training was mandated for direct service staff and over 85% of targeted staff completed this training between summer and fall in 2021. All these training initiatives are aligned with goals and strategies for performance improvement outlined in the CFSR Round 3 PIP.

### **Research and Evaluation Supports**

#### **The Child Welfare Research Collaborative (CWRC), Jane Addams College of Social Work, University of Illinois at Chicago**

Illinois has a contract to conduct research for the Illinois Department of Children and Family Services on the evaluation needs of programs serving youth at high risk for placement instability and low rates of reunification and adoption. It includes interrelated projects focused on service needs and support of effective services for children and adolescents with complex behavioral needs. As in the past, these projects will be designed based on an active collaboration model. CWRC staff will provide research expertise while DCFS administration specifies specific areas of research evaluation need, meets with CWRC staff on a regular basis and provides direction regarding specific research questions and supports data collection. This process produces evaluation results targeted to questions most relevant to the department and client needs. The work of this partnership supports CQI efforts related to CFSR Items 4, 5 and 6 for permanency outcome 1, as well as Item 18 for well-being outcome 3.

#### **Chapin Hall Center for Children at the University of Chicago**

Services provided under this contract include research, evaluation and implementation support for the management of improved client outcomes and system-level performance under the department's requirements for federal funding and its obligations to the federal court under the B.H. vs. Smith court decree. Chapin Hall also provides other reports to DCFS as needed. Projects include research, evaluation, and implementation support that rely upon complex longitudinal datasets and analysis. Projects support state initiatives, federal requirements, and consent decree obligations. The work of this partnership supports CQI efforts related to CFSR Items 4, 5, 6, 8,9, 10, 11, 12, 13, 14, 15, 18, 20, 21, 22, 23, 25, 29 and 30.

#### **Child & Family Research Center, University of Illinois at Urbana-Champaign, School of Social Work**

The Children and Family Research Center (CFRC) per the B.H. Consent Decree, acts as an independent monitor of the Department of Children Family Services. In partnership with DCFS, the Children and Family Research Center (CFRC) establishes the deliverables that are directly related to the department's monitoring and evaluation needs under different legislative and court mandates. The Children and Family Research Center (CFRC) conducts research, evaluation and practical support to inform child welfare policy and improve child welfare practice in the state of Illinois. The work of this partnership supports CQI efforts related to CFSR Items 3, 4, 6, 7, 18 and 23.

### **Progress Measures**

Illinois uses Power BI to provide access to the CFSR statewide data indicators, which can be sorted and filtered in various ways. Since the Illinois rate of maltreatment in foster care rose dramatically in recent years, DCFS worked with the Child and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign to create a maltreatment in foster care dashboard. This dashboard is now available to all DCFS and private sector child welfare staff through the intranet site (D-Net). DCFS also has agency performance dashboard measures available on the intranet site and this dashboard is in the process of being updated and revised to provide a more balanced view of performance that includes quality measures rather than just compliance measures.

Specific data is cited, as relevant, in the final progress report for each of the goals reported in the CFSR 3 PIP report (Attachment 1).

The CFRC also published Racial Disproportionality in the Illinois Child Welfare System: FY2022 Report in December 2022<sup>4</sup>. The report includes an absolute racial disparity index (RDI) and a relative RDI to look at disparity at six decision points in child welfare services for children who are Black (not Hispanic), White (not Hispanic) and Hispanic (any race). The absolute RDI compares the disproportionality at each decision point to the general population and relative RDI compares the disproportionality at each decision point to the prior decision point to see if disproportionality increases or decreases at the various decision points. The study found that when compared to their percentage in the general child population, Black children were over-represented at every investigation decision point, including screened-in investigations, indicated investigations, protective custodies, safety plans and entries into substitute care. Once the over-representation of Black children is introduced at the first investigation decision point, whether it is hotline intakes or screened-in investigations, the study found that the degree of over-representation did not increase at subsequent investigation decision points in FY2022, including protective custodies, indicated investigations, investigations screened by the court and substitute care entries. For children in foster care the report found that in FY2022, black children were over-represented in congregate care placements and remained in care longer before exiting.

Illinois regularly accesses the OMS to review its data collected during PIP Measurement Reviews, specifically to explore progress toward improvement goals, and to prepare PIP Performance Tables submitted to the Children's Bureau in the late winter/early spring, which describe performance and underlying contributors. Commonly used reports include complete OSRI, Face Sheet Report, State Rating Summary, Item Rating Summary, Ratings by Case, Item Specific Reports (all) and the Multi-Item Data Analysis Tool. All of these reports were used in one fashion or another to draft the Outcomes section of Chapter 2. Some of these reports are reviewed and discussed in various staff meetings, such as leadership meetings, strategy meetings, division meetings and all-staff meetings.

Due to consistently lower permanency performance in Cook region, this area was the focus of quality improvement efforts referred to as a regional support team. The team looks at permanency data from different perspectives in an effort to identify practice changes that can be tested to assess the impact on permanency rates. Administrative data and case review data are reviewed regularly to assess progress toward improved permanency performance. Illinois will be working with one or more university partners to facilitate greater collaboration with the Cook County Juvenile Court stakeholders to address the need for more timely permanency exits for youth in care.

### **Progress Benchmarks**

The progress on the majority of CFSP goals is described in the CFSR Round 3 Final PIP Progress Report through quarters 7 and 8 (Attachment 1). The strategies in the CFSR Round 3 PIP were intended to positively impact the following high-level goals:

- **Goal 1:** Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate.
- **Goal 2:** Ensuring stability, family connections and timely permanency for children.
- **Goal 3:** Ensuring the well-being needs of children and families to include educational needs and physical/mental health needs of children in foster care and in-home cases are met and families have enhanced capacity to meet the needs of their children.

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[https://cfr.illinois.edu/pubs/rp\\_20221223\\_RacialDisproportionalityInIllinoisCWSFY2022ReportInResponseToHB2914.pdf](https://cfr.illinois.edu/pubs/rp_20221223_RacialDisproportionalityInIllinoisCWSFY2022ReportInResponseToHB2914.pdf)



- **Goal 4:** Strengthening an accessible service array needed by children and families, continuous quality improvement and foster/adoption recruitment and retention systems.

These overall PIP goals are consistent with the CFSR Items with identified PIP measurement goals. As noted in the CFSR PIP summary above, Illinois has met four of the ten PIP measurement goals at the time of this report. The strategies from the PIP were selected to improve performance on all ten items and further improvement is needed to meet the remaining six goals. Illinois has also revised the PIP Measurement Plan to increase the number of measurement periods before the end of the non-overlapping period on March 31, 2024.

As noted in the attached PIP progress report for the first goal (safety), Illinois implemented key activities to support and reinforce consistent and effective safety assessments by investigators and intact caseworkers to reduce recurrence of maltreatment and key activities to better support kinship caregivers immediately after placement to reduce maltreatment in foster care. Some of the key activities for kinship caregiver support included a role for DCFS clinical staff in Child and Family Team Meetings (KA 1.3.9. CI-CFTM), which was unable to be expanded beyond Immersion Site teams due to unanticipated staffing shortages in the Clinical Division. Recommendations that came out of the evaluation of the CI-CFTM pilot include the following:

- Identify family needs early in the life of a case.
- Youth in lower levels of care have demonstrable need for clinical services and supports.

In state fiscal year 2024, DCFS will pilot the Clinical in DCFS High Fidelity Wraparound program (Wraparound) where Clinical will join CFTMs that are being facilitated by high-fidelity wraparound coordinators or supervisors on disrupted intact cases. The new test of change will deliver robust support to substitute caregivers, especially relative and fictive kin providers, through the practices of teaming and care coordination. With a strategy of increasing supports and information available to the individuals, as well as “Identifying members of child’s CFTM to support linkage to identified needs, ensure participation by clinical specialist in key discussions or interviews to identify early indicators of mental health, specialized service and/or resources for the child and caregivers in the specified living arrangement (i.e., respite, trauma informed care, transportation, flex funding, community support, peer services).” The goal will be to impact safety, linkage, resources and supports to families who are entering High-Fidelity Wraparound as disrupted intact families who have higher levels of need. This test of change will be evaluated and reported on and will include the following components:

- The test of change will begin in the 30 original counties served by Wraparound and then will extend to the 22 additional counties that are part of the expansion sites when they are staffed and available for referrals.
- Children aged 0-21 whose cases have been identified as a disrupted intact case with complex trauma, behavior and/or emotional challenges who have been recently placed in traditional foster care, home of relative or fictive kin care will be referred to Wraparound.
- Clinical support will be offered to qualifying youth as an additional resource in the Child and Family Team Meeting (CFTM) facilitated by a Wraparound Coordinator in the first 90 days post disruption of Intact Family Services.
- Information and data on participation in CFTMs will be collected and reported for evaluation of this test of change.

In addition to CI-CFTM expansion, general efforts to support caregivers are implemented by the Office of Caregiver and Parent Support, Permanency, Strategy and Performance Execution and in collaboration with other state agencies to increase the safety of substitute care living arrangements.

Supervisors are the primary coaches for much of this work and the Model of Supervisory Practice and Foundations for Supervisors are part of the framework of support for the supervisors. Additional training and written guidance have been provided to court personnel regarding intact family services through collaboration between DCFS and the Administrative Office for Illinois Courts (AOIC). Collaborative efforts across divisions have been implemented to increase licensure rates for kinship caregivers, although a significant increase is not yet evident in the licensing data, which shows a statewide licensure rate of 39% for April 2023, which includes 22.6% for DCFS and 43.4% for Child Welfare Contributing Agencies.

For the second overall goal (permanency), Illinois implemented four strategies to shorten lengths of stay and move children to permanency sooner through Child and Family Team Meetings, shorter timeframes to adoption finalization, increased use of subsidized guardianship as a permanency option and a quality hearing project. The data from Administrative Case Review indicates some improvement in quality Child and Family Team Meetings as an intervention with families and a slight increase in guardianship exits to permanency from 351 in state fiscal year 2021 to 406 in 2022. Executive scorecard data reports a decrease in the average number of days from Termination of Parental Rights (TPR) to adoption finalization statewide from quarter one of state fiscal year 2022 to quarter one of state fiscal year 2023 from an average of 515 days to an average of 440 days. There were significant differences by region with the average in Cook having decreased from 762 days to 403 days for children who had a finalized adoption during the first quarter of state fiscal years 2021 and 2022 respectively (July to September).

For the third overall goal (well-being), Illinois implemented four strategies to improve child well-being including implementation of the Core Practice Model through change management, increased family and youth engagement through Child and Family Team Meetings, improved academic support to children/youth behind grade level and addressing data needs to ensure well-being of children served. Much of the work included in these strategies involved improved use of available data to drive improvement efforts. In the context of building the new CCWIS system, internal information technology (IT) resources are dedicated to building the new system and all unnecessary updates to current systems have been put on hold to be addressed in the new system. As a result, some key activities were difficult to report on directly and implementation efforts were evaluated with the closest available measures. Within the strategy to increase family and youth engagement, a key activity to expand the Early Childhood Court Team outside of Cook County was unable to be implemented within the anticipated timeframe due to impacts from the COVID 19 pandemic. Despite efforts by DCFS to recruit additional jurisdictions, none were willing to implement the Early Childhood Court Team while still trying to recover from the sudden transition to virtual platforms for hearings and backlogs of cases that resulted in several areas around the state. Illinois is still hopeful that the program can be expanded in the next few years and a summary of ongoing efforts to recruit jurisdictions was provided above.

Illinois implemented three strategies to improve systemic factors including use of qualitative case review data to inform CQI efforts, improved recruitment, retention and training of foster and adoptive parents and expansion of evidence-based and trauma-informed services to address safety and mental/behavioral health needs of children, youth and families. There have been ongoing incremental improvements to the CQI system with wider distribution of data on performance. With support from the Capacity Building Center for States, DCFS and private agency leaders have received technical assistance in how to implement

and evaluate practice improvements. DCFS has improved stakeholder collaboration and communication through the Stakeholder Collaborative and will continue to find additional ways to include internal and external stakeholders to inform performance improvement planning. DCFS initially experienced success in expanding contracts for evidence-based interventions, although some providers have since chosen to discontinue contracts to provide these services. DCFS has held meetings with the providers to discuss the challenges with implementation and barriers that included workforce and financial concerns due to the complexity of some of the models. Statewide collaborative efforts across human service agencies are underway to expand behavioral health services to meet the increased demand.

The maltreatment in foster care rate has declined as noted in a prior section of this document. From the CFSR dashboard in Power BI with data as of May 14, 2023, the rate of maltreatment in foster care per 100,000 days in care was at 18.0 for the 12-month period ending January 31, 2020, was at 17.1 for the period ending January 31, 2021, was at 16.8 for the period ending January 31, 2022, and was 15.3 for the period ending January 31, 2023.

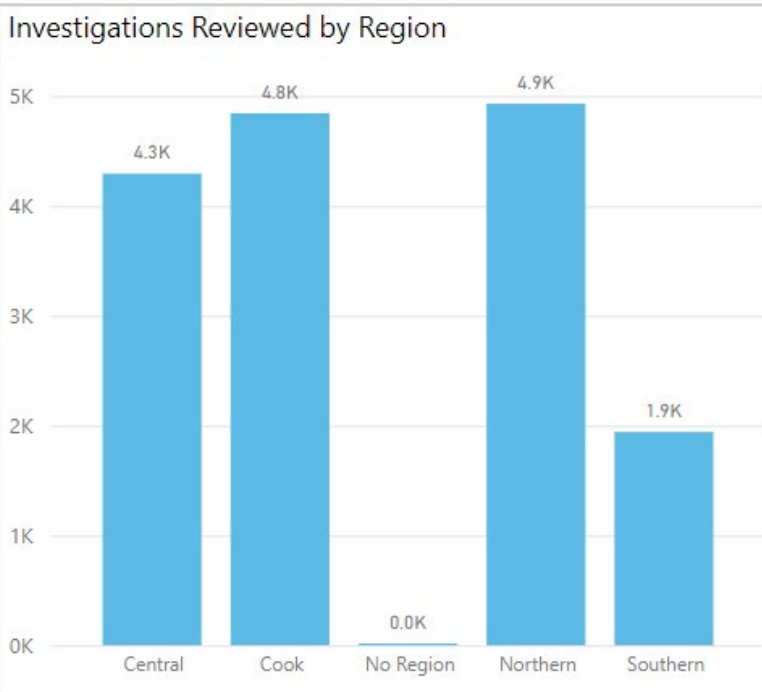
Rate at which children in foster care experience maltreatment per 100,000 bed days			
Rolling Year	Days In Care	Maltreatment	100K Days Rate
Feb 19 - Jan 20	5,966,536	1,075	18.0
Feb 20 - Jan 21	6,795,990	1,161	17.1
Feb 21 - Jan 22	7,088,570	1,194	16.8
Feb 22 - Jan 23	6,894,841	1,052	15.3

The recurrence of maltreatment rate shows annual increases in this rate from 2019 to 2022 for May to April bringing the rate from 13.7% to 14.6%.

Children With at Least One Substantiated Maltreatment			
Rolling Year	Victims with Indicated Reports	Recurrence	Repeated in One Year %
May 18 - Apr 19	31,397	4,296	13.7%
May 19 - Apr 20	35,075	4,927	14.0%
May 20 - Apr 21	36,800	5,283	14.4%
May 21 - Apr 22	32,678	4,783	14.6%

Another key performance indicator for safety is the tracking of victims assessed when child protection initiates an investigation. Child protection area administrators conduct file reviews and document results on five key performance indicators, including child victims seen and assessed for safety. The reviews are conducted weekly and comparing a point in time year to year, the following data shows improvement on this measure. For reviews conducted during the week of March 27, 2023, the compliance review data (current as of May 3, 2023) shows that documentation of all child victims seen was present in 94.12% of cases reviewed in central, 88.89% in southern, 86.36% in Cook and 92.31% in northern. For the same indicator, data from reviews conducted one year earlier during the week of March 28, 2022 show documentation that all child victims were seen in 88.24% of cases reviewed in central, 85.71% in southern, 64.71% of cases reviewed in Cook and 72.73% of cases reviewed in northern. The table below shows the total number of reviews conducted by region and the cumulative performance on each of the tracked measures. The statewide numbers are then filtered by regions and sub-regions.

## DCP Compliance By Review



**75.73%**  
Initial CERAP

**88.21%**  
Initial Supervision

**52.19%**  
Five Day Reassessment

**70.10%**  
Note Addressing Safety

**84.55%**  
Note Reflecting Children Seen

Region	Initial CERAP	Initial Supervision	Five Day Reassessment	Note Addressing Safety	Note Reflecting Children Seen
<b>Central</b>	<b>86.90%</b>	<b>92.97%</b>	<b>61.90%</b>	<b>85.75%</b>	<b>91.70%</b>
Champaign	82.97%	95.68%	65.12%	86.89%	88.36%
Peoria	94.93%	96.80%	63.21%	91.84%	96.21%
Springfield	81.29%	84.07%	55.00%	75.90%	90.11%
<b>Cook</b>	<b>64.94%</b>	<b>84.04%</b>	<b>45.09%</b>	<b>55.36%</b>	<b>78.17%</b>
Cook Administration	75.29%	95.91%	46.15%	62.21%	88.30%
Cook Central	63.75%	84.84%	44.74%	55.88%	76.36%
Cook North	68.71%	88.99%	49.25%	61.13%	81.97%
Cook South	61.54%	78.62%	42.45%	50.13%	75.10%
<b>No Region</b>	<b>0.00%</b>	<b>83.33%</b>		<b>0.00%</b>	<b>0.00%</b>
No SubRegion	0.00%	83.33%		0.00%	0.00%
<b>Northern</b>	<b>71.67%</b>	<b>86.06%</b>	<b>43.27%</b>	<b>66.53%</b>	<b>81.98%</b>
Aurora	71.56%	86.05%	39.22%	65.20%	82.79%
Rockford	72.01%	86.07%	54.55%	70.35%	79.65%
<b>Southern</b>	<b>87.83%</b>	<b>93.55%</b>	<b>66.67%</b>	<b>80.69%</b>	<b>91.16%</b>
East St. Louis	89.39%	94.14%	60.00%	85.28%	92.98%
Marion	86.47%	93.04%	71.79%	76.66%	89.57%
<b>Compliance %</b>	<b>75.73%</b>	<b>88.21%</b>	<b>52.19%</b>	<b>70.10%</b>	<b>84.55%</b>

DCFS leadership collaborated across divisions to develop work plans to support improved performance in:

- Resource development to better support youth in family settings.
- Quality family engagement by caseworkers.
- Quality child and family team meetings as an intervention with families.
- Quality living arrangements through increased licensure of foster homes and improved monitoring of residential treatment programs.
- Timely permanency by expanding the use of subsidized guardianship when appropriate.
- Updated Administrative Case Reviews to provide data on quality services to children and families.

DCFS leadership is also advocating to conserve limited resources by aligning improvement plans across different contexts and to focus on discontinuing activities that do not support progress toward our prioritized goals to the extent possible.

The DCFS leadership prioritized goals are the following:

- Ensuring the safety of Illinois children through primary and secondary prevention activities. Progress on this goal will be measured by reduced numbers of substantiated abuse or neglect reports, reduced rates of recurrence of maltreatment and reduced rates of maltreatment in foster care.
- Ensuring safe and timely discharge to permanent families for youth in care through increased support to families for reunification and active efforts toward guardianship or adoption when reunification is not appropriate. Progress on this goal will be measured by increased permanency rates for the three CFSR permanency measures (Permanency in 12 Months; Permanency in 12 Months for Youth in Care 12-23 Months; Permanency in 12 Months for Youth in Care 24 or More Months).
- Ensuring the well-being needs are met for children served through DCFS services. Progress on this goal will be measured through assessments of youth in care in the domains of cognitive/education well-being, physical well-being, emotional/behavioral well-being and social well-being. Since DCFS does not have definitive measures for the four domains identified, the Child and Adolescent Needs and Strengths (CANS 2.0) is used as an indication of the extent well-being needs are met. Additional information on the domains is considered in the assessment such as medical records, treatment reports, developmental/educational records and information about social connections and relationships.
- Building capacity to achieve safety, permanency and well-being goals through workforce development, stakeholder engagement, resource development and intentional diversity, equity and inclusion efforts.
- Strengthening Continuous Quality Improvement cycles throughout the system, which requires technology and data systems that can provide accurate, reliable, timely and relevant data to those who need it.

### **Feedback Loops**

DCFS has increased the use of surveys and focus groups with relevant stakeholders to better understand the impact of various interventions on those involved in implementation. For example, the expansion of child and family team meetings as an intervention with intact families in Cook region included asking the parents to complete a survey after each child and family meeting. The low response rate on the surveys has made analysis of the results difficult to generalize. The implementation group has been discussing additional ways to get feedback and input from families served.

Surveys were offered during spring 2022 for youth in care to respond anonymously and voluntarily to report how they identify their sexual orientation and gender identity. The survey results will be used to ensure services and supports are appropriate to reflect the diversity of youth in care. Direct service staff were also surveyed about how they collect and record demographic information for clients and how best to collect and record data on sexual orientation and gender identity in the future. The collection of demographic information from families served has been included as a priority in the DCFS Data Quality Plan developed in fiscal year 2023. DCFS is also working with internal and external stakeholders to review and revise existing survey tools.

Illinois DCFS developed the Stakeholder Collaborative to add another feedback loop for internal and external stakeholders. The Stakeholder Collaborative is attended by a representative for each of the advisory boards and councils for them to share information with each other, hear updates on policy or practice changes, provide policy or practice change recommendations to DCFS and communicate information back to the represented boards and councils. The group meets monthly with at least one representative from DCFS leadership that communicates information between DCFS leadership and the Stakeholder Collaborative. During fiscal year 2023, the chairs and co-chairs of the various advisory groups were also invited to participate in the Stakeholder Collaborative to expand communication opportunities to a broader community of stakeholders.

The facilitator for the Stakeholder Collaborative has initiated changes to the structure and format of the meeting and agenda in response to feedback that was solicited from the participants. These changes have been well received and some of the advisory group chairs have started to request DCFS presenters to attend their advisory group meetings. These presentations open the door for opportunities for increased collaboration on development of future CFSPs and APSRs.

# Chapter 4

## Quality Assurance System

### Quality Assurance System (Section C4):

*Building on information provided in the 2020-2024 CFSP and subsequent APSRs, address the following in the 2023 APSR:*

*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.*

Several efforts have occurred during this APSR cycle to enhance capacity of the state's current CQI/QA system:

- **Division of Quality Assurance (DQA) In-Person meeting** in December 2022, with an emphasis on **team building**, introducing a **shift in culture** within the division (toward more of a partnership and supportive mindset); providing and reviewing **clear definitions** of CQI and the PDCA cycle of improvement adopted by DCFS; introducing **Data Literacy** as a skill-set that will be required by QA staff (a self-assessment was conducted and a data literacy training activity was conducted); **clear language/common terms** were provided and reviewed.
- **Two CQI trainings** developed by Chapin Hall were turned into on-demand trainings via the department's Virtual Training Center. The voice-over was completed by one of the department's QA staff members (a regional quality specialist). One of the trainings is more of an overview that is appropriate for all DCFS and CWCA staff to take at will. The second training is more intensive and geared toward QA/CQI staff in DCFS and in CWCAs. Both were launched at the same time, on 1/4/2023. All of the DCFS QA staff (case reviewers and regional quality specialists) were required to take both trainings, and the Regional Quality Specialists were required to take the more intensive training.
- **Increased capacity in DQA** through the hiring of new review staff in order to free up the regional quality specialists to return to conducting cqi in the regions (new positions added to two university contracts and additional staff added to the new Qualitative Case Review Team in DCFS Division of QA).
- **Consultation and technical assistance (TA) from Center for States** to support successful implementation of **Regional (CQI) Support Teams** in Cook County initially; to be scaled statewide based on lessons learned in Cook.
- **CFSR 3 PIP Measurement Reviews and data:** as the state heads into the remaining months of its non-overlapping period, the Children's Bureau authorized Illinois to adopt a rolling six-month measurement period approach as a way of increasing the opportunities for the state to meet all remaining PIP Goals (of which there are 6: Items 2, 3, 4, 5, 6 and 12). The deputy director of QA (DCFS) and managers involved in the PIP Measurement Reviews have been presenting PIP Measurement data at operations-level meetings (leadership, middle management and direct service staff; DCFS and CWCAs) with the goal of increasing awareness of the review process and the need to achieve outstanding PIP Goals (for our families and to avoid a significant federal financial penalty). These presentations provide attendees, for each item: the purpose of assessment, our PIP Goal, underlying reasons for cases rated Area Needing Improvement (based on case type), how many additional cases

rated a Strength are needed to avoid the penalty and the geographic regions of the state in which small tests of change could be particularly impactful in the data. These presentations have been very well-received.

- **Intentional and Focused Relationship Building** between the QA and Operations (DCP, intact and permanency) divisions in order to build the culture of partnership and support within QA and to be seen as useful and helpful to direct service staff and leaders. DQA desires to provide Operations with data that each specialty finds important and helpful to their daily work and identified outcomes, and these conversations have been ongoing during this APSR cycle.
- **Increased Opportunities to Provide Feedback and Data.** Through relationship-building, the division has had many more opportunities to present data collected within DQA to all levels of staff, with the goal of supporting data-informed decision-making.
- **Conducting Validation Reviews of ACR** reviews by UIUC FCURP staff, with the goal of improving inter-rater reliability among ACR reviewers. Chapin Hall has been our partner in this process, in terms of analyzing the validation data and identifying the degree of agreement between ACR reviewer ratings and FCURP ratings for the same cases. This validation process has resulted in increased inter-rater reliability. ACR reviewers and managers also continue to receive coaching and support from CWG.

***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.***

The development of the CCWIS Data Quality Plan has included active participation by DQA, along with the chief deputy director of strategy and performance execution and the senior advisor for performance management and accountability. DQA has clear responsibilities within the Data Quality Plan (DQP), such as developing a Data Literacy Plan (with support from OITS and Gartner) for the department and the CWCA, as well as coordinating the Biennial Reviews.

Illinois is in the relatively early stages of developing a CCWIS system. The Data Quality Plan was drafted and submitted to the Children's Bureau for review. Biennial review of data quality will occur within the context of a larger Data Governance Plan. The CQI process is dependent on data to inform problem identification, monitoring and evaluation activities, so improved data collection and reporting capabilities will enhance the CQI processes and cycles. The largest impact to direct service divisions will be with CCWIS release 8, which is scheduled to go live in February 2025. Release 8 includes the following modules: Intake 3.0, Investigation, Case Management 1.0, Service Management, Permanency/Adoption, Interstate Compact, Placement/Service Matching, Person Management 2.0, Provider Management 2.0, Reporting & Analytics 4.0, Assessment 2.0 and Provider Licensing 1.0. CCWIS is part of the larger IllinoisConnect technology implementation. In addition to CCWIS, IllinoisConnect includes other technology that is not part of CCWIS, such as Augintel. Augintel uses Natural Language Processing to pull information from unstructured narrative fields, like case notes, that we otherwise cannot get data from without a case reviewer reading every note. Augintel software was released to a group of more than 100 initial users at the end of February 2023. Access to Augintel has since been expanded to all SACWIS users and DCFS is building CQI plans that will leverage this technology to monitor things like youth on medication, families with a member that is hard of hearing or visually impaired, or safe sleep conversations with families caring for an infant.



***If not already addressed in the “Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes” in Section C3, describe how the CQI/QA system was used to revise goals, objectives and interventions.***

Please see Chapter 3 Illinois Department of Children and Family Services FY2024 Annual Progress and Services Report.

***If not already addressed in “Progress Made to Improve Outcomes” in Section C3, 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.***

Please see Chapter 3.

***If not already described in “Collaboration” in Section C1, describe how feedback loops are being utilized as part of the CQI/QA process to provide information that parents, families, youth, young adults and other system partners and stakeholders will find useful to assist the state in system improvement efforts.***

Please see Chapter 1.

***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 OMS reports or data extracts, as part of the state’s ongoing QA/CQI process.***

Please see Chapters 2 and 3.

***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. (Appendix A of Technical Bulletin 12 for more information.)***

Illinois continues to prioritize being able to conduct a State-Led CFSR for Round 4. The state has been utilizing the OSRI and the OMS since 2018 to conduct reviews and is using the federal tools/process strictly over a six-month period to collect data for PIP Measurement/Monitoring, annually since 2019 (See Chapter 2). Our federal partners conduct Secondary Oversight of our PIP Measurement Reviews, and the state actively uses the feedback to inform all aspects of QA and training specific to the reviews. The state has a well-trained team of reviewers, QA staff and sampling staff. The team meets weekly, and most weekly meetings involve an aspect of training. The team uses Teams as a centralized location to store and archive all review-related documents, trainings and other materials. The data collected during PIP Measurement Reviews is analyzed monthly and reported to the deputy director of Quality Assurance and the chief deputy director of Strategy and Performance Execution for further distribution. PIP Measurement data are communicated via presentations at operational meetings as well as all-staff announcements on the DCFS intranet; and include high-level analysis of trends/findings. Individual case review findings are directly shared, item-by-item (focused on the Purpose of Assessment), during a “Feedback Conference” with assigned caseworkers and supervisors, in order to allow for discussion and education. Direct service staff are encouraged to share system-level barriers and to use the case review findings as it applies to other cases on the team.

During FFY23, ongoing training and coaching was provided for CFSR 3 PIP Measurement Reviews staff as follows:

- New reviewer trainings (as new staff are onboarded; months varied).
- Coach training (January).

- Mini-trainings for all review staff (covering topics such as: Reviewing Investigations cases; Assessing Items 5 and Item 6 and writing accurate narratives; Assessing parent and youth “Voice & Choice” in Item 13; Archiving Review Materials; etc.).
- Weekly all-team calls that primarily focus on status of securing samples but also includes new information/updates/needs (for example, attend to provision of adoption support services to foster parents if the goal is Adoption).
- As appropriate, review team members are asked to participate in Round 4 trainings on the CFSR Portal.

As Illinois gets closer to the end of Round 3 (3/31/2024), review and DQA leadership will shift its focus to prepare the team more intentionally for Round 4.

Please also see Chapter 2, Systemic Factor: Quality Assurance, for more information.

# Chapter 5

## Update on Service Descriptions

### Update on Service Description (Section C5)

#### C5A - Stephanie Tubbs Jones Child Welfare Services (title IV-B, subpart 1)

- Briefly describe the services provided since the submission of the 2023 APSR, highlighting any changes or additions in services or program design for FY 2024 and how the services assisted or will assist in achieving program goals.
- 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).
  - The geographic areas where the services will be available.

This information may be provided on the CFS-101 form (Attachment B).

#### Services for Children Adopted from Other Countries

- Describe the activities, including provision of adoption and post-adoption supports, that the state has undertaken since the submission of the 2023 APSR to support the families of children adopted from other countries and any changes to the activities the state plans to take to support children adopted from other countries.

Illinois provides 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 these services, although DCFS does not currently have the technical supports to identify 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. DCFS began the Hybrid Agile Mapping process to see if our new CCWIS can gather this information. This system is now in development. This system can embed 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.

**Post Adoptive services to Non-DCFS Adoptions: # of Adoptive Children served**

Category	FY'21	FY'22	FY'23
International Adoption	51	51	61
Non-DCFS-domestic adoption	106	151	145
Total of NON-DCFS adopted children	157	202	206

The children reflected in the chart above are eligible to receive Adoption/Guardianship Support and Preservation Services (ASAP) which can include S.T.A.R.T. training tools for families, trauma informed therapy, trust based relationship therapy, advocacy and respite. Numbers served by DCFS increased from FY '21 to FY '22 except for international adoptions. An expected increase did not appear to occur in FY '23.

Please refer to Addendum 'F' for additional information about “**Inter-Country Adoptions**”.

DCFS has maintained a 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. During the COVID-19 crisis, additional supports were provided to all adoptive families virtually – from webinars to support groups. The links and information could 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 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 ASAPS 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 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.

### **Services for Children Under the Age of 5**

- ***Describe the activities the state has undertaken since the submission of the 2023 APSR to reduce the length of time children under the age of 5 are in foster care without a permanent family.***

In 2017, DCFS invested in the Illinois' Early Childhood Court Team program. Zero to Three, the national authority on practice standards for young children, created the Safe Babies Court Team approach to increase awareness among those who work with and care for maltreated young children of the long-term negative impacts of trauma on young children. This Zero to Three approach applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families. The goal is to advance the health and well-being of very young children and their families, so they flourish.

The Early Childhood Court Team (ECCT) program is uniquely designed to support families that have infants or toddlers under the age of 4 who are currently involved in child welfare services in Illinois. The inherently adversarial nature of court processes is mediated by increased communication, mediation and coordination that prioritizes the urgency of this developmental period and seeks to expedite permanency. Parents in ECCT have greater access to Child and Family Team Meetings, which occur more frequently than for families not involved in ECCT. Parents in ECCT also have greater access to evidence informed therapeutic parenting services, such as Nurturing Parenting Program (NPP) and Child Parent Psychotherapy (CPP). Historically court delays have been a contributing factor to longer length of stays for children. In 2022, ECCT judges began providing parents and caseworkers court dates for the next 6 months. This has increased the parent's ability to ensure their presence in the court hearing and for caseworkers with the support of community practice coordinators to address outstanding referrals, linkages, barriers to progress and critical decisions toward permanency prior to the next court date.

The Baseline-Target-Actual (BTA) project was developed by Fred Wulczyn and Lily Alpert of Chapin Hall to improve the ECCT's ability to help children achieve permanency (i.e., establish a hopefully permanent home) in a timelier manner than usually occurs for children of this age group in Cook County. This project is important from a developmental perspective because young children need a permanent home and a stable and caring caregiver as quickly as possible in order to promote health growth and development. This project is particularly important for Cook County, since children in Cook County stay in foster care much longer than children in other counties in Illinois, and children in Illinois stay in foster care much longer than children in other states. In addition, in Illinois and nationally, young children make up a large share of the children who are entering care. Thus, through the BTA project, ECCT provides an exciting opportunity for the child welfare system and the court to learn more about how we can help young children achieve the best permanent home for them within a shorter timeframe.

Efforts to evaluate the time to permanency for children in ECCT and comparable populations have occurred through Chapin Hall during the APSR cycle.

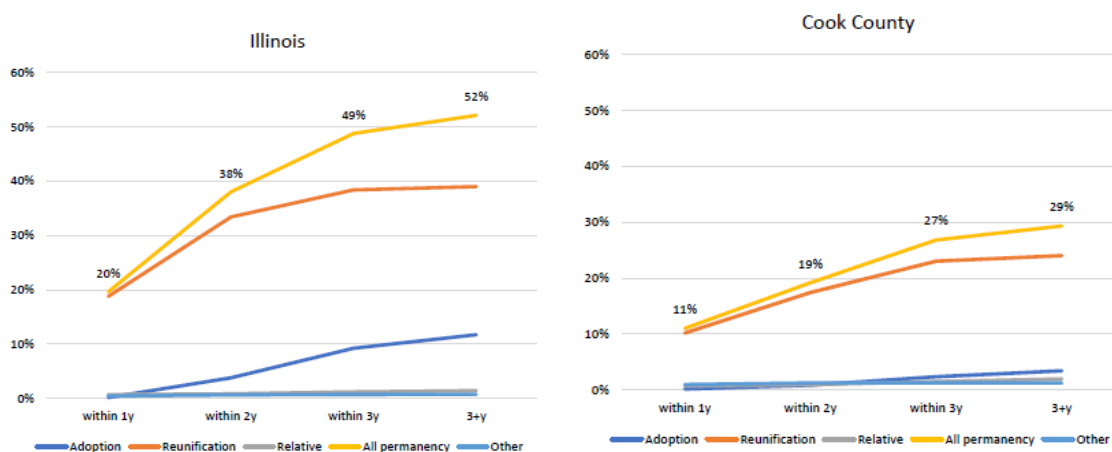
One goal of ECCT is to expedite permanency for children in foster care aged 0-3. To understand the extent to which ECCT is achieving that goal, we need some points of reference. In this report, we examine time to permanency for 72 children admitted to ECCT between 7/1/2018 and 12/31/2020. We compare those outcomes to those of 0–3-year-olds entering care during the same period in other jurisdictions.

To measure progress toward ECCT’s goal, we calculate the **cumulative probability of permanent exit**. In other words, we ask: *Of all children who entered care during this period, what percent exited to permanency within one year? Within two years? And so on.* Using Illinois’s data in the Center for State Child Welfare Data’s Multistate Foster Care Data Archive, we are able to observe outcomes for this cohort up until **6/30/2022**. Therefore, in this report, when we discuss the percent of children achieving permanency “to date,” that date is 6/30/2022.

Given ECCT’s theory of change, our hope and expectation is that we will see ECCT participants achieving permanency more quickly than similarly situated children in the comparison populations.

The graphs below show the cumulative probability of permanency for 0–3-year-olds statewide and in Cook County, specifically. Here, we are looking at the child’s entire spell in foster care, regardless of which or how many providers were responsible for the child’s care during that time. We are interested in the child’s ultimate discharge destination and how long it took for them to get there.

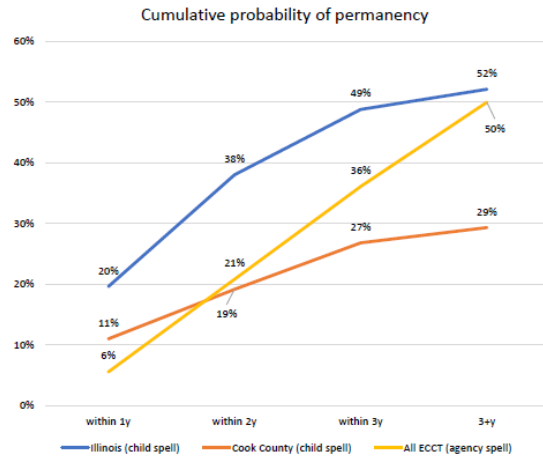
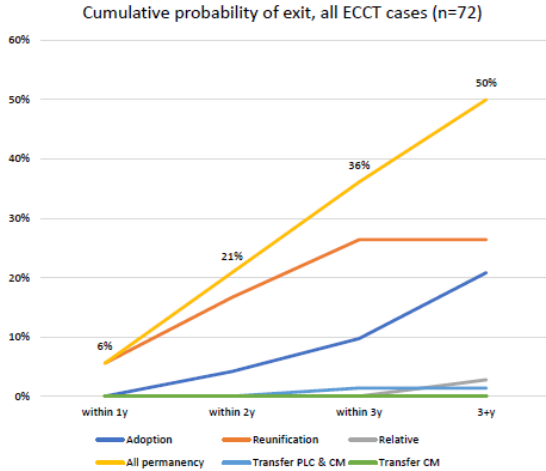
Among all 0–3-year-olds who entered foster care between 7/1/2018 and 12/31/2020, what was the cumulative probability of permanency:



Statewide, 52% of children in this cohort have exited to permanency to date. In contrast, only 29% of comparable children in Cook County have exited to permanency within that timeframe. In both jurisdictions, the majority of those exits were reunifications. Exit to relative was uncommon among both populations.

When considering all ECCT cases together (n=72), we see that 50% of children exited to permanency to date.

The graph below shows performance of the ECCT cases (n=72) alongside time to permanency statewide and in Cook County.

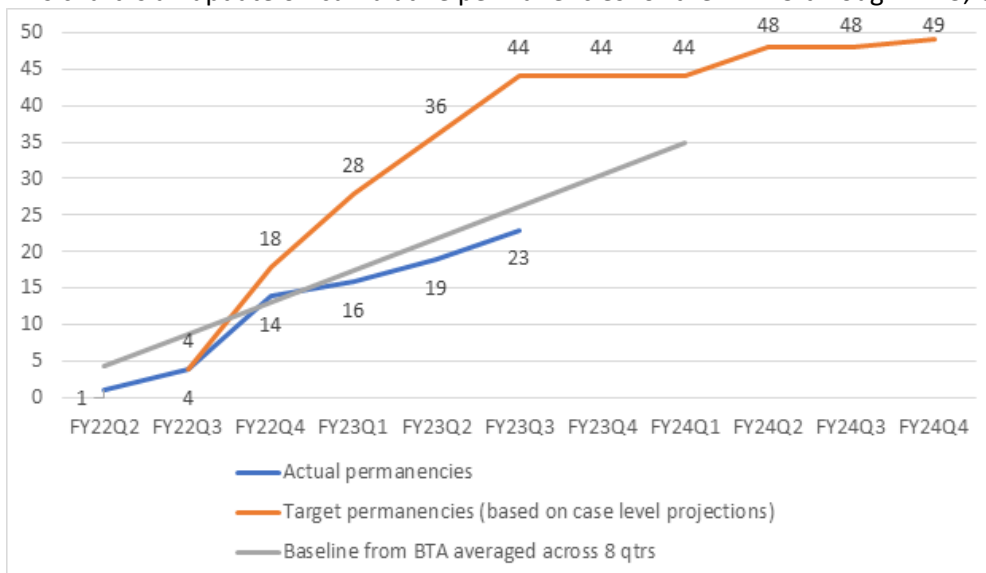


In general, ECCT cases outperform Cook County cases. Time to permanency is still slower among ECCT cases than it is statewide, although ECCT cases do begin to approximate statewide outcomes after the 3-year mark.

These analyses of time to permanency support the observation that 0–3-year-olds in Cook County achieve permanency more slowly than do 0–3-year-olds statewide. This variation justifies ECCT’s effort to improve timely permanency for infants and toddlers in Cook County.

Permanency to Date: The BTA

This chart is an update on cumulative permanencies for the BTA49 through FY23, Quarter 3 (3/31/23)



The following is taken from the FY23 Summary Report completed by Lily Alpert, Fred Wulczyn, Scott Huhr and Kristen Hislop of Chapin Hall at the University of Chicago.

We (Chapin Hall) began our work with ECCT by helping the evaluation team respond to an issue that was pressing at the time, namely, that there were a considerable number of children with active ECCT cases who had been in care for a long time and needed to be moved to permanent homes. The task was to help the program team set permanency goals for this population under the theory that ECCT staff could achieve those goals by implementing the program's unique approach to case management, services and court involvement. Together, we used The Center for State Child Welfare Data's Baseline-Target-Actual (BTA) report to set baseline expectations for this population, establish targets for improvement and compare outcomes for an actual group of long stayers to baseline and target benchmarks.

With baseline and target benchmarks in place, program staff continued to work toward permanency on the tracked cases, recording each time a case closed and how the child exited. Table 3 shows the actual outcomes for the 10/1/2021 long stayer in-care population as of 6/14/2023 (highlighted in yellow). We are observing these children over a two-year window, which will end on 9/30/2023.

As of 6/14/2023, 85% of the two-year observation window has elapsed. To date, the program has achieved 87% of the baseline expectation ( $26/30 = .87$ ) and is 54% of the way to its projection, i.e., the target ( $26/48 = .54$ ). To reach baseline performance, the program must discharge four additional children from this group to permanency by 9/30/2023. To achieve the target, the program must discharge an additional 22 children to permanency within that timeframe.

### **Expansion of Early Childhood Court Teams**

Early Childhood Court Team set forth a plan to grow the model beyond Cook County in 2020 prior to the COVID 19 pandemic. As a result of several statewide presentations, interest in the model had grown and the plan was to issue an RFP in order to select a second site for expansion of the court team model. Given this model requires child welfare, judicial and community collaborations, we firmly believed at that time that the RFP would allow sites to make a case for their interest and readiness. This plan was put on pause until 2022.

Efforts to expand ECCT resumed in 2022. The partnership between the Administrative Office of Illinois Court, Zero to Three and other internal DCFS partners have been established to make it possible for this program to expand. The implementation stages for Early Childhood Court is based on implementation science and are inherently complex involving multiple systems and providers. The exploration phase requires commitment from a judge, awareness of ECCT's demonstrated positive outcomes, conclusion there is a need for ECCT based on local county data, both population and agency performance, completion of a court team readiness assessment. support from court offices, leadership and intervention service providers; identification and commitment from child welfare agency, formation of an advisory and core court team.

Some of the primary activities towards the expansion during the past year included:

- In July 2022 meeting with contracts for approval of cost model which included community practice coordinators.
- On September 29, 2022 meeting held with Administrative Office of Illinois Court to provide overview of program and establish partnership to support the expansion of ECCT outside of Cook County.



- On November 18, 2022 meeting with Administrative Office of Illinois Court to review court data and identify potential counties for ECCT.
- On January 19, 2023 meeting with Administrative Office of Illinois Court to finalize agenda for Informational Session Meeting.
- On January 31, 2023 began collaboration with DCFS immersion site director on possible expansion in Lake County, IL
- In February 2023 Administrative Office of Illinois Court obtained approval from Cook County Presiding Judge to host Early Childhood Court Team Informational Session Meeting with judges.
- On February 21, 2023 meeting held with ZERO TO THREE to determine technical assistance needed for ECCT expansion in Illinois.
- On March 3, 2023 an Information Session was held to explore the interest of 15 judges across the state of Illinois.
- On April 14, 2023 Chapin Hall research specialist provided intake data on agencies in Lake, Kane and DuPage counties that have the largest populations of incoming children birth through 3 years of age.
- On April 20, 2023 meeting with ZERO TO THREE to review proposal for technical assistance and capacity building plan for ECCT expansion in Illinois.
- On May 1, 2023 began collaboration with DCFS Immersion Site Director on possible expansion in Kane County, Illinois.
- On June 6, 2023 ZERO TO THREE contract for FY24 technical assistance finalized.
- On June 14, 2023 meeting with Administrative Office of Illinois to review Judges court data, new initiative assignments and develop new engagement strategies.
- On June 15, 2023 meeting to plan for an ECCT presentation at the Biennial Juvenile Conference for Illinois Judges and stakeholders.
- On July 20, 2023 meeting with AOIC and downstate juvenile court manager of Problem-Solving Courts to plan for a second Information session with Judges.

To learn more about the expansion of ECCT services see Section C: Chapter 3, key activity 3.2.10. See Section C: Chapter 5, 5B for additional services for children under the age of 5.

- ***Describe the activities the state undertook in the past year to address the developmental needs of all vulnerable children under 5 years of age, including children in foster care, as well as those served in-home or in a community-based setting.***

As is the case nationally, Illinois is serving more young children in its child welfare system. Given the knowledge obtained in the last 20 years about the long reaching impacts of abuse or neglect during early childhood, as well as the fact that young children are unable to self-protect, the population that remains at greatest risk are young children under age 5.

Illinois has long devoted resources to this population at greatest risk of maltreatment, through a partnership with the Erikson Institute of Child Development. In keeping with Erikson's mission to use knowledge in the service of children and promote equitable access to responsive resources and support, the DCFS Early Childhood Project began in 1998. This groundbreaking collaboration between Erikson Institute's Graduate School in Child Development and Illinois Department of Children and Family Services (DCFS) sought to increase access of child welfare involved children and families to early childhood services. The Erikson DCFS Early Childhood Project's expertise includes child development, attachment, family centered assessment, the impact of trauma on young children and knowledge of systems that serve

children. The Erikson Institute DCFS Early Childhood Project brings this expertise to their partnership with the child welfare system with the goal of identifying the developmental, medical and emotional/mental health needs of child welfare involved young children and their families and connecting them to support. These efforts meet Erikson and DCFS's shared goals of promoting child well-being.

The Erikson Institute's understanding of the centrality of the relationship between a young child and their caregivers led to the work of the Project being relationship based. This means all Early Childhood Project staff provide flexible, empathic, Individual support to families, early childhood providers and child welfare professionals to support effective engagement of families in early childhood services and identify barriers to engagement.

In FY 22 (July 1, 2021-June 30, 2022), the Erikson institute DCFS Early Childhood Project performed individual outreach to the case managers of 8,103 children involved with DCFS through being in care or Intact Family Services to support assessing the needs of the family and young children and linking to needed service. The Project served 5,993 (74 %) of these children through:

- 1303 relationship-based referrals to early intervention.
- 202 relationship-based referrals to special education.
- Offering supported home visiting referrals to 804 families with 234 completed referrals.
- Provided community screening resources to case managers for 2350 children.
- Attended 230 clinical staffings and consultations for young children birth to 5 in care who are at risk of placement disruption or needed additional services; and completed case reviews and recommendations for an additional 158 young children's staffings when they could not attend.
- Scheduled 1,165 assessments and completed 759, even while down three assessment staff.
- The DCFS Integrated Assessment Program provided an additional 1,001 young children birth to 5 developmental screenings as part of a full family assessment when they entered care.
- The Project provided 61 trainings to child welfare and early childhood providers, including developmental screening training for the DCFS Integrated Assessment Program and Child Parent Psychotherapists.

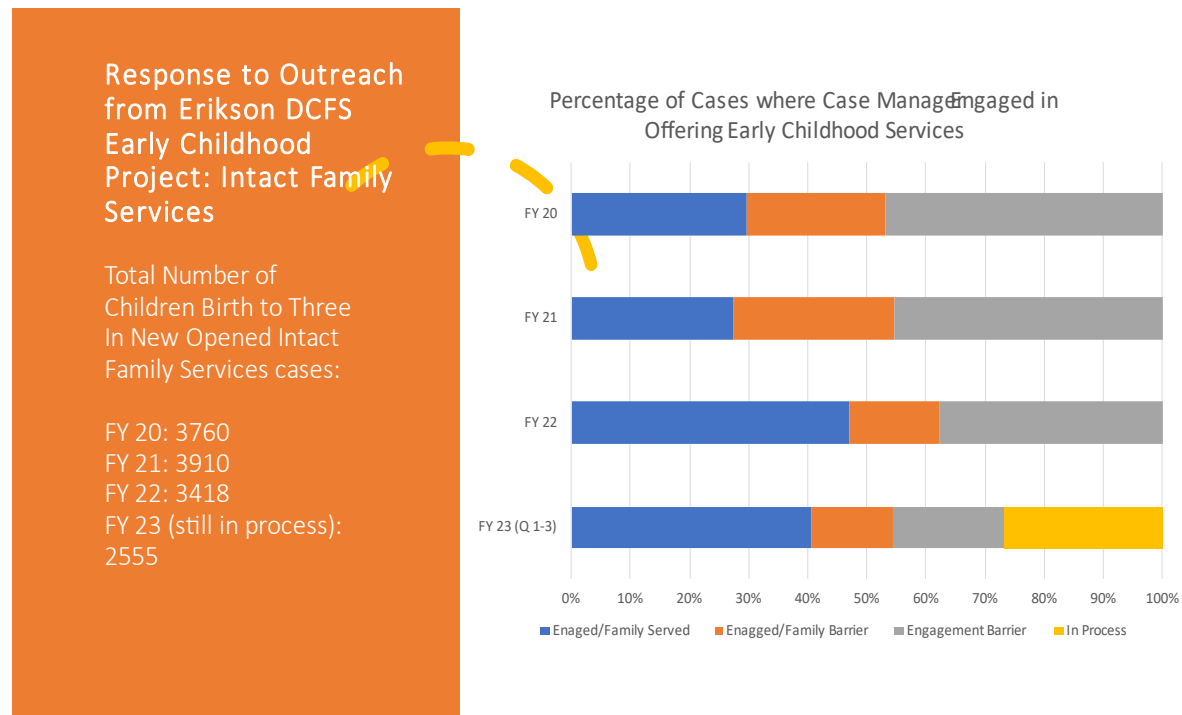
Erikson DCFS Early Childhood Project staff partner with case managers and parents and caregivers to build bridges, frame referrals around the concerns expressed by parents and case managers and offer guidance as to what the services can help with. The Erikson DCFS Early Childhood Project also works closely with the providers who families are referred to help them understand the challenges these vulnerable families face and how those may interfere with engagement. In FY 22 the Project provided 2,510 consultations to child welfare professionals.

The Erikson Institute DCFS Early Childhood Project seeks to encourage equitable access to services by helping to increase family understanding of service benefits and respecting families' voice regarding their service choices. Post-referral follow-up and troubleshooting is also provided for children who are referred to Early Intervention services to ensure that these services are put in place. The Project collects data on these efforts to support linkage and engagement. In FY22, the Erikson Institute DCFS Early Childhood Project has facilitated 1,303 referrals to DHS Early Intervention for young children with DCFS involvement. As part of these efforts, the Project not only assured referral to DHS Early Intervention, they followed up with DHS Early Intervention to assure that the caregivers of the child engaged with the DHS early intervention service coordinator. The Project also provided re-referral and connected case managers, caregivers and DHS Early Intervention staff when the evaluation process was interrupted or failed to occur. Issues such as caregivers and placement changes, agency changes or interruption in services due

to family issues. These barriers were addressed through connecting Early Intervention with the appropriate caregiver and/or professionals.

In 2010, DCFS expanded funding for the Erikson DCFS Early Childhood Project to support access to early intervention for young children in DCFS Intact Family Services. In 2020, the Erikson DCFS Early Childhood Project expanded its reach again to offer supported, relationship-based referrals to infant and early childhood home visiting services for young children 2 and under in Intact Family Services as a part of Illinois' Family First Prevention Service Act plan.

Tracking of outcomes for young children and their engagement in service is a responsibility of the Erikson DCFS Early Childhood Project. Issues of consent, as well as outdated data systems and the need to share information across child welfare and early childhood systems that are separate and outdated, and do not allow for automatic data pulls and cross referencing make this task quite difficult. Despite considerable barriers and tracking processes presenting a heavy burden for Erikson DCFS Early Childhood Project service staff, the Project has worked to improve tracking of outcomes over the past several years to assure more meaningful outcomes are available.



From July 1, 2022, until March 31, 2023, out of the 2,555 young children referral to the Erikson DCFS Early Childhood Project, intact family service case managers of 1381 children engaged around early childhood services and Project staff offered consultation, assessment and relationship-based referrals in response to individual case needs. Of those 1,381 children, 1,035 children have been served through: 729 families being identified for relationship-based linkage to early childhood home visiting, 271 received developmental assessment, 125 received relationship-based referrals to early intervention which required 440 instances of outreach to Early Intervention and Erikson DCFS Early Childhood staff provided 522 consultations to case management staff and families. Families of 111 young children refused early childhood assessment and declined early childhood services, 20 children went into care before early

childhood services could be offered, 40 children had their Intact Family Services case close before early childhood service could be offered and 24 children were not served due to other reasons which include children referred in error, and sadly, child death. Medical complexity is common in this population of children, and some children pass away due to medical conditions. This is a sobering reminder of how fragile the health of all young children can be.

As part of the Illinois plan for the Family First Prevention Service Act, DCFS offers Child Parent Psychotherapy, an evidence based mental health service for young children and their parents to Intact Families in 42 counties throughout the state. Child Parent Psychotherapy has been found to improve outcomes for children and reduce risk in a child welfare population. As this has been the first year of implementation, raising awareness of the availability of this service among IFS case managers has been the main challenge, as well as establishing more providers of this service. This is an important step in assuring the mental health needs of vulnerable young children in Intact Family Services are met.

#### **Efforts to Track and Prevent Child Maltreatment Deaths**

- ***Provide an update on the steps the state has taken or will take to compile complete and accurate information on child maltreatment deaths to be reported to National Child and Abuse and Neglect Data System (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.***
- ***Provide an update on 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 a link to any comprehensive plan that has been developed.***

The state of Illinois has many and varied efforts in a variety of settings and through multiple agencies to track and to prevent child maltreatment deaths. Two such efforts focused within and through DCFS are highlighted below. Additional efforts range from drowning prevention, firearm safety, seat belt/car seat campaigns, safe sleep practices (DCFS staff are expected to cover this topic with families that have an infant in their care), to traffic and supervision to choosing caretakers carefully.

#### **Child Death Review Teams (CDRT)**

All entities such as law enforcement agencies, coroners and medical teams are mandated to report suspicious deaths to the State Central Register. The child death review teams (CRDT) review children who have died in Illinois and will conduct further inquiries if the child was currently involved with the department or had been within the previous one year. All child deaths reported to the child abuse hotline are investigated if they meet the state defined definition of a child/abuse neglect maltreatment. Such reports that are indicated remain on file for 50 years.

All investigations are reported per NCANDS guidelines. DCFS continues to administer the Child Death Review Teams as outlined by Illinois Statute (20 ILCS 515). Within this process, the nine multi-disciplinary teams throughout the state meet several times per month to provide in-depth review of recent child deaths. The multi-disciplinary teams that conduct the reviews in each region of the state include pediatricians, child welfare experts (both private and public), prosecutors, local law enforcement, psychologists, public health, schools, coroners, hospital staff and State Police. While most recommendations from the review teams are directed at the state child welfare agency (DCFS), the teams do make recommendations to any other organization that can benefit from addressing any systemic issues

identified in the review. Recommendations from these teams are approved by the Executive Council and then discussed with the director of DCFS. The director is required to respond to each of these recommendations.

While this program has no direct clients, it serves to advise and strengthen various systems through the review of child fatalities and the recommendations made based upon these reviews.

The following are types of recommendations made following the review of a child fatality:

- Case-specific – immediate actions which must be taken on a specific child welfare case; usually related to siblings of the deceased or other children still in the home.
- Primary prevention – focus on public awareness or public education issues (e.g., drowning prevention, firearm safety, seat belt/car seat campaigns, safe sleep practices).
- DCFS system – focus on the programs, policies and procedures of DCFS (e.g., safety and risk assessment, foster parent training).
- Other agency/system – focus on agencies or systems outside the parameter of DCFS (e.g., public health, state’s attorney’s office, legislation).

The overall goal of the program is to reduce the number of child deaths, which is difficult to measure. Over the past several years, most deaths reviewed have been those related to unsafe sleep practices. The department has collaborated with several partners (DHS, DCFS, Illinois Perinatal Quality Collaborative, UIC School of Public Health, IDPH, CDPH, MIECHV, Rush, SIDS of Illinois, ISBE, FIMR-Fetal and Infant Mortality Review) to establish a safe sleep/SUID prevention campaign called Safe Sleep Support Illinois. In addition, the department has approved a 39% funding increase to the CDRT contract to target prevention campaigns for drowning and sleep-related deaths. department staff recently began participating in FIMR reviews and continues to support the Sudden Unexpected Infant Death Case Registry for Cook County which operated under a grant with the CDC.

Illinois DCFS has contracted with a vendor to implement a new ‘SAFE Practice Model’ for assessing safety that includes assessing the protective capacity of caregivers. The new model is being implemented over the coming years. Direct service workers have been receiving ongoing training related to safety through our Safety First; Safety Always series, which includes content on the importance of reviewing and considering family history in the context of assessing safety. It is being built into IllinoisConnect, all the appropriate data fields and such for the assessments will be consistent with the model. The IT build has slowed implementation. The intake module has been developed in collaboration with the vendor of the SAFE Practice Model, which is ‘Action For Child Protection’. The SAFE Practice Model fields have been built into intake and policy and will go live on October 9, 2023. Call floor staff are doing training for both IllinoisConnect and SAFE in the months of July and August 2023. Policy is in DRAFT form and is currently (June 30, 2023) out for comment.

The goal for CDRT in FY 23 and in the years to come will continue to be to reduce the number of child deaths in the state of Illinois. The CDRT completes an annual report that is provided to the governor, General Assembly and the people of Illinois. The CDRT members are appointed by the DCFS Inspector General and are not under the purview of the department. The 2020 Child Death Review Team Annual report should be out in mid-summer, 2023.

The 2019 Child Death Review Team annual report is complete and may be accessed here: ([https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/about-us/reports-and-statistics/documents/CDRT\\_2019.pdf](https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/about-us/reports-and-statistics/documents/CDRT_2019.pdf))

The Office of the Inspector General also conducts a review of child death cases in Illinois. The annual report can be found at: [https://www2.illinois.gov/dcfs/aboutus/OIG/Documents/OIG\\_Annual\\_Report\\_2022.pdf](https://www2.illinois.gov/dcfs/aboutus/OIG/Documents/OIG_Annual_Report_2022.pdf)

The Office of the Inspector General makes recommendations in response to each of the cases reviewed and these are included in the report. The Office of the Inspector General also promotes error reduction and provides several resources to prevent harm to children that can be accessed by DCFS and private agency staff on the internal D-Net web page. The resources include information about safe sleep practices, child developmental chart, advising parents on difficult phases of child development, talking with medical professionals, safe sleep scenarios, parenting guides, information about brain development and information about bruising.

Attached here are the Hyperlinks for a ‘CDRT Update in June 2023’, the ‘Sudden, Unexpected Infant Death Registry’ from Cook County and the hyperlink for the ‘Safe Sleep’ guidelines developed as a result of CDRT efforts.



CDRT Update for  
QA Staff June 2023.p



2019 SUID Case  
Registry\_Cook Coun

<https://www.dhs.state.il.us/page.aspx?item=146357>

The Safe sleep guidelines were a result of a joint effort by multiple parties (below)”

### Participating Agencies

Many agencies across Illinois have come together to make Illinois Safe Sleep Support possible:

- [CCH Project CHILD/UIS](#)
- [Chicago Department of Public Health](#)
- [Cook County Health](#)
- [Illinois Chapter, American Academy of Pediatrics](#)
- [Illinois Department of Children & Family Services](#)
- [Illinois Department of Human Services](#)
- [Illinois Department of Public Health](#)
- [Illinois Perinatal Quality Collaborative](#)
- [Illinois State Board of Education](#)
- [Illinois State Police](#)
- [Office of the Governor - Illinois](#)
- [Sudden Infant Death Services \(SIDS\) of Illinois](#)
- [Rush University Medical Center](#)
- [University of Illinois Chicago](#)

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

The Illinois Department of Children and Family Services (DCFS) administration, in conjunction with the Illinois’ Governor’s office, formed the Crisis Intervention Team (CIT) in June 2019 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 by child protection and operations administrators.

DCFS Quality Assurance (QA) supported the coordination of CIT case reviews. Reporting within the Operations, Clinical and Child Protection divisions began in June 2019 to support an internal continuous quality improvement process. In September 2019, the lead role in the CIT special focus review process shifted from Operations to QA. An interdisciplinary writing team was created to assess the incoming referrals. The CIT special review writers were made up of DCFS Quality Assurance reviewers with various service specialty backgrounds, academic staff and contracted DCFS psychologists. DCFS Administration referred cases to the team based on:

- Investigations that involved a child fatality or egregious acts of abuse/neglect.
- There was a significant prior history with DCFS child protective services.

Immediate reviews were completed at the field level to identify actions to be taken by child protection managers.

For FY 22, 148 children in 148 families were referred to the CIT for assessment and review, approximately half of which were comprised of sleep-related fatalities. One case reviewed was for egregious maltreatment and not a fatality. The remaining referrals included fatalities related to blunt force trauma/head injury (14), smoke inhalation (6), suffocation (1), drowning (9), overdose (7), gunshot (7), stabbing (1) and hypothermia (2).

The Crisis Intervention team submits a Quarterly Special Focus Review that provides demographic data on referred families, underlying conditions, prior involvement and opportunities for growth to offer further areas of possible learning and support for the field. Each case review and analysis included a review of the current child protection investigation considering:

- History of all documented child protection and service intervention with the family.
- Past safety/risk identification.
- Quality service delivery and past child protection issue resolution.
- Past/current barriers to service provision.
- Timely linkage to services or juvenile court involvement.
- Safety of the surviving child(ren), if applicable.

As noted, an “Areas of Focus” section was included in each summary, providing opportunities for administration and managers to examine and support:

- Ongoing case management practices.
- Supervisory practices, guidance and documentation.
- Clinical assessments.
- Therapeutic interventions.
- Effectiveness of past interventions.
- Professional development areas for front line staff.
- Systemic issues impacting service provision.

While there is much to be learned from the many deaths cases the CIT has reviewed 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.

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 has begun to see an increase in attendance. Grand Rounds attendance in FY 22 averaged about 20 per session with a total of eight sessions. For FY23 there have been 191 participants in attendance at Grand Rounds. It was recently decided that Grand Rounds would be consistently held in January, April, July and October on the second week of the month. It is hoped that setting a more consistent schedule will help promote greater attendance at the event. Please note that each Quarterly Grand Rounds covers a different case.

Additionally, in FY 2023, there has been a focus in presenting our findings in larger meetings. So far (YTD) Information has been shared in various settings with a total of 667 people in attendance. These meetings consist of leadership from Division of Child Protection, Division of Intact Family Services, Child Death Review Team, Division of Learning & Professional Development, Division of Permanency and Clinical.

Please see attached Power Point with 4<sup>th</sup> quarter of SFY 2023 data about the CIT process and findings.



Q3withnotes.pdf



4TH qrt fy23.pptx

**C5B - MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2)**

- ***Briefly describe the services provided since the submission of the 2023 APSR. Highlight any changes or additions in services or program design for FY 2024 and how the services assisted or will assist in achieving program goals, including efforts to target services to previously underserved populations.***
- ***Provide an update to 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.***
- ***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).***
  - ***The geographic areas where the services will be available.***

***This information may be provided on the CFS-101 forms (Attachment B). The CFS-101 Part I calculates the percentage of FY 2024 title IV-B, subpart 2 funds the state will plan to spend on actual service delivery with a rationale for the decision (section 432(a)(4) of the Act). If applicable, the state must provide an especially strong rationale if the percentage provided for any one of the four service categories is below 20%.***



The program categories listed below are consistent and synonymous with the program categories described in prior APSR submissions:

- 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.

### **Family Preservation Services**

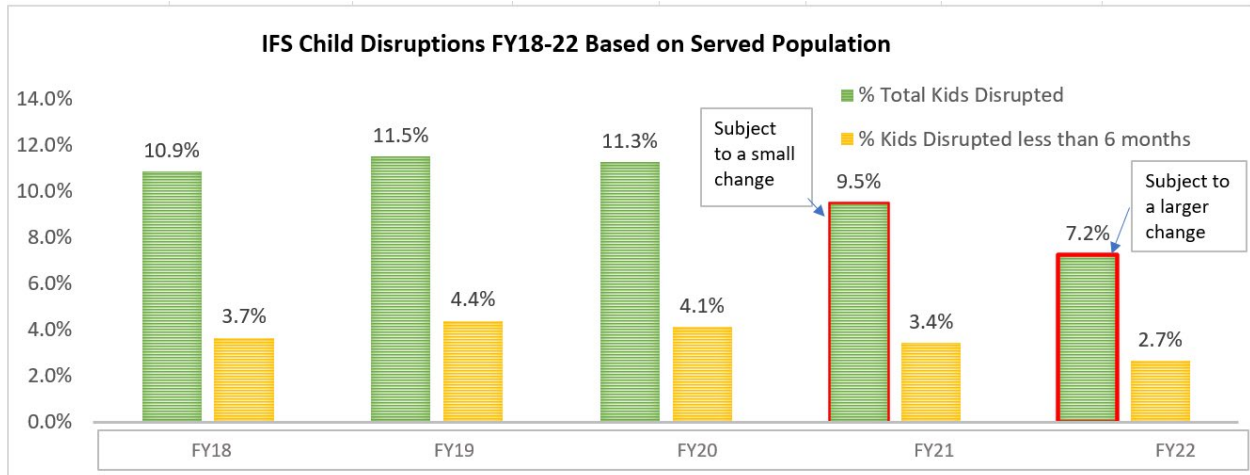
#### **Intact Family Services**

The Intact Family Services (IFS) program is designed to work with families voluntarily who have come to the attention of the Department of Children and Family Services (DCFS) as a result of an indicated finding from a child abuse/neglect investigation, as a result of an unfounded investigation, if approved by the Office of Intact Family Services, a child welfare services referral or involuntarily when ordered by the court to provide services as defined in Procedure 302.388. IFS are meant to provide reasonable efforts to preserve families to enable children to remain safely at home and avoid separation and/or placement of the children. Primary components of this performance driven program include:

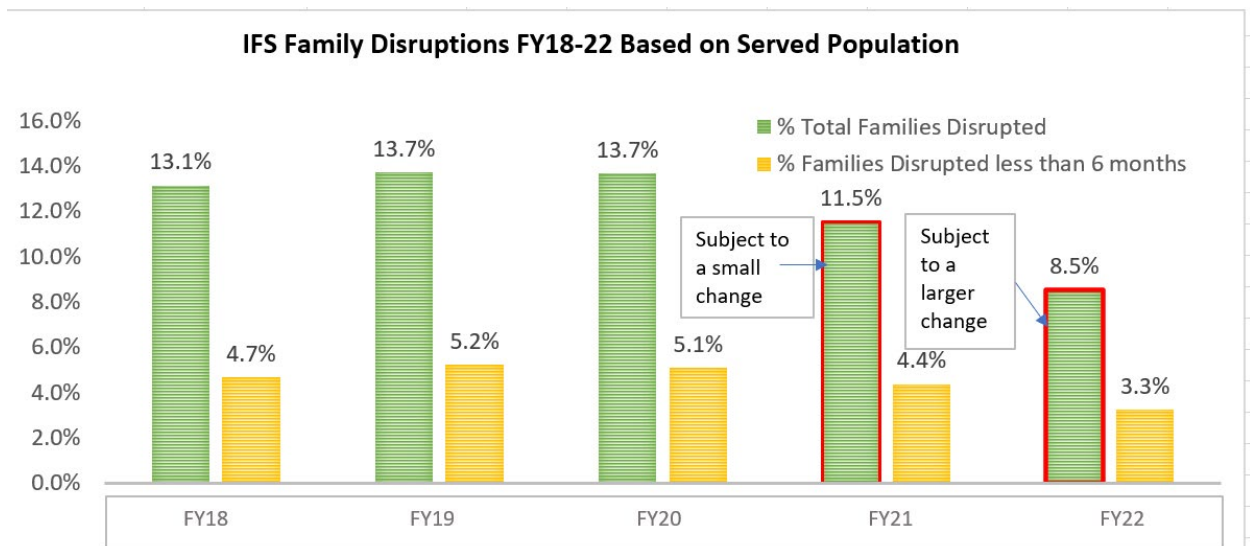
- Professional assessment of family issues that led to the department's involvement.
- Provision of direct intervention, coordinated services and linkage to community services.
- Monitoring of safety and well-being of children, including report to hotline if immediate safety issues are present.

IFS is a statewide program and services are provided by DCFS staff and Child Welfare Contributing Agencies (CWCA) staff. Some of the improvement measures taken by the Intact program in the past fiscal year:

- Reviews of cases open more than one year have continued throughout the last year. The number of cases open longer than one year seems to have plateaued which would indicate that the project has successfully ensured that cases are not lingering unnecessarily in the child welfare system.
- Unsuccessful case closure (UCC) reviews continue to occur for both DCFS and CWCA. This past fiscal year there has been an increase of referrals on unfounded reports which correlates to an increase in the number of unsuccessful case reviews that are occurring. Over 50% of our UCCs are families voluntarily withdrawing from the program.
- DCFS began doing focus reviews on all families that have a medically complex child residing in the home, regardless of whether the family came to the attention of the department due to medical neglect. These reviews have helped shape procedure when working with a family where there are medically complex needs. Early findings have found that there is a benefit in having an identified CWS who can become an expert in medical issues and resources.
- Privatization of the child welfare service program and provided training to 11 agencies.
- Data has been collected regarding intact disruptions and the data is showing that these continue to be on the decline (see graphs below).

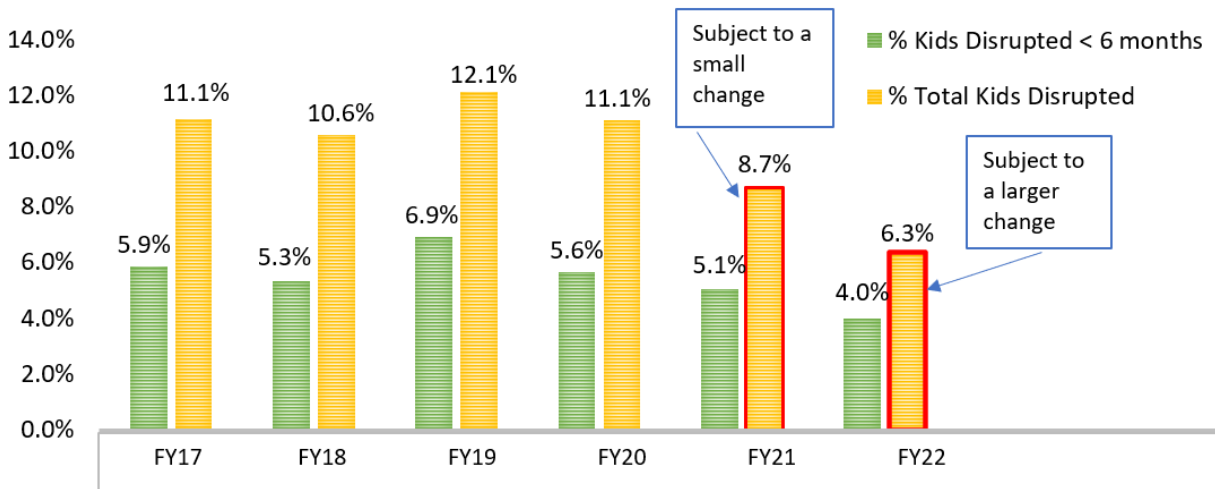


- Based on the data, intact disruption have been declining since 2019.
- FY 22 is still under review based on the number of casess still open (199).
- The percent of kids disrupted less than 6 months has been declining since 2019, this number will not change.



- Same as above, but graphed by family disruptions versus child disruptions.

### IFS Child Disruptions FY17-22 Based on Entry Cohort

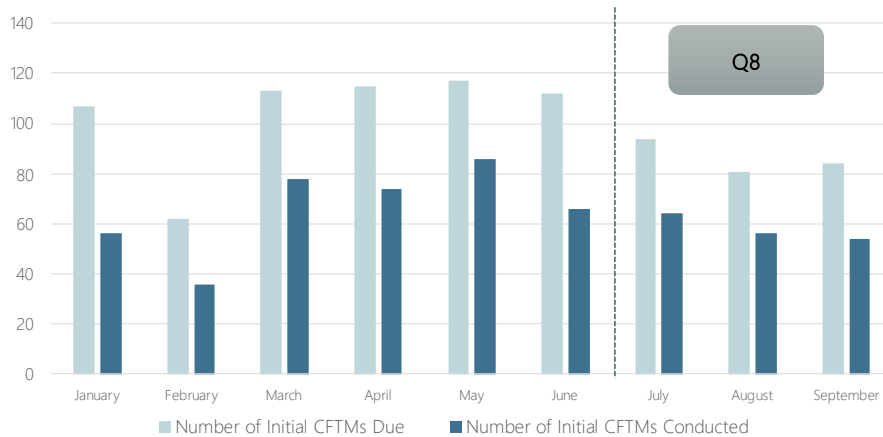


- Based on family entry into the program, intact disruptions are on the decline.
- Whether the data is by entry cohort or served population, the numbers remain consistent with one another.

Intact will continue to look at these statistics by region and by provider to determine trends.

In FY23, IFS partnered together with the Center to complete the Cook CFTM Intact pilot. In this pilot CWCA and DCFS intact caseworkers focused on implementation of CFTMs. As a result of the CFTM pilot in Intact Family Services, an increase in the number of CFTMs have increased and families that completed surveys reported they could select their own goal (see charts below). Given the low response rate, these results should not be considered as representative of the perspectives of all parents served in Intact Family Services.

### OCCURRENCE FREQUENCY OF INITIAL CFTM MEETINGS, 2022 (Q8 SACWIS, N=259)



## FAMILY ENGAGEMENT

PERCEPTION BY PARENTS OF INVOLVEMENT & VOICE IN THE CFTM PROCESS  
Q8 2022  
(PARENT SURVEY, N=15)



Recently, the intact CFTM implementation team created a Partner Engagement Workgroup. The intent is to recruit community partners, lived experts and other pertinent child welfare partners to the table to inform this effort and increase collaboration. This effort will continue during the next phase of work, with the goal of folding in the Permanency pilot. Leveraging these opportunities and/or identifying new ways of authentically engaging the community and lived experts, is crucial to informing CFTM implementation and creates building blocks for CFSR round 4. The Center for States will continue to provide:

- Training, supervision and coaching to improve CWCA and DCFS intact supervisors and workers skills.
- Support CFTM data collection and outcome reviews.
- Project evaluation development support and assist DCFS in building an evaluation plan for their increasing family and youth/child engagement through Implementation of CFTMs.
- Guidance in the development of an implementation plan to strengthen practice and improve outcomes with IFS in Cook County.

### **Family First**

The focus of the intact program has been the integration of the Family First Prevention Service Act (FFPSA) plan. Through this plan, families receiving IFS may be eligible to receive evidence-based intervention to address parenting and mental health needs. The plan has increased the capacity to deliver community-based interventions and improved the service planning process for Intact cases. Therefore, families who receive IFS, are eligible for a child-specific prevention case plan and for evidence-based interventions supported by FFPSA.

## Estimated Number of Children or Caregivers for Each Population to be Served by the Family First Prevention Services Plan

Intact Families Served:

State Fiscal Year	Intact Cases	Children Served
<u>2020</u>	<u>9,241</u>	<u>23,100</u>
<u>2021</u>	<u>9,896</u>	<u>24,636</u>
<u>2022</u>	<u>9,819</u>	<u>24,245</u>
<u>2023</u>	<u>9,651</u>	<u>23,993</u>
<u>2024</u>	<u>4,017</u>	<u>10,083</u>

As of May 12, 2023, 1,465 referrals have been submitted through the provider portal. There are several identified areas that are delaying the process of referrals. The total number of clients served under Family First thus far is 1,252 through 31 Community Based Providers. Intact families continue to be the largest population served.

### Family Support (Norman Services)

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.
- Expedited enrollment for Temporary Assistance for Needy Families (TANF) allows families apply for TANF 90 days before their children are returned home.

### Cash Assistance

Between SFY2017 and SFY 2022, DCFS has authorized 107% more cash assistance to 63% more families (\$1,913,392.92 to 2,184 families compared to \$3,952,855.91 to 3,558 families). DCFS has been able to keep up with the increase in Norman Cash Assistance utilization by authorizing more money to CAP contracts. DCFS continues to increase the use of this program. During the first ten months of FY23 (July 1, 2022 through April 2023), DCFS staff have already authorized \$4,240,913.24 in cash assistance to 3,545 families. In other words, DCFS has already authorized more cash assistance in the first 10 months of FY23 than we did during the entire FY22 fiscal year (which had been our biggest total to date).

### Housing Advocacy

Between SFY2017 and SFY2022 DCFS provided HAP services to 61% more families (1,109 compared to 1,785), This increase would have been greater, but DCFS has had a harder time keeping up with the increasing demand for HAP services as there have been struggles to create new contracts with new providers. In FY21, we increased the hourly rate we pay contract housing advocacy providers by 15%. This has made it easier for the department to start new contracts with more agencies. We have started contracts with three new providers in Chicago, Jacksonville and Waukegan in FY23 and have already identified three new providers in East St. Louis, Maywood and Olney and hope to start new contracts with them in FY24. There are a few reasons for the increased popularity of HAP services.

- A new program monitor has increased training to housing advocates, allowing them to be better equipped to meet the needs of DCFS involved families.

- Housing advocates have been able to successfully divert families from becoming homeless even when they cannot afford to obtain or maintain their own housing.
- DCFS hired a Family Unification Program (FUP) liaison. FUP provides a housing choice voucher (also known as Section 8) to DCFS involved families living in inadequate housing. The FUP liaison has increased relationships with local housing authorities ensuring that FUPs across the state are close to capacity. This causes an increase in HAP utilization since every family referred to FUP must be served by a housing advocate, Sixteen housing authorities in Illinois currently administer FUP.

DCFS has worked to fund new providers and now covers all areas of the state. There are currently 19 housing advocacy providers located in 28 offices around the state. The Housing Advocacy Program (HAP) serves both families certified into the Norman Class and youth who are aging out, or have aged out, of DCFS care. Services are available in all counties of the state unless providers are at capacity.

During the pandemic, the HAP providers had a hard time hiring housing advocates and keeping them employed. This often limited our ability to refer Norman families in FY21. If the HAP providers hire more housing advocates, we believe we will serve more than 2,000 families (for the first time ever) in FY24. During the first ten months of FY23 (July 1, 2022 through April 30, 2023), DCFS has already paid the Norman contracted housing providers \$1,540,962.75 for serving 1,620 families.

DCFS has a specialized program monitor for all of the housing advocacy providers. She provides training quarterly to the providers as well as new-hire training at least once per year. She conducts case file reviews on 18 of the 19 housing advocacy providers (the program monitor works for one of the housing advocate providers, Housing Opportunities for Women). The previous program monitor, who is now a DCFS employee, monitors Housing Opportunities for Women.

### **Family Unification Program**

The Family Unification Program (FUP) is funded by the United States Department of Housing and Urban Development (HUD) and administered by local housing authorities who have received funding through very competitive applications to receive FUP funding. FUP serves two populations:

- DCFS involved families with children who are in danger of being placed in or cannot be returned home from DCFS care due to inadequate housing.
- Youth who are aging out or have aged out of DCFS care and are homeless or at risk of becoming homeless.

DCFS works closely with local housing authorities to help them successfully apply for funding. While DCFS does not receive federal funding for this population, we have included this information to demonstrate the steps DCFS takes to coordinate with other systems to leverage funding to prevent placing children in DCFS care and to return children home.

The following table provides the housing authorities in Illinois that currently operate FUP and the number of FUP vouchers each housing authority has.

<b>Housing Authority</b>	<b>FUP vouchers</b>
Chicago	751
Cook County	189
DuPage County	105
Joliet	49
Kankakee County	26
Lake County	285
Madison County.	21
North Chicago	5
Rock Island	25
Rockford	36
Springfield	62
St. Clair County (from ESLHA)	95
Vermillion County	16
Waukegan	33
Williamson County	24
Winnebago County	51
<b>Total</b>	<b>1773</b>

In FY21, DCFS hired the FUP liaison. The FUP Liaison refers all families to FUP and meets with housing authorities accepting referrals for FUP at least quarterly. She meets with some of the larger housing authorities twice per quarter and the largest housing authority (the Chicago Housing Authority) weekly. At these meetings, the FUP liaison, the local housing authority personnel and the housing advocate discuss families referred for a FUP voucher. They try to identify and resolve any barriers to the client being successfully housed through FUP. This increases the likelihood that the client will be successful in the program.

HUD has not released new FUP funding for a few years (until just this year when applications are due May 25, 2023). DCFS assisted the Champaign, Chicago, Peoria, Springfield and Winnebago County housing authorities apply for FUP in May 2023. This has made it more important than ever for the DCFS FUP liaison to track client utilization of the program. If a family or youth drops off the program, the DCFS FUP liaison can refer another family or youth to the program. Now that HUD administers the Fostering Youth to Independence Program (see Section 5E, below), the department is helping housing authorities apply for FYI vouchers. By increasing the number of FYI vouchers, we can refer more families to FUP when a youth drops off or graduates from FUP.

#### Response to the Pandemic

The state responded to the pandemic by dramatically increasing state funding for Norman CAP. Most of the increase in spending over the past year is to help families with rent arrears. Although some services are provided virtually, the pandemic has not altered our ability to serve families.

#### Last Year's Goals

- DCFS planned to add two more housing advocacy providers in FY22. Met: We started contracts with three additional housing advocacy providers. We serve every county in the state.
- The FUP Liaison has increased the number of meetings with local housing authorities to ensure that local housing authorities receiving FUP funding are at or close to capacity.

### Goals moving forward

- Increase the number of full-time “Norman liaisons” to handle the increase in Norman Cash Assistance referrals.
- Continue to increase the use of Norman Cash Assistance in FY24.
- DCFS plans to add three more housing advocacy providers in FY24. DCFS identified providers located in East St. Louis, Maywood and Olney, as these areas are currently underserved.
- Hold quarterly housing advocacy trainings and hold at least two new-hire trainings in FY24.

### **Evidence-Based Interventions**

There has been engagement and outreach activities done to increase referrals for all EBI providers which began in April 2021. The regional implementation support specialists began by making direct contact with contracted Intact Family Services providers and DCFS Intact Family Services. The five evidenced based interventions which have expanded capacity throughout the state were reviewed. The Family First interventions are:

- Positive Parenting Program (Triple P).
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT).
- Child Parent Psychotherapy (CPP).
- Nurturing Parenting Program (NPP).
- Multi-Systemic Therapy (MST).
- Healthy Families America (HFA).

As of May 12, 2023, 1,465 referrals have been submitted through the provider portal. Of those, 103 appear to have been appropriately submitted. There are several identified areas that are delaying the process of referrals. The total number of clients served under Family First thus far is 1,252 through 31 Community Based Providers. Intact families continue to be the largest population served.

Each of these programs has intake criteria specific to the services offered. For example, Positive Parenting tends to focus toward parents with pre-teens and teens; trauma focused is a response set intervention with children and youth who have experienced trauma and is a ‘healing’ approach; Healthy Families America is a home health visitor program geared primarily toward pregnant women and mothers with younger children. Nurturing is oriented toward families with infants and toddlers and oriented toward parent child interaction.

### **Motivational Interviewing**

Motivational Interviewing was introduced as an additional support. The key elements are implementation activities, vision and core practice model which are firmly rooted and grounded in the department’s focus on safety, permanency and well-being as it relates to the children, youth and families served. Motivational Interviewing is collaborative, goal oriented and strengthens personal motivation, and it partners with the caregiver to create action plans.

Since November 2021, there have been 1809 staff who have completed FFPSA Motivational Interviewing training. With the extension of this training requirement to investigators and supervisors, there are more staff with the need to enroll and complete training, with the following number of staff in each division completing training:

- Investigators: 121 (15%).
- Intact 1310 (85%).
- Placement 378 (73%).



There has been a total of 25,855 notes where at least 1 MI Technique was identified as being employed, an increase of over 23,000 notes since 2021.

- Northern region – 7878 (30%).
- Central region - 6071 (23%).
- Southern region – 5956 (23%).
- Cook – 4035 (16%).
- Other (regional information not available) – 1915 (8%).

### **SAFE Model**

Chapin Hall provided a Systemic Review of Critical Incidents in Intact Family Services to predict death/serious/egregious harm among children receiving Intact Family Services (IFS) during the IFS episode or within one year of the IFS episode. From this analysis, agencies were provided with a list of characteristics to identify cases at the greatest risk of severe harm. This review highlighted the need for a safety assessment that could capture these families that are at highest risk of severe harm. Due to the corresponding development of the new CCWIS system, SAFE Practice Model implementation will be integrated with CCWIS implementation over the next few years. The SAFE Model has been built into intake and policy and will go live for those areas of practice on October 9, 2023. Call floor staff are doing training for both IllinoisConnect and SAFE in the months of July and August 2023. Policy is in DRAFT form and is currently (June 30, 2023) out for comment.

DCFS Administration participated in an introductory bootcamp of the SAFE model to ensure they had an underlying knowledge and understanding of the model, its implications on upcoming practice and how to effectively message the changes and the model to staff.

### **Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act.**

- ***Provide a final update about how the FY 2021 supplemental funding from Division X was used to strengthen the services provided by the state under the PSSF program.***
  - ***Describe any challenges or barriers the state faced in being able to use these funds.***
- The supplemental funding, like regular appropriations, is subject to a requirement that a significant portion be spent on each PSSF service area. If the amount of supplemental funding used for each service category did not approximate 20% of the supplemental grant total, provide an explanation for the disproportion used in any of the service areas.***

Prior to DCFS' knowledge of the \$3,234,488 Division X Supplemental Funding for the Title IV-B subpart 2 PSSF program, DCFS had already committed to significant increases in post adoption, family preservation and family reunification services as part of the transition to FFPSA. Not only were services expanded but the prior grant model was being converted to Fee for Service, evidence-based interventions. There was no issue to fully use the entire supplemental grant as illustrated below:

	FFY 2021	FFY 2020	Spending Increase
FFY 2021	Expenditures	Expenditures	FFY 2021 vs 2020
Adoption Promotion and Support Services	\$ 13,594,320.13	\$ 8,633,721.13	\$ 4,960,599.00
Community Based Family Support	\$ 6,595,033.66	\$ 7,110,674.50	\$ (515,640.84)
Family Preservation	\$ 66,223,925.31	\$ 55,853,951.68	\$ 10,369,973.63
Family Reunification	\$ 18,341,912.51	\$ 14,708,330.76	\$ 3,633,581.75
Total	\$ 104,755,191.61	\$ 86,306,678.07	\$ 18,448,513.54
			21.4%

Note: Even though there was a small decrease in “Community Based Family Support”, there was still sufficient qualifying expenditures to maintain a minimum usage of at least 20% across all four PSSF categories.

**Service Decision-Making process for Family Support Services**

- ***In the 2024 APSR, provide an update on the agencies and organizations selected for funding to provide family support services and how these agencies meet the requirement that family support services be community-based. CB urges states to examine where family support services are in communities and the degree to which they are or could be made more accessible to traditionally underserved populations.***

Intact Family Services and Extended Family Support Services are provided throughout the state in all communities. Providers are in all regions of the state and the services are primarily provided in the family home, which ensures accessibility for underserved populations. The Family Advocacy Center Directory shows the locations of the programs in several areas of Chicago, suburban communities and several of the larger towns and cities throughout the state. The directory can be accessed here: [family-advocacy-center-directory.pdf \(illinois.gov\)](http://family-advocacy-center-directory.pdf(illinois.gov))

Adoption preservation services are also provided throughout the state through contracts with non-profit agencies in all regions of the state to make services accessible to those in need. These resources can be accessed here: [CFS 1050-45 Post A-G Services.pdf \(illinois.gov\)](http://CFS 1050-45 Post A-G Services.pdf(illinois.gov))

**Populations at Greatest Risk of Maltreatment**

- ***In the 2024 APSR, provide an update noting any changes or emerging trends in the populations the state has identified as at greatest risk of maltreatment and how services will be targeted to these populations during the coming year.***

1. Services targeted in next five years.
2. Services for children under age 5.

In keeping with the Erikson Institute of Child Development’s mission to use knowledge in the service of children and promote equitable access to responsive resources and support, the DCFS Early Childhood Project began in 1998. This groundbreaking collaboration between Erikson Institute’s Graduate School in Child Development and Illinois Department of Children and Family Services (DCFS) sought to increase access of child welfare involved children and families to early childhood services.

The Erikson DCFS Early Childhood Project’s expertise includes child development, attachment, family centered assessment, the impact of trauma on young children and knowledge of systems that serve

children. The Erikson Institute DCFS Early Childhood Project brings this expertise to their partnership with the child welfare system with the goal of identifying the developmental, medical and emotional/mental health needs of child welfare involved young children and their families and connecting them to support. These efforts meet Erikson and DCFS's shared goals of promoting child well-being.

The Erikson Institute's understanding of the centrality of the relationship between a young child and their caregivers led to the work of the Project being relationship based. This means all Early Childhood Project staff provide flexible, empathic, Individual support to families, early childhood providers and child welfare professionals to support effective engagement of families in early childhood services and identify barriers to engagement. The Erikson Institute DCFS Early Childhood Project serves all young children in care birth through 5 years of age; and all young children birth to 3 years of age in Intact Family Services.

In FY 22 (July 1, 2021-June 30, 2022), the Erikson institute DCFS Early Childhood Project performed individual outreach to the case managers of 8,103 children to support assessing the needs of the family and young children and linking to needed service. The Project served 5,993 (74 %) of these children through:

- 1303 relationship-based referrals to early intervention.
- 202 relationship-based referrals to special education.
- Offering supported referrals to 804 families with 234 completed referrals.
- Provided community screening resources to case managers for 2350 children.
- Attended 230 Clinical staffings and consultations for young children birth to 5 in care who are at risk of placement disruption or needed additional services; and completed case reviews and recommendations for an additional 158 young children's staffings when they could not attend.
- Scheduled 1,165 assessments and completed 759, even while down three assessment staff.
- The DCFS Integrated Assessment Program provided an additional 1,001 young children in care birth to 5 developmental screenings as part of a full family assessment when they entered care.
- The Project provided 61 trainings to child welfare and early childhood providers, including developmental screening training for the DCFS Integrated Assessment Program and Child Parent Psychotherapists.
- Erikson DCFS Early Childhood Project staff partner with case managers and parents and caregivers to build bridges, frame referrals around the concerns expressed by parents and case managers and offer guidance as to what the services can help with. The Erikson DCFS Early Childhood Project also works closely with the providers who families are referred to help them understand the challenges these vulnerable families face and how those may interfere with engagement. In FY 22 the Project provided 2,510 consultations to child welfare professionals.
- The Erikson Institute DCFS Early Childhood Project seeks to encourage equitable access to services by helping to increase family understanding of service benefits and respecting families' voice regarding their service choices. Post-referral follow-up and troubleshooting is also provided for children who are referred to early intervention services to ensure that these services are put in place. The Project collects data on these efforts to support linkage and engagement. Thus far in FY22, the Erikson Institute DCFS Early Childhood Project has facilitated 1,303 referrals to DHS Early Intervention for children in care. As part of these efforts, the Project not only assured referral to DHS Early Intervention, they followed up with DHS Early intervention to assure that the caregivers of the child engaged with the dhs early Intervention Service Coordinator. The Project also provided re-referral and connected case managers, caregivers and DHS Early Intervention staff when the evaluation process was interrupted or failed to occur. Issues such as caregivers and placement changes, agency changes

or interruption in services due to family issues. These barriers were addressed through connecting Early Intervention with the appropriate caregiver and/or professionals.

- The Erikson Institute DCFS Early Childhood Project has attended 223 DCFS CIPP staffings thus far in FY22 to offer early childhood consultation and supported linkage to early childhood services when needed. The Project provided additional support in the form of 158 case reviews at the request of child welfare teams. Many of the young children in care who receive clinical staffings are between 4 and 6 years of age, and the project works to help identify needs for further assessment and services revealed by the clinical staffings. Something learned from the participation in the staffing process is that between four and five years old is a difficult age range to find services for, as school-based services serve only to address issues in the educational environment. To receive additional specialized services requires going through the primary care physician for a prescription and one that prescription is and there are shortages of providers of mental health, occupational therapies, ABA, DIR Floortime and other specialized services for young children. This is not a child welfare problem, rather it is a reflection of the need for workforce development in those offering needed services for the myriad of issues 4- and 5-year-olds present.
- Focusing on assuring 4- and 5-year-olds in care receive the specialized support they need in the educational environment is a focus of the Erikson DCFS Early Childhood Project. In FY22 the Erikson Institute DCFS Early Childhood Project directly facilitated 146 direct referrals for case study evaluations through Chicago Public Schools for children in care 3 to 5 years of age to determine if they needed early special education services. The Project supported case managers in making referrals for case study evaluations for an additional 277 young children in care at school districts across the state. These efforts include staff creating partnerships with the 25 agencies statewide who administer DHS Early Intervention, the Chicago Public School system and case managers. Additional information about quality improvement efforts and efforts to address trends for young children by the Erikson DCFS Early Childhood Project, as well as cross system relationship building may be found in other sections of this document (1a. Collaborations, with stakeholders, 2. Update to the Assessment of Current Performance, 5a.iii Services for Children Under the Age of Five) and 5b.v. Populations at the greatest risk of maltreatment)

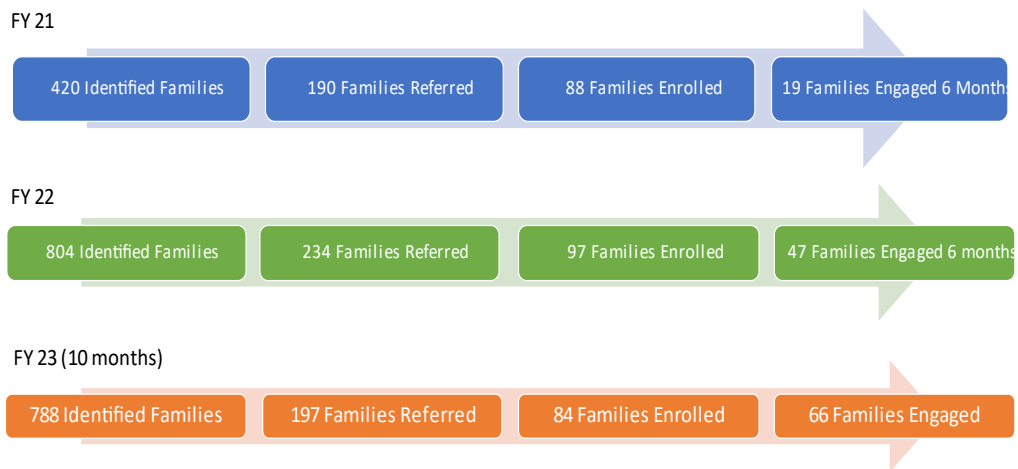
As of the writing of this document, incomplete data is available for FY 23. This is because the Erikson DCFS Early Childhood Project accepts referrals with case opening dates as recent as 6.30.2023. Given it takes time to offer service, a full accounting of the outcomes of a full fiscal year of children served cannot be made until all cases are completed and closed, which happens in December. Partial information about the FY 23 services offered by the Erikson DCFS Early childhood Project indicates the Project has served 4708 young children in 3919 families. Services offered thus far include 788 supported referrals to Early Intervention and 288 referrals of 3- to 5-year-olds for early childhood special education. It also includes referrals of 322 4- and 5-year-olds to early education programs.

As is the case nationally, Illinois is serving more young children in its child welfare system. Given the knowledge obtained in the last twenty years about the long reaching impacts of abuse or neglect during early childhood, the fact that young children are unable to self-protect, the population that remains at greatest risk are young children under age 5. Details of the services offered by DCFS to this population at greatest risk of maltreatment, through a partnership with the Erikson Institute of Child Development.

Please see *'Services for Children Under the Age of 5'* (Pages 132-138).

To continue to improve supports for young children in the next five years, DCFS is devoting additional resources to an effort begun in 2020 to expand access to infant and early childhood home visiting services for the young children at the greatest risk. Over the next five years, DCFS plans to nurture this home visiting effort, which includes partnerships with Maternal Infant and Early Childhood Home Visiting (MIECHV) at the Department of Human Services (DHS) and home visiting programs funded by the Illinois state Board of Education. This cross-agency partnership, which stretches across the state, has resulted in the Erikson DCFS Early Childhood Project partnering with 102 agencies who provide home visiting to support child welfare involved families in accessing these services. Efforts to track both how referrals move through this process, as well as barriers to enrollment, have been tracked. Below is a chart noting the progress of families identified as eligible for home visiting and the outcome of their supported referrals:

## Outcomes when CW involved families are offered Infant and Early Childhood Home Visiting



There is a substantial drop between the families offered home visiting and those who choose to consent to the referrals. Reasons families decide NOT to move ahead with home visiting are going to be studied under the Chapin Hall managed CQI activities. There is also a drop off from families who do move forward with the referral and those who successfully enroll. In response to the barriers which prevented families from enrolling, the following systemic changes were made:

- All Healthy Families Illinois programs now have child welfare protocol that increases eligibility from 3 months old by majority of programs to now 2 years of age of child.
- DFSS (the funder of many home visiting programs in the city of Chicago) has agreed to lift documentation requirements and allowed two months of engagement while families obtain documents rather than requiring documentation prior to enrollment for child welfare referrals.
- Federal funding requirements PROHIBIT agencies who offer day care and home visiting from allowing families to make use of both federally funded programs.
- Early Head Start will accept enrollment with only financial determination documents rather than additional requests such as medical card or health records.

Joint Funders provided statements that child welfare referrals should be priority, which means that if there is a waitlist, families referred by the Erikson DCFS Early Childhood Project can be there first. They

also require providers, who previously were not letting us know they had waitlists, to notify the Erikson DCFS Early Childhood Project so alternate providers could be located for a family

Please see ‘Services for Children Under the Age of 5’ (Pages 132-138)

**Kinship Navigator Funding (title IV-B, subpart 2)**

***In the 2024 APSR provide an update on:***

- ***How the kinship navigator program is being implemented (directly or contract to a third party).***
- ***How the state has used FY 2022 funds to implement or evaluate its kinship navigator program.***
- ***How kinship caregivers are made aware of kinship navigator programs and resources (e.g., through a kinship navigator hotline and/or resource website).***
- ***The accomplishments achieved with use of the funds appropriated in fiscal FYs 2018 – 2022 to develop, enhance, expand or evaluate kinship navigator programs in the state, including, if available, an estimate of families served in the previous year.***
- ***Information on the state’s plans for participating in the title IV-E kinship navigator program.***

**Extended Family Support Program**

The Extended Family Support Program (EFSP) is a statewide program that provides services to stabilize the home of a relative who has been caring for a relative’s child for more than 14 days. The program serves relative caregivers caring for children who are not part of the child welfare system. (DCFS already uses state funding to serve unlicensed relative caregivers caring for children who are part of the child welfare system. These caregivers receive many of the same services that licensed foster parents receive.) The services aim to avoid involvement of both the child and relative in the child welfare system. The program provides services through twelve contracted private agencies located in 22 different offices throughout the state. Services provided by EFSP include:

- Assistance with obtaining guardianship in the local probate court.
- Assistance with obtaining a child only grant, subsidized day care and other entitlements.
- Assistance with enrolling children in the school district where the relative caregiver resides.
- Referrals for other services.
- Cash assistance for items needed to care for the child and fees to obtain guardianship.

Typically, the program serves families for six months. However, the length of time that the provider serves the family depends on what services are requested. Relative caregivers seeking guardianship typically take more than six months to obtain guardianship.

In FY23, DCFS contracted with 12 agencies located in 22 different offices to provide EFSP Services. The number of referrals made to EFSP slowed during the pandemic. However, we believe the number we will refer in FY23 will return to pre-pandemic levels. In FY20, we referred 707 families for services. In FY21, we referred 665 families for services. We referred 748 families in FY22. In FY22 providers billed \$913,139.27 for services provided to relative caregivers. We have already referred 675 referrals in FY23 (July 1, 2022, through May 11, 2023). We anticipate referring more than 750 families in FY23.

Our providers reported that 83 relative caregivers already obtained guardianship in FY23. However, providers don’t report until after the case is closed and we are still obtaining closing reports for cases referred in FY23 and believe the number will increase greatly as the caregivers referred towards the end of FY22 and FY23 are served. Program rules do not let us assist all relative caregivers obtain guardianship (e.g., when a parent objects or when a person in the home has been convicted of a violent crime). Closing

reports submitted so far in FY23 show that of the relative caregivers that DCFS approved the private provider to assist obtain guardianship, 59% obtained guardianship. Most of the remaining families did not want guardianship.

### **The Kinship Navigator Ombudsperson**

In FY20, DCFS hired a kinship navigator ombudsperson through a contracted agency. She has worked with the Department on Aging (DoA) to reconvene the Kinship Navigator Task Force (KNTF, formerly referred to as the Grandparents Raising Grandchildren Taskforce). KNTF tries to educate caregivers and advocate and to resolve barriers to services for relative caregivers, including those listed in the paragraph above. The KNTF currently meets the second Monday of January, April, July and October. She will also support the DoA's kinship caregiver support groups. She is the program monitor for 11 of the 12 contracted EFSP Provider agencies (one provider is also her employee so another staff to monitor that contract). She has conducted evaluations on the providers in hopes of improving services for EFSP clients.

The KNO meets with the Department on Aging monthly which funds kinship caregiver support groups. The KNO also created the Kinship Navigator Task Force (KNTF) in FY21. The KNTF provides information to relative caregivers as well as their advocates and services providers on topics important to relative caregivers. These topics included:

- EFSP.
- The Illinois Department on Aging's Grandparent Raising Grandchildren Program.
- The Child Only Grant.
- Legal issues pertaining to guardianship.
- Enrolling children in school.

She also holds quarterly statewide EFSP meetings for supervisors and administrators on the second Monday of March, June, September and December to discuss issues EFSP providers face serving EFSP clients.

The KNO conducts case file reviews with each agency. She is currently completing her third annual case file reviews with providers throughout the state. These file reviews help improve the quality of the services each agency provides.

### **Referrals for Evidenced Based Technologies and other Services**

The greatest change we are making to EFSP is the ability to refer EFSP clients for other services, including evidence based technologies. Family First has identified relative caregivers as a target population and promotes the use of evidence-based technologies. DCFS is currently making the following changes to the program.

- Train EFSP workers on evidence-based motivational interviewing.
- Allow EFSP workers to refer EFSP clients with children under the age of 2 to evidenced-based home visiting programs.
- Allow EFSP workers to refer EFSP clients for daycare subsidies administered by the Illinois Department of Human Services.
- Allow EFSP workers to refer EFSP clients for other evidenced-based services such as wraparound services and/or parent mentoring.

### **Response to the Pandemic**

We did see a small decline in the number of referrals during the pandemic. The providers are already matching the referral rate prior to the pandemic. Many programs and court rooms stopped meeting clients in-person. Many programs have used virtual meetings, including virtual court hearings. EFSP staff have found that the average amount of time a case is open has increased due to the pandemic.

### **Last Year's Goals**

- DCFS has an EFSP website which can be found at: [Relatives Raising Children/Extended Family Support \(illinois.gov\)](https://www.dcf.state.il.us/Services/Default.aspx?ServiceID=10)
- We continue to support the kinship caregiver support groups through the Kinship Navigator Task Force.
- We have set up meetings with state legislators to ensure that all Illinois departments are aware of EFSP. We have started coordinating our efforts with state legislators and different departments in the state of Illinois to better meet the needs of relative caregivers caring for children who are not part of the formal child welfare system.
- Due to our outreach efforts, we have seen an increase in the number of relative caregivers who call DCFS for EFSP services.

### **Goals Moving Forward**

- Start referring caregivers caring for children under the age of 2 to state funded home visiting programs.
- Start referring EFSP clients to state funded subsidized daycare programs.
- Create a protocol to allow EFSP clients to obtain other evidence-based services.
- Continue to work with state legislatures to increase effectiveness of services to relative caregivers in Illinois.

### **Family Advocacy Centers (FAC)**

There are 33 family advocacy center providers located throughout the state with 36 locations. Thirty providers were erroneously reported in the last update due to some providers having multiple sites and satellites. Family advocacy centers maintain a focused holistic prevention approach that builds on a family's existing strengths. The FAC focus is to serve a combination of families who have already been involved with DCFS and families who may not have been involved with DCFS but who have children aged 6 and under and may be at greater risk of abuse and neglect.

FACs provide support to parents to follow through on their goals that will allow them to preserve and/or reunite their families. The FACs tailor services to the unique needs of the communities they serve.

Each Family Advocacy Center provides core services, such as traditional counseling, referral and training services that are common to all and most FACs offer additional services based on the needs of the community served. Some of the additional services that are typically included:

- Psycho-social education and support for women and child victims of domestic violence.
- After-school, summer and out-of-school programs where funding is available.
- Parent coaching, mentoring and classes in English and Spanish.
- Execution of intervention strategies to support the family reunification process.
- Court ordered supervised child visitation for non-custodial parents.

Alumni youth are also eligible to receive any services offered by the family advocacy center closest to their geographical location.



In 2022, family advocacy center, DCFS and crisis nursery center staff were trained in the National Family Support Network Standards of Quality for Family Strengthening and Support practice. The standards are based on the researched and evidence informed principles of family support and strengthening and family protective factors giving the centers a common language and tools for evaluation. There are currently three Illinois Support Network certified trainers. enabling the department to schedule certification training for the remaining staff. It also adds sustainability for the program and the ability for evaluation over the long term. The first training sessions were held May 23 and 24, 2022 and a second was held on October 31 and November 1, 2022. Part of the first cohort was re-certified at that time. The first training for 2023 took place on May 16-17, 2023.

Families currently engaged with family support services show a consistent 98% rate of remaining intact with no subsequent indicated reports of abuse.

<u>Performance Measures</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
<b>Quantity Measures</b>				
DCFS Families	4,935	5,266	4,716	5,376
Community Families	3,867	3,130	3,959	3,125
Total Families	<u>8,802</u>	<u>8,396</u>	<u>8,676</u>	<u>8,501</u>
DCFS Children	6428	8,466	7,178	8,400
Community Children	4371	2,487	3,782	2,989
Total Children	<u>10,799</u>	<u>11,574</u>	<u>10,963</u>	<u>11,389</u>
DCFS Service Hours	39,009	46,605	38,498	47,146
Community Service Hours	31,988	33,411	28,662	25,220
Total Service Hours	<u>70,997</u>	<u>80,016</u>	<u>67,160</u>	<u>72,365</u>

There are 16 Centers in Cook County and several satellites, five in the northern region, eight in the central region and four in the southern region. A generalized expansion plan includes both new and current centers for a family advocacy center presence in 51 counties in Illinois.

In Fiscal Year 23 under a continued effort by the department to strengthen the community-based provider network the department made supporting financial investments in staff salaries establishing a minimum and maximum salary range that approaches state and market rates for social service providers. Twenty-two providers were able to benefit from this initiative.

The structure of the program monitoring team for family advocacy centers was changed from two staff to one supervisor and two staff with another staff to be hired this current fiscal year to monitor the growing number of sites across the state.

For further information, see 2022 APSR and the directory of FAC locations in each region of the state, available here: [family-advocacy-center-directory.pdf \(illinois.gov\)](https://www.family-advocacy-center-directory.pdf)

### **Chafee Section**

Working in conjunction with the Youth Housing and Cash Assistance Program, family advocacy centers pick up the slack as funding allows when alumni do not qualify for services for DCFS. This includes emergency housing and transportation costs.

<b>DCFS Alumni</b>		<b>2021</b>	<b>2022</b>
<b>2020 Targeted Outreach</b>	275 Community	<u>83</u>	<u>75</u>
<b>To Individual Alumni</b>	164 DCFS Involved	<u>81</u>	<u>87</u>

Community Only	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b><u>Cook</u></b>	46	17	23
<b><u>Northern</u></b>	23	2	4
<b><u>Central</u></b>	74	30	18
<b><u>Southern</u></b>	36	23	14

<b>Services Hours</b>				
Hard Services Only	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023 (1<sup>st</sup> quarter)</b>
<u>DCFS</u>	207.50	63.75	21.00	2.50
<u>Community</u>	609.75	293.75	116.75	9.00

### **Adoption Promotion and Support Services**

Four years ago, DCFS implemented a Permanency Task Force to assist private agencies in completing subsidies for adoption. The project used DCFS staff working overtime (evenings and weekends) on subsidies to reduce delays in the time to adoption finalization. The project resulted in recommendations to streamline the adoption process. The recommendations were adopted and the Permanency Task Force stopped accepting new cases in October 2020 and was discontinued in 2021. The recommendations were:

- Legal screening process was examined by the Office of Legal Services to reduce unnecessary steps and consolidate forms to the extent possible.
- Private sector foster care agency contracts were modified to include funding for staff positions dedicated to permanency achievement, which included writing subsidies.

Data on adoptions finalized during October to December 2021 showed a reduction of three months on average from termination of parental rights to adoption finalization when compared to the prior quarter. As these changes were implemented, Illinois had hoped for additional decreases in the length of time from termination of parental rights to adoption finalization. The results have been 'mixed' at best.

Following adoption finalization, adoptive families can experience unique challenges as family members adjust. The Adoption Promotion and Guardianship Support Services Program provides help to all adoptive families, including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS adoption preservation services are provided statewide by contracting with nonprofit agencies that serve a specific region. The preservation services providers' main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit. The provision of post adoption and post guardianship services to adoptive families in need continues to be a critical part of the service provision of DCFS' Post Adoption Unit.

**C5C - Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits:**

***In the 2024 APSR, describe:***

- ***How the Monthly Caseworker Visit Grant has been used in the past year to improve the quality of caseworker visits.***
- ***Continued action steps to ensure that statutory performance standards are met. If the state has missed previous performance standards, describe the reasons the state’s performance has fallen short and the steps the agency will take to ensure compliance.***
- ***As applicable, information on policies, procedures, or ensure children and youth’s privacy and safety when in-person visits are not able to be safely conducted.***

**Caseworker Visits**

**Monthly Caseworker/Child Visits Report (October 1, 2022 thru April 30, 2023) Data as of 5/16/23**

Number of Cases	# Months IP Visits Occurred	# Months Video Visits Occurred	# Months IP + Video Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred In Residence
19,999	110,385	570	95,561	110,955	106,537	93	97

Monthly compliance reporting at the caseworker and team level is provided through SACWIS and the Performance Monitoring Data Site. The data site also provides reporting at the agency level and case level, which allows DCFS as well as DCFS and private agency supervisors and managers to identify and monitor the extent of and need for caseworker visit activity.

Departmental Procedures 315 (Permanency Planning) addresses caseworker interventions and contacts made during the delivery of child welfare services. Specifically, section 315.110(b)(2) requires that the assigned caseworker shall visit a child in substitute care in the child’s living arrangement at least once every two weeks for the first month immediately following initial placement or change in placement; and at least once every month thereafter, unless the supervisor, based on the assessment, determines and documents in the service plan that the child requires more frequent or less frequent contact.

Workers are required to focus on these discussion and observation points during their visits with children in care:

- Safety (verbal children must be interviewed outside of the presence of their caretaker).
- Progress in care.
- Needs being met.
- Physical observation of safety and well-being.
- School success or daycare provision.
- Visitation with parents and siblings if siblings are placed separately.
- Mental and physical health needs.

For FFY 2021, DCFS completed 92% of monthly in person contacts taking place with children between October 1, 2020 and September 30, 2021 reflects an improvement from 90% during FFY2020. During the first seven months of FFY 2023 (10/01/2022 – 04/30/2023), the department was able to improve their monthly contact percentage to 93% with 97% of those contacts occurring in the child’s home/residence. During the pandemic, Illinois quickly transitioned casework practices for visitation with children in

substitute care. This practice carried into FFY2021 and helped to improve our in person contact requirements. Considering the many challenges presented by the pandemic and the lack of universal access to video conferencing technology, the rate of 92% compliance reflects heroic efforts on the part of the front-line staff.

The department remains committed to improving performance through a monthly tracking report provided to both DCFS and private agency administration with a listing of every child where an in-person contact is missing. Feedback from these reports have indicated that, while some visits are missed for varying reasons, it is often due to:

- Forgotten data entry.
- Caseworker behind in case notes.
- Caseworker turnover where a caseworker separates from the agency and does not complete documentation.

By providing close to “in real time” data about individual in-person visits each month, data entry is showing improvement.

Grant monies have focused on training caseworkers and tracking caseworker activities in preparation and completion of case contacts with children to improve the quality of case contacts. The department is utilizing the grant monies specifically in the implementation of Program Improvement Plan (PIP) strategies and activities that coach and support quality contacts through the Child and Family Team meetings, the Model of Supervisory Practice and improving quality contact with children placed in unlicensed relative and fictive kin homes. Last year it was intended that an increase of staff using university partnership contracts would further support the quality of caseworker visits. Due to the COVID pandemic the focus shifted to supporting and maintaining the front-line staff. As COVID restrictions begin to ease, preparations are underway to add a staff position that will specifically provide and support coaching, monitoring and improvement for both DCFS and private agency caseworkers and supervisors.

Every month a report is disseminated to DCFS leadership with monthly caseworker visits data. It is viewable by state, region, sub-region, agency and RSF. Agencies can request case-level data to provide case IDs where a visit for any previous month was not documented in SACWIS. They can then enter the appropriate note (if the visit occurred but wasn't entered). This step enables the state to achieve the minimum 95% compliance. In May 2023, this tracking report added the identification of specific sub-regions that were below 90%. A CQI activity was initiated with permanency leadership: the lowest performing teams (Cook South and Cook North) had Operations & APME work with them to improve their visits and/or documentation of visits. The updated MCV list was cross walked with the weekly caseload list so that the list includes the caseload for each of the Case Workers listed for case in question. There is also a column that identifies if the child is “out of state”.

Caseworker contact, specifically the quality of contact is a focus of the Quality Indicator Reviews which occur monthly and spans to all teams in Illinois. These reviews outline the essential core casework practices, including client contact. Additionally, contacts are highlighted in the Quality Case Review Tool, which has been introduced to both DCFS and Foster Care Child Welfare Contributing Agencies (CWCA).

APME monitors began with a review with one case per month using the new tool in the months of February, March and April of 2023. Reviews will increase once the introduction period is completed. These

reviews with the QIR occur monthly. The frequency of the Quality Case Reviews will continue to gradually increase to eight-10 reviews per agency per quarter.

Permanency has taken several action steps within each of the regions to meet the 95% benchmark for visits. This is a routine agenda item during supervision, with intentional focus during supervision sessions. Additionally, regional administrators are tracking this progress using Power BI; aggregate data for the region is reported out by the area administrator each month and the outcome is discussed during monthly meetings. There are counseling memos issued when the expectations are not met. There have been specific action plans created within each of the regions to improve contact notes.

Agency Performance Monitoring & Execution (APME) regularly and continually looks at in person compliance in collaboration with the Child Welfare Contributing Agency (CWCA). APME periodically receives a list of the compliance/non-compliance of the in-person visits and addresses any non-compliance cases with the CWCA monthly via review of the Dashboard with these agencies and reminds them of the monthly deadlines, the fiscal year deadlines for the state of Illinois and the fiscal year deadlines for the federal government. This is to further encourage and maintain compliance. It is common that the youth, caregivers and biological parents have been seen, but that the data entry of the case notes were not completed within the required timeframes to document compliance. In person visits and compliance are reviewed monthly with the CWCA Partners during the monthly performance evaluation and monitoring meetings.

APME leadership staff have attended meetings with Quality Assurance leadership to discuss higher performing agencies and those that may need additional assistance in reaching the goals of compliance to increase compliance with the goals. Each regional APME team can execute their own corrective action plan with the CWCA Partners when needed.

With increased awareness of the teams of Quality Assurance, APME and the CWCA, it is hoped that the overall compliance will increase to reach the goals of quality with in-person contacts between the permanency teams and the children and families that we are committed to serve. This focus will continue throughout the current fiscal year with ongoing monitoring by the APME unit in partnership with our CWCA partners.

Please also review:

- Addendum A, A-1 and A-2: Specific Areas of response for the CAPTA and Citizen’s Review Panel and Supplemental CAPTA Funding (American Rescue Plan Act).
- Addendum F: Statistical and Supporting Information for the data on Monthly Caseworker Visits from October 1, 2022 through March 31, 2022 as of 5/9/23.

**C5D: Adoption and Legal Guardianship Incentive Payments (AIPP) (section 473A of the Act).**

**Adoption and Legal Guardianship Incentive Payments**

***In the 2024 APSR, describe:***

- ***How Adoption and Legal Guardianship Incentive Payment funds received by the state have been used in the past year and the services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds in FY 2024.***

- ***Any changes, issues, or challenges the state has encountered to the plan outlined in the 2020-2024 CFSP and subsequent APSRs for timely expenditure of the funds within the 36-month expenditure period.***

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
<u>FFY22</u>	<u>\$ 301,000</u>
<u>Total</u>	<u>\$13,524,000</u>

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 2023 and plan to be sustained in fiscal year 2024. For fiscal years 2020 through 2022, 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. Adoption preservation services include community-based grants to provide multitude of services to adoptive families to stabilize and maintain adoptive placements. These include counseling, play therapy, day care, respite care and other specific service. These services are purchased directly by DCFS for post adoption families to preserve adoption placements. \$28.7 million was expended on adoption preservation services in FFYs 2020 – 2022.

### **Adoption Savings**

#### ***In the 2024 APSR:***

- ***Provide an update to the services the state provided to children and families using Adoption Savings since the submission of the 2023 APSR.***
- ***Provide an update to the 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 in accessing and spending the funds.***
- ***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 2024 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 2022: DCFS calculated \$7,292,583 in Applicable Child Savings – Maintenance and \$2,310,361 in Applicable Child Savings – Administration, for a total of \$9,602,944. A minimum 20% must be spent on adoption preservation services (\$1,920,589) and up to 10% (\$960,294) 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 \$2,016,618 on adoption preservation services and \$864,265 on foster care prevention services. The final report showing the entire \$9,602,944 was fully expended in FFY 2022 for qualifying purposes, was submitted by the October 30, 2022, due date. In the FFY22 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 22 of \$52,082,077. In fiscal years 2019 and 2020 the following increases were made, and these investments have been maintained or increased for fiscal years 2021 and 2022:

- 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.
- 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 2024 APSR, each state must report the following information on its use of FFPSA Transition Grants:***

- ***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.***
- ***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.***
  - ***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.***

***If the state has not yet used any funds, please provide information on the planned use of funds.***

One of populations at greatest risk for disruption and traumatization are youth in care that have a high level of mental health and behavioral health issues. Specifically, **youth in care over the age of 12 with a risk of disruption from initial and subsequent placements**; oftentimes are youth that need additional residential or high-end treatments.

There is currently an increase in clinical services statewide to better address service delivery for this population. These services target those with a range of mental health needs. Since 2019, the state has developed over 104 therapeutic beds to address children who have the highest mental health needs and are often at the greatest risk for maltreatment. Additionally, DCFS resource development is actively developing both community based and congregate therapeutic services to provide services to this very population. Included are therapeutic placements across the state including interim care settings (up to 31 beds) serving youth in need of stabilization services; special populations including IDD / ADS youth (16 beds), community based group home setting for female youth with intensive mental health needs (10 beds); QRTP (Quality Residential Treatment Program) beds to provide time limited intervention and support to transition into a family setting (68); and transitional living/independent living/group homes (27). Additionally, a \$25 million capital investment from DCFS of has allowed the state to preserve 129 therapeutic residential beds. Without the support from the state, providers would not have been able to keep these services available to youth.

Additionally, there is a focus statewide on placement stabilization, crisis plans to focus on those identified at the greatest risk of maltreatment. Known risk factors impacting placement instability include youth over the age of twelve years old, youth that have a previous history of psychiatric needs, inpatient hospitalization and multiple placements. Plans are being developed to include a thorough assessment of the youth and caregiver strengths, with a focus on including the following elements: (1) trauma-Informed



Services: psychiatric, counseling, (2) concrete Services: respite, supports for caregivers, mentoring, community-based activities (3) Crisis Plan; including alternate resources for placement.

The department will continue to increase capacity and service delivery in proven successful community-based interventions including IPS (Intensive Placement Stabilization) and utilization of flex funds. IPS includes both traditional and non-traditional mental health services and supports for both youth and families. Flexible funding has also been enhanced to support youth at greatest risk of maltreatment, particularly used to promote placement stabilization. Flex funds can be used to purchase items and services needed to maintain and strengthen families so children can remain safely at home; aid in reunification efforts; and support current foster families and youth in care. Flex funds are intended to be highly individualized to the needs of the child and family consistent with child welfare best practice. These funds assist with stabilization of our youth in care.

**Family First Prevention Services Act Transition Grant to continue funding activities that had previously been funded under the title IV-E waiver.**

Illinois used the FFPSA Transition Grant funds (\$17,448,847) to continue providing services that had been 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 contracted dollars to be spent on TASC recovery coaches including toxicology testing is \$2,629,000 all of which is state funded.

TASC Contracts	FY2023	FY2022	FY2021				
061748-904-x	2,369,000	2,550,000	2,550,000	TOS 0416	Consultation Substance Abuse		
061748-902-x	260,000	320,000	310,000	TOS 0425	Toxicology Testing		
<b>TOTAL</b>	<b>2,629,000</b>	<b>2,870,000</b>	<b>2,860,000</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 2023 is \$2,196,405 (100% state funded).
  - CPP in FY 2023 is \$1,007,913 (approximately 17.5% funded with federal IV-E Prevention Services funds and the remainder state funded).
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 2023 is \$5,267,649.

FFPSA Transition Grant funds also offset costs of Illinois DCFS’s implementation of FFPSA with

- Family Preservation services.

- Congregate care changes.

\* The Child Parent Psychotherapy program (CPP) and the Nurturing Parent Program (NPP) were both included in Illinois' Prevention Plan. NPP has not been classified as evidenced based (Well Supported, Supported or Promising Practice). Consequently, no NPP costs were reimbursed to Illinois under Title IV-E Prevention Services. CPP is rated as a 'Promising Practice'. Illinois projected 17.5% of program costs with CPP costs will be reimbursed with Title IV-E Prevention Services funding.

Evidence Based Interventions - Family First	Desc Code	Contract #	Contract Amount FY22	Contract Amount FY23	# of Cases
<b>Child Parent Psychotherapy</b>					
BETHANY CHRISTIAN SERVICES OF MO	EBI	595441828-	\$303,588.00	\$303,588.00	50
CASA CENTRAL	EBI	003906828-	\$16,444.35	\$36,431.00	6
CHILDREN'S HOME & AID SOC OF IL	EBI	004236828-	\$278,078.18	\$394,665.00	65
HOYLETON YOUTH AND FAMILY SERVICES	EBI	010020828-	\$121,435.20	\$121,435.20	20
WEBSTER CANTRELL YOUTH ADVOCACY	EBI	585499828-	\$151,794.00	\$151,794.00	25
<b>CPP - Total</b>			<b>\$871,339.73</b>	<b>\$1,007,913.20</b>	<b>166</b>

Evidence Based Interventions - Family First	Desc Code	Contract #	Contract Amount FY22	Contract Amount FY23	# of Cases
<b>Nurturing Parenting Program</b>					
BETHANY FOR CHILDREN AND FAMILIES	EBI	3105108183	\$ 109,629.00	\$96,980.00	30
CAMELOT CARE CENTERS INC.	EBI	5809248183	\$ 242,448.00	\$242,448.00	75
CHADDOCK	EBI	40488183	\$ 64,653.00	\$64,653.00	20
CHILDRENS HOME & AID SOC OF IL	EBI	42368183	\$ 382,242.00	\$382,242.00	118
COMMUNITY YOUTH NETWORK INC	EBI	641458183	\$ 103,444.80	\$103,444.80	32
GUARDIAN ANGEL COMMUNITY SERVICES	EBI	326738183	\$ 129,306.00	\$129,306.00	40
HOYLETON YOUTH AND FAMILY SERVICES	EBI	100208183	\$ 413,779.20	\$413,779.20	128
ONE HOPE UNITED	EBI	40198183	\$ 145,469.25	\$145,469.25	45
SPERO FAMILY SERVICES	EBI	412928183	\$ 436,407.75	\$436,407.75	135
WEBSTER CANTRELL YOUTH ADVOCACY	EBI	5854998183	\$ 274,775.25	\$274,775.25	85
<b>NPP - Total</b>			<b>\$ 2,302,154.25</b>	<b>\$ 2,289,505.25</b>	<b>708</b>

<i>RAP Contracts for Immersion Sites:</i>			SFY 2022	SFY 2023
Descd	Oblgld	Provm	Contract Amt	Contract Amt
RAP	0100209012	HOYLETON YOUTH AND FAMILY SERVICES	584,446.00	601,679.00
RAP	0607179012	BETHANY FOR CHILDREN AND	693,916.00	714,733.00
RAP	3114389012	SPERO FAMILY SERVICES	707,161.00	728,376.00
RAP	5542809032	CONSCIENCE COMMUNITY NTWRK LLC	2,586,208.62	636,652.00
RAP	5542809022	CONSCIENCE COMMUNITY NTWRK LLC	-	2,586,208.62
total RAP Contracts for Immersion Sites			<b>4,571,731.62</b>	<b>5,267,648.62</b>

## Summary of expenditures:

Category	FY22	FY23	Total
CPP	\$ 871,339.73	\$ 1,007,913.20	\$ 1,879,252.93
NPP	\$ 2,302,154.25	\$ 2,289,505.25	\$ 4,591,659.50
WRAP	\$ 4,571,731.62	\$ 5,267,648.62	\$ 9,839,380.24
<b>TOTAL</b>	<b>\$ 7,745,225.60</b>	<b>\$ 8,565,067.07</b>	<b>\$ 16,310,292.67</b>

**C5E - John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)**

***In the 2024 APSR:***

- ***Provide an update on the state's activities to collaborate with and solicit feedback from diverse groups of youth and young adults about their service needs and desired outcomes for the Chafee programs (both on the individual and system level). Include information learned from Youth Advisory Boards, town halls, virtual forums and other state activities. Provide an overview of how the information collected was used to inform service delivery and how the agency has provided feedback to participating youth/ young adults on the impact of their input.***

The Illinois DCFS Statewide Youth Advisory Board (SYAB) is an official state board. The SYAB continues to develop recruitment and retention strategies of board members.

- Input from the Regional and Statewide Youth Advisory Board did not specifically contribute to the development of this Plan, but the input gathered from youth at regional and statewide meetings is always considered when developing new, and working to improve existing, older youth services and programs. As part of the Statewide Youth Advisory Board statute, board leaders have met with Director Smith quarterly to discuss the issues and concerns of youth in care.
- In partnership with the DCFS Director's Office, the Office of Education and Transition Services and the Division of Diversity, Equity and Inclusion, the Statewide Youth Advisory Board (SYAB) and adult partners successfully launched and convened meetings for the Youth Advisory Affinity Groups (YAAGs) for Lesbian Gay Bisexual Transgender Questioning Intersex+, Latino and African American communities in 2021. The YAAGs have expanded to include three additional groups: Latino, Asian American and Native American. Each group gives voice to the diversity, equity and inclusion issues that Illinois youth in care experience statewide through support, education, coaching and advocacy. YAAG meetings are statewide virtual meetings held monthly.
- Youth board leaders have brought forth specific challenges surrounding achieving permanency and discussed workable solutions to addressing this top concern. To continue moving the permanency concern forward, SYAB reviewed and provided feedback on the Placement Matching Tool. While the youth have identified a variety of concerns related to permanency, it was concluded by SYAB that in general, a lack of foster homes is the most widespread issue affecting youth in care. On May 20, 2023, SYAB is partnering with the Statewide Foster Care Advisory Council to host a dual-purpose event called Foster Change, Foster Success. This event is to honor, acknowledge and celebrate foster parents during foster parent appreciation month, and is also an opportunity for foster parents and older youth to connect with hopes of dispelling myths of older youth and potentially gaining more foster homes that are willing to take in older youth in care.
- SYAB drafted a proclamation to declare October Foster Youth Voice Month to align with other states. After challenging work by the SYAB and with assistance from DCFS Director Smith, Governor Pritzker

signed the official proclamation declaring October Foster Youth Voice Month in Illinois on October 14, 2022. In celebration of Foster Youth Voice Month, SYAB convened a youth led panel to amplify the voices of youth in care and welcomed child welfare staff, foster parents and their peers to engage in said discussion.

The department submitted an application that was approved for the Division X Technical Assistance Project. The proposal was driven by feedback gained from youth in care who had completed at least one year of community college who participated in a survey as part of a larger research study conducted by the University of Illinois at Urbana Champaign School of Social Work and Chapin Hall at the University of Chicago. The Project goal was to enhance college readiness and supports available to young people transitioning to post-secondary education. The Illinois team included a representative from the Illinois Community College Board, department staff and researchers representing three universities. In addition, two Fellows were selected through a recruitment and interview process. The Fellows had lived experience in the Illinois foster care system and participated in the Youth in College program. The Fellow positions were paid federal positions.

The work of the Division X Technical Assistance Project led to the development of the Youth in Care – College Advocate Program (Y-CAP). Beginning in Fall 2023, students who choose to participate in the Y-CAP at one of the participating campuses will have the support of a peer advocate. Peer advocates are students at the same institution who experienced foster care, successfully completed at least one year of study and are in good academic standing.

- ***Briefly describe the services provided since the submission of the 2023 APSR, highlighting any changes or additions in services or program design for FY 2024 and how the services assisted or will assist in achieving program goals. Indicate how these activities have been integrated into the state's continuum of services and align with the state's vision.***

Youth successfully transitioning to independence should be notified by their caseworker of the cessation of any benefits that may occur at the time of transition as well as services for which the youth may be eligible after becoming emancipated. The completion of the youth's transition plan at age 17 provides structure for preparation activities. DCFS continues the Countdown to 21 Program to help youth transition to self-sufficiency through planning meetings at age 19 and age 20.75 to review transition planning that was initiated at age 17 and to review any remaining needs the youth has prior to emancipation. Youth ages 14-21 are encouraged to be involved in an educational, workforce or vocational training program. DCFS OETS has updated all pages on the DCFS website pertaining to services/programs offered by that office as a resource for youth.

The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). In FY 23, the Northern Illinois University Access Project Program Plan focused on providing education intervention, support and resources to youth in care enrolled or eligible for enrollment in K-12 school. The NIU education advisor documents efforts that support the student in the system, and continues to work with the student, caseworker, foster parents, school personnel and student to ensure the youth's educational rights are not being violated.

The programs available below via contracts with community-based providers deliver education, employment, pregnant and parenting teen support, life skills and financial literacy instruction to youth in care to assist in the preparation of young adults to be successful as independent adults post DCFS care.

Alternative Schools Network-YS3 Chicago/Cook County	Monthly Capacity- 200 Students	# of Youth Served
	July	133
	August	162
	September	163
	October	166
	November	170
	December	164
	January	172
	February	173
	March	178

The department is committed to the long-term stability of older youth in care and after they age out of the department's care.

Program Client Utilization Data for the OETS through the 3<sup>rd</sup> Quarter of SFY 23 are on the following pages

**Educational Programs**

Program Name	Contract Capacity	# of Youth Served		
		Q1	Q2	Q3
<b>COOK COUNTY</b>				
Project STRIVE-Youth Guidance	190	108	98	95
Project STRIVE-Metropolitan Family Services	60	30	29	23
ASN/Fostering Learning Program (FLP)	333	190	191	188
UCAN Residential School	based on intake	0	0	0
Lawrence Hall Residential School	based on intake	0	0	0
Thresholds Residential School	based on intake	0	0	0
UCAN Educational Mentoring	50	43	43	40
CYC-Education Support	160	58	61	59
Breakthrough Urban Ministries	30	7	8	7
Foster Progress	30	26	25	30
Major Adams Community Committee	30	7	8	7
Loyola-Fostering Connections	140	20	54	14
<b>STATEWIDE</b>				
NIU – Education Access Project	All eligible are served.	495	436	685
Kaleidoscope-Find Your Future	25	16	5	23
Program Name	Contract Capacity	# of Youth Served		
<b>DOWNSTATE</b>				
ISU – First Start	30	10	10	10

**Community Service and Support Programs**

<b>Program Name</b>	<b>Contract Capacity</b>	<b># of Youth Served</b>		
		Q1	Q2	Q3
<b>COOK COUNTY</b>				
LUV Institute	60	3	6	1
ASN/Added Chance	225	51	66	66
MY TIME/LH	120	18	20	18
Community Assistance Programs-In Person	30	0	0	0
Community Assistance Programs-Virtual	60	0	0	37
<b>DOWNSTATE</b>				
Building Futures – SIUE/East St. Louis	20	10	14	21
<b>Program Name</b>	<b>Contract Capacity</b>	<b># of Youth Served</b>		
		Q1	Q2	Q3
BSF-Statewide Youth Advisory Board	155	110	67	77
<b>COOK COUNTY</b>				
AMYS-D-CIPP	1000	303	271	342
Be Strong Families	1758	644	794	823
UCAN-Cook County Life Skills	46	32	31	39
<b>DOWNSTATE</b>				
Its Our Little Story: Life Skills Training	50	18	13	18
Southern Illinois Collegiate Common Market – Life Skills Training	170	13 complete	17 complete	18 complete
Illinois Interagency Athletic Assn – Recreation for Residential Youth	1,000	224	383	324

**Pregnant and Parenting Teen Programs**

<b>Program Name</b>	<b>Contract Capacity</b>	<b># of Youth Served</b>		
		Q1	Q2	Q3
<b>COOK COUNTY</b>				
Metropolitan Family Services	45	8	16	17
UCAN/TPSN	1000	797	796	772
<b>DOWNSTATE</b>				
Anointed Youth Development	40	6	6	4
Springfield Urban League	10	2	2	2
Cunningham Children’s Home	10	11	13	10
Chestnut Health Systems	35	18	16	15
Hoyleton	20	0	3	7

**Financial Literacy**

<b>Program Name</b>	<b>Contract Capacity</b>	<b># of Youth Served</b>		
		Q1	Q2	Q3
Cunningham Children’s Home		3	4	1
Southern Illinois Collegiate Common Market	10	4	4	0
It’s Our Little Story	50	3	3	4

- Total Statewide Youth in College/Vocational Training (YIC/VT) Youth in Pay Status as of 5/1/2023: 147; 67 are 21+ years old.
- Total DCFS Scholarship Recipients in Pay Status as of 5/1/2023: 185; 82 are 21+ years old.
- Total youth in care to access the Employment, Job Training, Apprenticeship Incentive Program as of 07/01/22 to 05/01/23: 224.

**Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.**

***Provide the final update on how the agency used the additional funding provided by Division X.***

- ***Describe accomplishments in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/young adults assisted, the amount of funding provided for direct assistance to young people and available information on the characteristics and demographics of youth assisted.***
- ***Describe any challenges or barriers the state has experienced in being able to use the additional Chafee funds.***
- ***Describe any lessons learned that may inform future provision of services under the Chafee program.***

The department issued an action transmittal on February 26, 2021 (updated version on July 15, 2021) announcing expanded and extended options for assistance to older youth during the pandemic. Youth who qualify are those who are approaching age 21 or are former youth in care whose cases have closed since April 1, 2020 (an updated action transmittal released on July 15, 2021 changing this date to January 27, 2020). These additional funds are designated to provide extended care and placement options for youth turning age 21 who wish to remain in care (see option 1 below), a \$312 monthly payment under the Re-Entry Alternative Contract for eligible youth seeking to “re-enter” care (see Option 2 below), fund an increase to the Employment Incentive Program monthly payment, ensure housing continuation through expanded eligibility for department housing cash assistance and advocacy programs (see Option 4 below), and supports for alumni youth (see option 5 below). This assistance is possible through and in accordance with the Supporting Foster Youth and Families through the Pandemic Act Division X of the federal Consolidated Appropriations Act of 2021 which became law on December 27, 2020 and the Illinois Gubernatorial Executive Order 2020.22 issued on April 7, 2020.

The expanded and extended options for assistance to older youth include:

**A. OPTION 1: REMAIN IN CARE -**

79 youth elected Option 1: Remain in Care. Total spent = **\$919,381.06**.

Those youth remained in their DCFS approved placement post 21 (legal case closure) with no disruption to housing, services, or case management.

#### B. OPTION 2: RE-ENTRY ALTERNATIVE CONTRACT (RAC) –

233 youth applied and received RAC payments. Payments in the amount of \$329/month were made directly to the youth via monthly check via US mail or direct deposit, if enrolled. Youth received payments up to age 22. Total spent = **\$1,533,107.22**.

These are several of the key findings under this option:

- Sixty percent of youth who applied for RAC were female (59.5%) and 67.3% were African American.
- Youth who applied for RAC were significantly less likely to be white (21% vs 32%) than youth in the Midwest study.
- Most youth (51%) reported living in their own apartment, but 21.1% of youth in their own apartments reported that their financial situation could threaten their housing. Overall, 6% reported currently experiencing homelessness, which was significantly higher than in the Midwest Study. Additionally, based on the comments in the RAC intake forms, 38% of youth were currently experiencing housing instability and might need to find new housing soon.
- Thirty-eight youth (36%) were parenting or pregnant at the time of intake. The majority of those (79%) were young women, with 48% of women parenting and/or pregnant. This proportion was comparable to the proportion of parenting/pregnant youth in the other two samples.
- Half of the youth were employed or in an apprenticeship program at the time of intake. Their average income was just over \$1600 a month. The proportion of employed youth in the other two samples was very similar.
- Twenty-six percent reported service needs such as counseling or domestic violence services. Given the length and focus of the intake interview, these needs are likely to be underreported.
- Sixteen percent of youth reported immediate medical needs, a similar proportion as in the comparative samples. However, RAC youth were significantly more likely than youth in the Midwest Study to have health insurance (79% vs 50%).

#### C. OPTION 3: APPLY FOR SERVICES AVAILABLE TO FORMER YOUTH IN CARE –

The department received weekly lists from Think of Us of Illinois youth who responded to a national survey they conducted to gather input from youth on their pandemic related needs. In response to the list, the following was completed:

- DCFS Housing Program staff followed up with youth seeking assistance in the categories of homeless, food, HUD voucher, rent and utilities.
- Youth in care in Cook County (and their caseworkers) seeking employment assistance were sent information for Cook employment programs, Added Chance and My Time, via email.
- Youth in care seeking assistance obtaining a high school diploma were emailed information on the DCFS Education Advocacy Project's intervention, advocacy and support, as well as the process to enroll in a GED program and provided a DCFS education specialist's information to contact with any questions.
- Youth over age 21 were sent information regarding the family advocacy centers, the services they could provide and how to locate the closest FAC to them.
- Email sent to caseworkers of youth in care notifying them of the assistance youth are requesting.
- Emails sent to youth requesting assistance enrolling in college about programs/assistance they are eligible for.



- Youth listed on spreadsheet in timeframe to be eligible for RAC payment looked up on system and determined one youth is eligible and not receiving RAC. One-page flyer regarding RAC assistance was emailed to him.
- Email sent to youth not eligible for pandemic funds due to being adopted or guardianship, explaining this and giving them information for the Tuition and Fee Waiver Program, if it could benefit them.
- Emails sent to the youth on the spreadsheet requesting assistance who are in the Youth in College placement to see what their current issues are to see if assistance can be provided.

#### D. OPTION 4: YOUTH HOUSING ASSISTANCE PROGRAM (YHAP) –

FY 22 Update: Between March 1, 2021 and September 30, 2021:

- DCFS referred 137 youth who were over the age of 21 to a housing advocate and they had closed cases at time of referral.
- DCFS allowed 16 youth to keep their youth housing advocacy case open when they turned 21.
- DCFS Authorized \$534,353.55 in youth cash assistance (including the housing subsidies).
- DCFS approved 146 cash requests for youth over the age of 21.
- DCFS approved housing 80 subsidies during this period.

#### E. OPTION 5: FAMILY ADVOCACY CENTER (FAC) ALUMNI SERVICES -

Family advocacy centers work closely with youth to support access to assistance programs and often aid youth and DCFS alumni, as funds allow, who do not qualify for assistance through the department due to age and length of time in care.

During the COVID19 pandemic, the family advocacy centers (FACs), in conjunction with other DCFS divisions, made concerted outreach efforts to the DCFS alumni who had recently aged out of care around the state by performing well being checks on those youth working closely with youth housing programs and youth cash assistance offered by DCFS. Other DCFS divisions utilized the Department of Human Services Medicaid Data Base to obtain the most recent contact information for those youth. FAC staff continued to work with youth aging out of care and alumni youth. Several providers applied for and received emergency COVID 19 assistance grants and were able to expand emergency assistance for housing and essentials, including food and climate appropriate clothing.

FACs also provided general counseling, advocacy and informal mentoring to alumni up to the age of 30 under the Alumni Drop-In Services Program and through general community family support services beyond age 30. DCFS alumni are eligible to receive any services offered by family advocacy centers.

During the pandemic expansion, the FACs served 62 alumni in the community and 75 with some type of involvement with DCFS. FAC program staff are working on gathering basic demographical information for DCFS Alumni as well as a data request to make this an on-demand feature for Alumni and other population groups.

SFY23 Update:

- The department issued an action transmittal on February 26, 2021, announcing the temporary expansion of support to youth who are eligible for the DCFS Education and Training Voucher Program. These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.
- DCFS issued pandemic payments to ETV eligible students of \$750 per term for the fall 2020 and spring 2021 academic terms and \$500 for the summer 2021 term. A \$1500 pandemic payment was paid to

ETV eligible students for the fall 2021 term. In addition, the department awarded students up to the \$12,000 expanded limit to meet their financial needs to help ensure academic success.

- Under the ETV pandemic expansions, 124 youth received ETV funds in excess of the pre-pandemic expansion limit of \$5,000; they have received between \$5,001 - \$12,000.

The department leveraged the statewide network of family advocacy centers to provide an array of supportive services to foster care alumni. Family advocacy centers are located strategically within our communities of highest involvement, and the department included \$25,000 per year to each FAC budget beginning in State Fiscal Year 2020 for foster care alumni services.

**Family Advocacy Centers – Alumni Center Investments**

State Fiscal Year	2020	2021	2022	2023
Alumni Center Funding Available	\$700,000	\$675,000	\$675,000	\$650,000

Alumni Youth Served by State Fiscal Year	2020	2021	2022
DCFS Involved	164	81	87
Community	275	83	75
Total Youth	439	164	162

The department issued an action transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Employment/Job Training/ Apprenticeship Incentive Program (EJTAIP). These changes were possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.

- Reduction of the minimum work requirement to 10 hours per week or 40 hours per month retroactive to July 1, 2020, and through September 30, 2021. This requirement reverted back to the 20 hours per week or 80 hours per month on October 1, 2021.
- The monthly payment under the EJTAIP was increased from \$158 to \$300 for the period July 1, 2020, through September 30, 2021. Retroactive payments were calculated based on youth eligibility for the entire period or portion of the period that youth met program requirements under the new criteria.
- 207 youth in care benefited from this pandemic expansion.

The department feels the requirement for ETV awards to be within the student’s Cost of Attendance posed a barrier to fully awarding all available pandemic related ETV funds.

Locating former youth in care eligible for pandemic funds was an additional challenge faced by the department. The department engaged in efforts listed above to ensure all possible were reached.

Youth in care and formerly in care were assisted with Division X funding from across the state.

- Sixty percent of youth who applied for the Re-Entry Alternative Contract (RAC) were female (59.5%) and 67.3% were African American.
- Youth who applied for RAC were significantly less likely to be white (21% vs 32%) than youth in the Midwest study.
- Most youth (51%) reported living in their own apartment, but 21.1% of youth in their own apartments reported that their financial situation could threaten their housing. Overall, 6% reported currently experiencing homelessness, which was significantly higher than in the Midwest Study. Additionally,

based on the comments in the RAC intake forms, 38% of youth were currently experiencing housing instability and might need to find new housing soon.

- Thirty-eight youth (36%) were parenting or pregnant at the time of intake. The majority of those (79%) were young women, with 48% of women parenting and/or pregnant. This proportion was comparable to the proportion of parenting/pregnant youth in the other two samples.
- Half of the youth were employed or in an apprenticeship program at the time of intake. Their average income was just over \$1600 a month. The proportion of employed youth in the other two samples was very similar.
- Twenty-six percent reported service needs such as counseling or domestic violence services. Given the length and focus of the intake interview, these needs are likely to be underreported.
- Sixteen percent of youth reported immediate medical needs, a similar proportion as in the comparative samples. However, RAC youth were significantly more likely than youth in the Midwest Study to have health insurance (79% vs 50%).

The total amount of funding provided under the *Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act* for ETV eligible students was:

<u>Federal Fiscal Year</u>	<u>Funds</u>	<u>Purpose</u>
FFY 2021	\$1,103,105.67	Tuition Only
	<u>\$2,316,851.85</u>	Housing Support - Youth in College (Scholarships)
	\$3,419,957.52	Total for FFY 2021
FFY 2022	\$1,014,945.72	Tuition Only
	<u>\$2,447,845.43</u>	Housing Support – Youth in College (Scholarships)
	\$3,462,791.15	Total of FFY 2022

**National Youth in Transition (NYTD) Database**

***Provide an update on the state’s actions and plans to strengthen the collection of high-quality data through NYTD and integrate these efforts into the state’s quality assurance system. To the extent not addressed in “Collaboration” in Section C1 or “Quality Assurance” in Section C4, provide an update to the state’s process for sharing the results of NYTD data collection.***

- ***Describe how the state, in consultation with youth/ young adults and other partners, is using the state’s quality assurance system, NYTD data and any other available data to improve service delivery and refine program goals.***
- ***Describe efforts to improve the awareness of NYTD and cross-system collaborations to improve reporting of NYTD data.***

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 DCFS’ Virtual Training Center.

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.

DCFS shares data from the independent living services reporting and surveys with Chapin Hall for research purposes.

Illinois DCFS is providing a \$25 virtual gift card to all youth who complete a NYTD survey. The survey is available via a website. The youth only need to enter their first name, last name and date of birth to enter the survey site. At the completion of the survey the youth is prompted to enter their email address to receive the virtual gift card. To date for FFY 2024, 190 virtual gift cards have been requested. The goal is to continue publicizing the availability of this incentive and increase youth participation in NYTD surveys. The use of incentives for youth to complete surveys was recommended in the context of a Chapin Hall assessment of NYTD that included surveys and interviews of youth and caseworkers.

The department participated in an onsite federal review of the NYTD reporting system June 25-29, 2019. The first NYTD Improvement Plan (IP) was submitted on 3/23/2021 and approved by the Children's Bureau on 8/11/2021. The NYTD IP Update #1 was submitted on 3/4/2022. The NYTD IP Update #2 was submitted on 2/6/2023. The NYTD IP states that Illinois is in the process of developing a new SACWIS, to be known as CCWIS, system. The goal is to capture independent living services provided by the state more efficiently and in more totality. After the collection of the data is improved, long term plans include using the data to inform improved service delivery. After data collection is improved, the state will develop a plan to integrate NYTD into the state's quality assurance system; and will use this data in consultation with youth/young adults and other partners.

The NYTD IP also states that DCFS will strive to improve the reporting of independent living services, increase survey participation by out of care youth and utilize the NYTD data for the improvement of service delivery. The department posts NYTD data reports generated from the NYTD portal on the internal website that is available to DCFS and private agency staff. At this time, the department has not shared NYTD data with external stakeholders in any other manner.

- ***Provide an update on how the state involves the public and private sectors in helping youth in foster care achieve independence. Provide examples of cross-system collaborations and the use of culturally-specific service providers.***
- ***Provide information on assessments that indicate where gaps exist in engagement of the public and private sector, including potential partner organizations identified by youth/young adults.***

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. In addition, there are advisory groups for African Americans and Latinos. 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 staff are members of community action teams across the state to address the issue of racial disproportionality in foster care.

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.

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 culturally 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. You may search the system with a child's CYCIS ID, select services within a given area, or obtain details about programs and services.

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 four local agencies to provide specialized, supportive services for the identified pregnant/parenting youth. In counties that do not have a DCFS pregnant/parenting youth contract, workers link pregnant/parenting youth with community-based resources that have different funding, when available. These programs are usually funded by state or federal programs. For example, pregnant/parenting 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 pregnant/parenting youth and the appropriateness of their use of different programs funded with state and federal money.

Youth in care in Cook County can attain a high school diploma or GED at 15 alternative high schools and the ASN Prep Institute in Chicago through the Alternative Schools Network (ASN) Youth Scholars, Skills & Service (YS3) program.

- ***Provide information on the services to support LGBTQI+ youth/young adults. Include information on appropriate activities and activities specific to the needs of individual youth in care. Include information on partnerships with community organizations or resources to support resources to LGBTQI+ youth and young adults.***

The DCFS Statewide Youth Advisory Board and adult partners successfully launched a Youth Advisory Affinity Group (YAAG) for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex+ (LGBTQI+) youth. This group allows youth and allies of the LGBTQI+ community to come together to discuss ways to improve services and policies.

#### **LGBTQI+ YAAG**

The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI+) YAAG group meets the fourth Thursday of the month. The YAAGs have successfully implemented a member incentive program to encourage active participation and retention of youth.

The LGBTQI+ group is working on a PowerPoint presentation outlining affirming care for LGBTQI+ youth. It is scheduled to be completed by the end of June and will be presented to the DCFS DEI team and Director Smith.

**Demographic information:** A total of 43 youth have participated in these meetings. Three of the youth are under 14; 12 are between 14-15; 22 are between 16-18; and six are between 19-21. The racial composition of the group is as follows: 23 of the youth are White, 15 African American, two Hispanic, one Asian American and two that are biracial/other. The gender identity of the group is 18 female, 17 male and eight transgenders. Forty of the youth resided in congregated care (group homes), one youth is in a TLP and two youth resided in a foster home.

#### **Latino YAAG**

The Latino YAAG meets on the fourth Tuesday of month. The Latino YAAG is working on a welcome packet for youth and young adults entering care, which will be available in English and Spanish. This welcome packet will include information that is currently available but compiled in one resource. It is scheduled to be completed by the end of June and will be presented to the DCFS DEI team and Director Smith.

**Demographic information:** A total of seven youth have participated in these meetings. Six are between 16-18 and 1 is between 19-21. The racial composition of the group is as follows: one of the youth is White, two Hispanic, three African American and one that is biracial/other. The gender identity of the group is two females and five males. Five of the youth resided in congregated care (group homes), one youth is in a UAP and one youth resided in a foster home.

#### **African American YAAG**

The African American group meets on the fourth Wednesday of the month. The African American YAAG is developing an education survey to better understand what resources are needed to help support

African American youth in care and their educational needs. It is scheduled to be completed by the end of June and will be presented to the DCFS DEI team and Director Smith.

**Demographic information:** A total of 11 youth have participated in these meetings. Five are between 16-18 and six are between 19-21. The racial composition of the group is as follows: one of the youth is White and 10 are African American. The gender identity of the group is six female, four male and one transgender. Seven of the youth resided in congregated care (group homes), one youth is in a UAP. One youth is adopted and two youth resided in a foster home.

#### **Native American YAAG**

The Native American group meets the third Wednesday of each month.

#### **Asian American YAAG**

The Asian American group meets the fourth Monday of each month.

**Demographic information:** A total of one youth participated in these meetings; they are between 19-21. The racial composition of the group is as follows: the youth is Asian American. The gender identity of the group is one female. The one youth resided in congregated care (group home).

DCFS collaborates with Be Strong Families (BSF) and sends monthly announcement emails to all Illinois.gov users which includes informational flyers on the YAAG group including date, time and zoom link. BSF also does targeted outreach to CWCA agencies, residential facilities and ILO/TLP programs to recruit youth who are interested in serving in an advisory capacity on the YAAG's. The YAAG's are open to all youth but also includes 10 ambassadors per group who upon application are selected and appointed for a 12-month term which includes enhanced DEI leadership training. The ambassadors receive a monthly participation stipend and collaborate on DEI recommendations to improve services for youth in care. The DCFS Office of DEI is active in all the YAAGs and recruits youth through various strategies of outreach that include networking with the various advisory councils and providers serving diverse populations. The DCFS Office of DEI employs four DEI administrators over African American services, Asian-American Services, LGBTQIA+ Services and Latino Services. The DEI administrators serve as subject area experts and are present at all meetings to engage, recruit and enhance the DEI perspective.

- ***Provide an update on coordinating services with “other federal and state programs for youth (especially transitional living programs funded under Part B of Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops) and school-to-work programs offered by high schools or local workforce agencies” in accordance with section 477(b)(3)(F) of the Act.***

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.

Illinois DCFS partnered with the Chicago Housing Authority, the Housing Authority of Cook County and the Oak Park Housing Authority in their successful application for competitive Fostering to Youth Independence (FYI) Housing Choice vouchers. DCFS also partnered with the Housing Authority of Champaign County, the Chicago Housing Authority, the Mt. Vernon Housing Authority and the Peoria Housing Authority for non-competitive FYI vouchers. There were also partnerships with the Chicago, Cook County, DuPage, Joliet, Lake, Madison, Rock Island, Rockford, Springfield, Williamson and Winnebago county housing authorities who accept youth referred for housing choice vouchers in their Family Unification Program. DCFS referred 128 youth between July 1, 2022, and May 11, 2023 for an FYI or FUP voucher. Youth referred for FUP and FYI were encouraged to participate in the housing authority's Family Self Sufficiency Program which can increase the time they can receive the voucher and increase the youth's ability to obtain employment and/or increase their income. FUP and FYI only serve youth who have a closed case. FUP and FYI referrals are in addition to the housing programs that DCFS administers for youth with an open case

- ***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.***

#### **Youth Housing Assistance Program (YHAP) Overview**

The Youth Housing Assistance Program (YHAP) provides housing advocacy services and cash assistance to youth under the age of 21 who are aging out, or have aged out, of DCFS care. The program intends to prevent youth from becoming homeless after leaving DCFS care. The program also helps youth under the age of 21 who have a previously closed case, to prevent the youth from re-entering foster care. The Youth Cash Assistance Program authorizes private contracted agencies to process cash assistance checks to help youth pay for items like security deposits, rent and utility arrears, furniture and household items. Youth who aged out of care prior to their 21st birthday can also receive a monthly housing subsidy. The Youth Housing Advocacy Program provides a specialized worker who helps our youth locate, obtain and maintain adequate housing. These services are provided by DCFS contracted agencies throughout the state.

Over the past year, YHAP has evolved to meet the changing needs of our youth and the opportunities to obtain federal housing subsidies from the United States Department of Housing and Urban Development for youth aging out of care through the Fostering Youth to Independence.

#### **YHAP growth**

Between SFY2017 (7/1/2016-6/30/2017) and SFY 2020 (7/1/2019-6/30/2020), DCFS has authorized 72% more cash assistance to 52% more youth (\$119,323.86 to 95 youth compared to \$205,510.07 to 144 youth). DCFS has been able to keep up with the increase in Youth Cash Assistance utilization by authorizing more money to CAP contracts. In SFY21 (7/1/2020-6/30/2021), DCFS authorized \$311,365.94 to 216 youth. Part of the reason the program increased so much in SFY21 was because of the special pandemic funding and increased eligibility criteria described above (mainly allowing DCFS to use Chafee funds during this period until the youth's 27<sup>th</sup> birthday and removing the limit on the amount of assistance the youth could receive). Cash assistance continued to increase during FFY 2022. Most of this increase came during the



first quarter (7/1/21 through 9/30/22) which was the last three months of the extended Chafee eligibility rules. In FY22 we authorized \$629,465.60 in cash assistance to 260 youth. We knew that we would not continue to spend as much money SFY 2023 once the pandemic extension was discontinued. However, through the first 10 months of SFY2023 (July 1, 2022, through April 30, 2023) we have already authorized \$238,032.90 in cash assistance funding to 171 youth. This means we authorized 16% more in cash assistance to 19% more youth during just the first 10 months of SFY 2023 than we did the entire SFY2020 (the last year prior to the special pandemic extension).

We have also increased the number of youth referred to the Youth Housing Advocacy Program. In FY17 we referred 216 youth to a housing advocate. This number grew to 262 in SFY20 (the last year before the extended eligibility). Due to the expanded eligibility, we referred 321 youth in SFY 2021 and 328 youth in SFY 2022. Unlike the cash assistance program authorizations, referrals to the Youth Housing Advocacy Program did not drop after the pandemic extension. Since the beginning of SFY 2023 (7/1/22 through 5/11/23) we have already referred 286 youth to the Youth Housing Advocacy Program.

The Youth Housing Advocacy Program did not have the same increase during the special pandemic extension period as the Youth Cash Assistance Program because the contracted housing advocacy providers found it hard to keep housing advocates employed. We lost three housing advocacy providers in FY22. However, we have replaced those three providers in FY23 with a provider in Chicago, Jacksonville and Waukegan. We already have agreements with local agencies to add three more housing advocacy providers in East St. Louis, Olney and Maywood by the first quarter in FY24.

One of the main reasons referrals to both the Youth Cash Assistance and Youth Housing Advocacy Program in the first 10 months of FY23 is already greater than FY20 is because of the changing goals of the program. The program still prioritizes services to youth aging out of care. However, DCFS has made a special effort to assist youth locate adequate housing while the youth is in care. A number of youth have shown interest in attempting to live independently, or with a roommate, while they are still in our care. For many youth, practicing living on their own prior to leaving our care better prepares them for the period of their life after the DCFS case closes. DCFS provides cash assistance and housing advocacy to help these youth locate, obtain and maintain their housing.

- ***Provide information on the state's efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities (PHAs) to utilize FYI vouchers, including any relevant data. Identify any barriers or challenges in working with the PHA to utilize FYI vouchers in their state.***

***Family Unification Program (FUP) and Fostering Youth to Independence (FYI) Utilization for Youth who were aging out or had aged out of DCFS care***

DCFS continues to work with local housing authorities who receive Family Unification Program (FUP) and/or Fostering Youth to Independence (FYI) vouchers. These programs assist youth who are aging out, or have aged out, of care obtain affordable housing. To meet federal requirements, DCFS authorizes housing advocacy providers and cash assistance provider to assist these youth until they turn 23. In FFY21 (10/1/2020-9/30/2021), DCFS referred 97 youth for either a FUP or FYI voucher. In SFY22 we referred 99 youth to FUP or FYI. Unfortunately, we revised our initial report for SFY22 because the Housing Authority of Cook County never submitted their application for 25 FYI vouchers in SFY22. We have already referred 128 youth to FUP or FYI in FY23 (July 1, 2022, through May 11, 2023).

We anticipate that the number of youth referred to FYI will continue to grow. During SFY23, DCFS worked with the Chicago Housing Authority, the Housing Authority of Cook County and the Oak Park Housing Authority to successfully apply for a total of 165 competitive FYI vouchers (75, 75 and 15, respectively). They will start to use these vouchers in June 2023. We also successfully worked the City of Mt. Vernon Housing Authority to apply for non-competitive FYI housing choice vouchers. DCFS assisted the Champaign County, Chicago, Peoria, Springfield and Winnebago county housing authorities apply for FUP in May 2023. DCFS renewed the contract of the Youth Housing Assistance Program and the FUP liaison coordinator. The program continues to grow:

- DCFS works toward identifying providers in underserved areas. DCFS was able to locate new housing advocacy providers in Chicago, Jacksonville and Waukegan.
- DCFS has assisted the Chicago Housing Authority, the Housing Authority of Cook County, the Oak Park Housing Authority and the Mt. Vernon Housing Authority successfully apply for FYI housing choice vouchers in SFY23.

This Year's YHAP Goals:

- The department will continue to work with current housing advocacy providers as well as create contracts with new providers to increase program utilization. We anticipated starting contracts with three new providers in SFY 24.
- The department will continue to reach out to housing authorities to seek FYI funding to assist youth aging out of care.

***Provide an update on how the state is supporting and reaching out to youth and young adults in or formerly in foster care to promote wellness and proactively address mental health needs.***

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

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

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 DCFS youth in 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 (see below).

#### **Access to Medicaid for Former Foster Youth**

- ***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. (See State Health Official Letter.)***
- ***Discuss efforts to provide youth formerly in foster care in your state with information and resources to support their enrollment in Medicaid in the case that they move to another state.***

Illinois had 5,750 youth age out of foster care in the past seven-year span (2016 – 2022). The mean was 821 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.

Healthcare (specifically Medicaid services) for children and youth in the custody of or formerly in the custody of the Illinois DCFS is provided by the Illinois Department of Healthcare and Family Services (HFS). They are the Medicaid provider for the state of Illinois. They in turn contract with a private corporation (Centene) to provide Medicaid coverage and services to eligible children and youth in Illinois. YouthCare is a specialized healthcare program chosen by HFS to administer medical, behavioral health, dental, vision and pharmacy coverage for current and former children/youth in care. This coverage is provided for these youth from birth to their 22<sup>nd</sup> birthday.

Youthcare has implemented a specialized "*adolescence to Adulthood*" (a2A) program that is tailored to prepare and support youth towards independence as they approach majority age. YouthCare care coordinators complete an 'a2A' assessment annually with all members starting at age 17. This assessment reviews the physical health, behavioral health, substance use, sexual health needs of the youth as well as a 'Social Determinant of Health Needs' survey that includes education, employment, housing and criminal justice involvement. This assessment is used as a tool to develop a tailored care plan for that youth to support their successful transition to independence. This assessment covers not only their healthcare but their overall psychosocial needs.

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

YIC transitioning to adulthood additionally receive information from DCFS or the CWCA overseeing their placement on steps to follow in accessing Healthcare coverage both within Illinois and in another state. Systems have been established to allow other states to verify a person is a former foster youth. Illinois like many other states has adopted a 'self-attestation' process where the young adult's statement that they are a former youth in care (FYIC) is accepted to begin coverage.

Youth in care over 18 years of age can choose their own Health Choice Illinois Health Plan. If they choose another program; the Youthcare coordinator is no longer involved. For youth in care under 18 years of age, the DCFS guardianship administrator can choose an alternate health plan if it is determined the youth can be better served through an alternative plan. On their 19<sup>th</sup> birthday they are automatically enrolled in Adult Medicaid in Illinois (Meridian). This is the default Healthcare program if the young person does not make a coverage/provider decision.

Each child/youth or their guardian receives a Health Passport. This 'Passport' contains a summary of health information for each child/youth in DCFS custody or guardianship. It contains the child's health history, present health care and medical conditions (if any) and available health information about the child/youth necessary for the proper care of the child/youth. It is not intended to be a complete medical record for the child. The Health Passport is continuously updated:

- 1) By entering information directly into SACWIS.
- 2) Via a weekly electronic interface between SACWIS and HFS Medicaid claims database.

The Health Passport is an efficient and convenient way to provide youth with a summary of their health information (required by State Procedure 302, Appendix M, Transition Planning for Adolescents). The DCFS or Child Welfare Contributing Agency (CWCA) permanency worker is required to give an updated Health Passport to each youth in each of the below listed instances:

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

Procedure 302, Appendix M requires the following be provided to youth when they age out of care:

- 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, including but not limited to:
  - Health Passport.
  - Dental records.
  - 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, if applicable.
  - Death certificate(s) of parent(s), if parent(s) is deceased.
  - Medicaid card or other health eligibility documentation.
  - Life book or compilation of personal history and photographs.

- List of known relatives, with relationships, addresses, telephone numbers.
- Other contact information, with the permission of the relative.
  - Copy of Court Order for Case Closure.
  - Resume.
  - List of placements while in care.
  - Educational records, including list of schools attended and transcript, high school diploma or high school equivalency certificate and a list of community resources with self-referral information.

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

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

The importance of healthcare coverage is stressed with youth in care as they near the transition to adulthood. Studies indicate that 50% of transitioning youth have chronic health conditions and many have histories of childhood trauma. The need for Reproductive Health care is also present. Surveys indicate transitioning youth are specifically aware of their needs for mental health care and reproductive care.

DCFS has an 'alumni program' for youth transitioning out of care. This functions as a part of the family advocacy center initiative. There is a specific 25-minute presentation on this topic. It is a part of the 'Financial Literacy' class for transitioning youth.

The Illinois Department of Human Services, Health and Family Services has not finalized policy on the issue of FFCC from other states moving to Illinois. The plan is to accept 'self-attestation' as proof of eligibility (Take the person's word for being a FFCC).

Please see Addendum C 'Healthcare Oversight and Coordination Plan' for additional information.

**Education and Training Vouchers (ETV) Program (section 477(i) of the Act)**

***In the 2024 APSR, states must:***

- ***Briefly describe the services provided since the submission of the 2023 APSR, highlighting any changes or additions in services or program design for FY 2024 and how the services assisted or will assist in establishing, expanding, or strengthening program goals.***
  - ***Provide an update on the state's efforts to engage or re-engage students whose post-secondary education national public health emergency.***

- ***Describe any collaborative efforts with college campus support programs designed to increase student enrollment, retention and graduation.***

The Education and Training Vouchers Program (ETV) provides additional resources specifically to meet the financial needs for educational and training programs of youth aging out of 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:

- The amount spent for each youth varies, but an amount not to exceed \$5,000 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. Students have a maximum of five years or 10 semesters of access to the ETV funding.

The department continued to reach out to youth who formerly accessed ETV funds to see if the youth was still enrolled in a post-secondary program and needed additional ETV funding assistance. If the student was not enrolled, assistance was offered to get the student re-enrolled.

The department continues to do so at the beginning of each academic term to re-engage students who do not submit a renewal ETV application.

The department submitted an application that was approved for the Division X Technical Assistance Project. The proposal was driven by feedback gained from youth in care who had completed at least one year of community college who participated in a survey as part of a larger research study conducted by the University of Illinois at Urbana Champaign School of Social Work and Chapin Hall at the University of Chicago. The Project goal was to enhance college readiness and supports available to young people transitioning to post-secondary education. The Illinois team included a representative from the Illinois Community College Board, department staff and researchers representing three universities. In addition, two Fellows were selected through a recruitment and interview process. The Fellows had lived experience in the Illinois foster care system and participated in the Youth in College program. The Fellow positions were paid federal positions.

The work of the Division X Technical Assistance Project led to the development of the Youth in Care – College Advocate Program (Y-CAP). A diverse group of stakeholders including DCFS administrators, Illinois Community College Board representatives, child welfare researchers, representatives of four Illinois public universities and four Illinois community colleges are collaborating to develop the Youth in Care – College Advocate Program (Y-CAP). Beginning in Fall 2023, students who choose to participate in the Y-CAP at one of the participating campuses will have the support of a peer advocate. Peer advocates are students at the same institution who experienced foster care, successfully completed at least one year of study and are in good academic standing. Peer advocates will provide students with information about scholarships and financial aid, facilitate connections to campus- and community-based resources and assist students with setting goals and developing action plans to address their needs. The peer advocate is a paid position expected to commit to serve for at least one year; work no more than 10 hours per

week; have monthly face-to-face meetings with students they support; and check in with students they are supporting via phone, text, or email at least twice per month.

As of 8/1/2022 each institution of higher education in Illinois is required to designate a member of staff to serve as a HOUSE (Housing and Opportunities that are Useful for Students Excellence) liaison to students who have experienced homelessness and/or foster care. The Y-CAP peer advocate will work in coordination with HOUSE Liaisons to provide supports to any student who is or was in foster care and currently enrolled in a participating community college or public university. Y-CAP's goal is to increase the percentage of college students currently or formerly in foster care who earn a degree or complete a certificate program.

The department is pursuing the development of a youth friendly, interactive "post-secondary education app" that will allow youth to obtain information about the ETV, view FAQs and apply directly through the app for the ETV program and other department post-secondary programs. The goal through this app, and other strategies, is to make accessing financial assistance for post-secondary education as user friendly as possible. A proposal for the app's development has been submitted to the department's Office of Innovation and Technology. To date, an approval and task assignment has not been received, so there is no tentative launch date. If development is approved, input from youth in care and former youth in care will be solicited for the design.

Please see Addendum F for additional Information.

**Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.**

- ***Provide the final update information on how the agency used the additional funding provided by Division X.***
- ***Describe accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/young adult assisted and available information on the characteristics and demographics of youth assisted.***
- ***Describe any challenges or barriers the state has experienced in being able to use the additional ETV funds.***

The department issued an action transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Education and Training Voucher Program. These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.

The changes below assist in meeting the need for increased financial support to ETV-eligible youth during the pandemic and take into consideration that there are pandemic-related obstacles to meeting usual program requirements.

- The maximum annual ETV award per youth is increased from \$5,000 to \$12,000 for the period of October 1, 2020, through September 30, 2022.
- The enrollment and satisfactory academic progress requirements (SAP) for the ETV programs were waived for young people who were unable to meet them due to the pandemic until September 30, 2021.
- ETV funds can be used for maintaining training and postsecondary education, including less than full-time matriculation costs or other expenses that are not part of the cost of attendance but would help support youth in remaining enrolled until September 30, 2021.

- The age of ETV eligibility was expanded up to age 27 until September 30, 2021.

The department sent emails to students who previously accessed ETV funding and were between the age of 26 and 27 to notify them of extended ETV eligibility. The notification of expanded ETV eligibility and benefits was posted on the department’s Facebook, Instagram and Twitter pages and the department’s website.

DCFS issued pandemic payments to ETV eligible students of \$750 per term for the fall 2020 and spring 2021 academic terms and \$500 for the summer 2021 term. A \$1500 pandemic payment was paid to ETV eligible students for the fall 2021 term. In addition, the department awarded students up to the \$12,000 expanded limit to meet their financial needs to help ensure academic success. Under the ETV pandemic expansions:

- 124 youth received pandemic funds for FA 20 and SP 21 terms (\$750/term).
- 19 youth received pandemic funds for FA 20 term (\$750).
- 10 youth received pandemic funds for SP 21 term (\$750).
- 28 youth received pandemic funds for SU 21 term (\$500).
- 124 total youth received ETV funds in excess of the pre-pandemic expansion limit of \$5,000; they have received between \$5,001 - \$12,000.

The department believes the requirement for ETV awards to be within the student’s Cost of Attendance posed a barrier to fully awarding all available pandemic related ETV funds.

- ***If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.***

The state is working to transition the payments made via the ETV program to an outside provider via a contract with the department. The purpose is to expedite the time frame for the approval of ETV payments to a school, landlord, etc. or directly to a youth and the actual receipt of the payment. The state believes this will greatly improve the benefits provided by the ETV program. The goal is to have this contract in place starting State Fiscal Year 2023, July 1, 2022.

- Beginning January 1, 2023, the department contracted a provider to disburse ETV payments to all recipients within 5 business days of receiving the weekly ETV Payment Report.
- ***Provide to CB an unduplicated count of the number of ETVs awarded each school year. For this reporting, states may count the combined number of ETVs awarded from both the regular and additional Division X funding. (July 1st to June 30th). (Please see Section F2 and Attachment C).***

#### Annual Reporting of State Education & Training Vouchers Awarded

Education and Training Voucher Program	Total ETVs Awarded	Number of New ETVs
2021 – 2022 School Year (7-1-21 – 6-30-22)	269	105
2022-2023 School Year (7-1-22 to 5-10-23)	221	111

Please see Addendum F for additional information.



### **Chafee Training**

- ***If needed, provide an update on the specific training needed in support of the goals and objectives of the states' Chafee plan and to help foster parents, relative guardians, adoptive parents, workers in group homes and case managers understand their opportunity to promote and assist youth in the transition to adulthood, consistent with section 477(b)(3)(D) of the Act. Please note that such training should be incorporated into the title IV-E/IV-B training plan, but identified as pertaining to Chafee, with costs allocated appropriately.***

DCFS OETS staff, including a transition manager in each DCFS region and two post-secondary education specialists, provide on-site and virtual 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. 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.

Countdown to 21 (C21) is not a specific training but rather a model of practice that embeds youth driven transition planning through facilitated meetings at age 19 and 20.9. As part of C21 all youth are referred for financial literacy training at age 19 and completion of training is one of the eligibility requirements for youth to receive the transition fund which is approved at the 20.9 C21 meeting. DCFS employs a TOT training model for all agencies serving older youth that is offered quarterly. Agencies are required to have a certified financial literacy instructor. The requirement is outlined in all DCFS substitute care contracts and there is also a network of community providers certified to deliver the training for DCFS managed cases. The C21 program is for all youth in care age 19 + and includes expectant and parenting youth.

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.

Finally, DCFS is working to ensure information about available programs and resources for older youth is more accessible to caseworkers, foster parents and youth by adding direct links to this information on DCFS' intra and internet web site home pages and, the OETS will continue to update and distribute the Tip Sheets on each of the OETS programs.

Please See Addendum 'D' 'Training Plan' for additional information.

### **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. The required information is outlined in C6, "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 C6, but are requested to indicate clearly where the information is provided.***

This is not applicable to the state of Illinois as there are no federally recognized tribes in the state. Illinois state does work with local American Indian/Alaskan Native (AI/AN) community leaders who serve as the state's Indian Child Welfare Act Council. They advise, consult and advocate for children and families with DCFS.

# Chapter 6

## Consultation and Coordination Between States and Tribes

### 3. Consultation and Coordination Between States and Tribes (Section C6)

*In the 2024 APSR, states must update the following:*

- ***Describe the process used to gather input from Tribes since the submission of the 2023 APSR, including the steps taken by the state 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. States may meet with Tribes as a group or individually.***

American Indians/Alaskan Natives (AI/AN) have resided in what is now known as the state of Illinois for time immemorial. AI/ANs have a very strong and vibrant community in the city of Chicago and Cook County area. According to the U.S. Census there are two other sizeable AI/AN communities in the central region of the state. The only barrier to that is unlike the community in Chicago, it has proven difficult to identify any organizations or resources who serve that population because they are so spread out and diverse.

The federal government recognizes 574 Native American tribes in the continental United States and Alaska but there are currently no federally recognized tribes in the state of Illinois. Despite this, Illinois remains committed to ensure that the provisions of the Indian Child Welfare Act (ICWA) are meaningfully adhered to. The state endeavors to work with and in consideration of the AI/AN that reside in the state as well as with youth in care's identified tribal Nations. The ICWA specialists, in tandem with Office of Employee Services and Recruitment and Resources have collectively been conducting outreach at AI/AN Illinois events. The state works with the Illinois ICWA Advisory Council, (that is comprised of various AI/AN Illinois community leaders, foster parents and child welfare workers) to provide culturally relevant and appropriate resources for the identified youth in care.

The state of Illinois is regularly in correspondence with federally recognized tribes. When a family who has come into care identifies themselves as having Native ancestry, the ICWA specialists send out an ICWA inquiry to the reported tribal entity(ies). If no tribe is reported, an inquiry is mailed to the Bureau of Indian Affairs for more direction. Once the initial ICWA inquiries are certified mailed to the tribes, they are put into a tickler system so that the ICWA specialists can continue to follow up with each tribe for their response to our ICWA inquiry. The tribes we are regularly in communication with are the ones who have been identified by the families who come into care. After the initial certified ICWA inquiry is mailed out via USPS, most communication with the tribe occurs via mail, electronic mail and phone calls. Once a family in care has been identified an ICWA case (eligibility for tribal membership confirmed by the tribe), communication with the tribe's ICWA department is who the main point of contact is for the Illinois state ICWA specialists. In calendar year 2022, the department received a total of 496 AI/AN ancestry claims. A total of 1,609 ICWA inquiries were mailed to the Bureau of Indian Affairs, the Alaska Bureau of Indian Affairs and tribes requesting ICWA determination letters for the 496 outstanding claims. Of those 496 claims, 10 youth in care were verified to have Native ancestry and qualified to be ICWA cases.

During calendar year 2022, the ICWA specialists have been in communication with 12 federally recognized tribes to determine what the tribe's plans are regarding a case; to intervene; take jurisdiction and their placement preferences for the children in care. The tribes whom the ICWA specialists have been in communication with over the last year are all located outside the state of Illinois since there are no Federally recognized tribes here. To further protect the anonymity of the families in care, the tribes will not be disclosed in a public report.

- ***Provide a description of the state's plan for ongoing coordination and collaboration with Tribes in the implementation and assessment of the CFSP/APSR. Describe any barriers to this coordination and the state's plans to address these barriers.***

The ICWA specialists and the Illinois state courts work together to strengthen the protocol to handle cases under ICWA. By working together, the provisions of ICWA are being handled appropriately. Illinois will continue to improve ICWA compliance through:

- Continued policy guidance updates, as needed.
- Provision of education on ICWA through statewide video workshops.
- Provision of ongoing and case specific technical assistance.

The previous year's report documented one of the barriers to coordinate compliance was the limited abilities that were available to us via SACWIS. At that time, we were working with the Illinois Department of Innovation and Technology to update the SACWIS system to digitize the tribal verification process; however, since the state is planning to switch to CCWIS it made no sense to continue to update a nearly outdated system so that initial plan was aborted.

One outstanding barrier that the state has is retrieving ICWA determinations from certain tribes. We have a list of tribes who are most commonly claimed that we regularly send ICWA inquiries to, but a few take a lot of extra work to retrieve those responses. Covid was a huge debilitating factor that greatly impacted tribes and their response times. Some tribes continue to be paralyzed by the pandemic. We diligently work through a tickler system that was devised to follow up with each tribe who has not responded to one of our inquiries until we receive their tribe's ICWA response. Unfortunately, this barrier is out of our hands. The tickler system has proven to be our best tool toward obtaining an ICWA response for each inquiry we mail out.

- ***Provide an update, since the submission of the 2023 APSR, on the arrangements made with Tribes as to who is responsible for providing the child welfare services and protections for Tribal children delineated in section 422(b)(8) of the Act, whether the children are 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 1357.15(q.)***

As was stated earlier, there are currently no federally recognized tribes in the state of Illinois so there are no arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children. Overall, the state of Illinois is responsible for providing the child welfare

services and protections for any and all tribal children taken into care through the state of Illinois. Family reunification and family preservation is the priority for all youth in care in the state of Illinois. Intact services to prevent children at risk of entering foster care, services for families to work toward reunification if the children end up in foster care, or placing a child in an adoptive home, legal guardianship, or other planned permanent living arrangements assuming that the tribe chooses not to take jurisdiction over the case will be provided to all cases in the state of Illinois. Any service that is available for eligible youth in care are also made available to youth identified as an ICWA case.

- ***Provide a description, developed after consultation with Tribes, of the specific measures taken by the state to comply with ICWA. (See section 422(b)(9) of the Act.)***

Once a family identifies themselves as having Native ancestry, the caseworker submits an ICWA intake form to the Division of Diversity, Equity and Inclusion. That intake form is processed and an ICWA inquiry is certified mailed to the respective tribes. The ICWA specialists will provide any technical assistance and advocacy services to the caseworkers and others, to further support the department 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 the proper procedures if they are preparing a case for the 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.

- ***Describe the results of the state's consultation with each Indian Tribe 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 (section 477(b)(3)(G) of the Act). 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 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.***

All services that are made available to the children and families in DCFS care are made available to all AI/AN youth and families who are in DCFS care. There are no consultations with each Indian tribe to determine eligibility for Chafee/ETV benefits as there are no federally recognized Indian Tribes in the state of Illinois.

The Chafee Program provides funding to assist all youth in foster care and young adults formerly in foster care with services and financial assistance to promote their transition to adulthood, including AI/AN youth.

No tribes have 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 because there are no Federally recognized tribes in the state of Illinois.

***State agencies and tribes must also exchange copies of their APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2024 APSRs.***

There are no federally recognized tribes in the state of Illinois, thus no tribe with which to exchange copies of our APSR.