



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

Addendum B

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

**Illinois Department of Children and Family Services
Submitted June 30, 2024**

2025-2029

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

The Illinois Department of Children and Family Services (DCFS) is committed to providing accessible and essential health care services to children and families. This commitment is fortified by a robust collaborative effort involving DCFS, the Illinois Department of Healthcare and Family Services (HFS) and the managed care organization YouthCare. This collective and comprehensive approach is vital to diligently addressing the health needs of all current and former youth in care.

Central to this commitment is the DCFS 2025-2029 Child and Family Service Plan Health Care Coordination and Oversight Plan, a roadmap that outlines the department's and its partners' strategic objectives in meeting health needs and requirements. This comprehensive plan encompasses descriptions of access to medical, dental, vision and mental health services and the facilitation of seamless coordination with health care providers and community organizations. By establishing clear objectives and forging robust partnerships, DCFS is unwavering in its dedication to ensuring that every youth in care receives health care support essential for their holistic well-being.

DESCRIPTION OF YOUTHCARE AND HEALTHWORKS

YouthCare

YouthCare is a specialized health care initiative designed specifically for DCFS youth in care and former youth in care. It offers a wide array of tailored services to meet the unique needs of all youth in care. From enhanced dental care to dedicated resources addressing issues like LGBTQ concerns, developmental disabilities and support for survivors of human trafficking, YouthCare ensures that every aspect of a young person's health care journey is attended to.

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

HealthWorks

The HealthWorks of Illinois Program is a collaborative endeavor managed by multiple lead agencies, across various counties in Illinois. A listing of these agencies is provided in the table Comprehensive Health Examination (CHE) Cumulative Statistical Report at the end of this document (page 15). These HealthWorks Lead Agencies (HWLA) are vital in facilitating access to a broad spectrum of health services for youth in care. This includes initial screenings, comprehensive assessments and a range of medical, behavioral health, dental, vision and pharmacy services. The program is dedicated to ensuring that youth in care have access to high-quality routine and specialized health care. A key aspect of its effectiveness lies in meticulously monitoring health documentation. This is made possible through the active engagement and support of substitute caregivers, health care providers and caseworkers. Through its commitment to comprehensive care and diligent monitoring practices, the HealthWorks program enhances the well-being of youth in care across Illinois.

The HealthWorks program provides interim medical case management during the first 45 days of enrollment for all youth in care. Following the 45-day enrollment period, youth ages 0-5 are referred to Medical Case Management Agencies for ongoing healthcare case management. Youth ages 6 and over receive ongoing case management through YouthCare and the DCFS and CWCA permanency teams.

The HealthWorks program's key components include:

- **Interim medical case management:** The comprehensive process of interim medical case management ensures the enrollment of HealthWorks-eligible youth in healthcare. It involves gathering health information, securing copies of health screenings, selecting a primary care physician, completing comprehensive health evaluations and entering all health-related information into the DCFS SACWIS system.
- **Doctor location assistance:** HealthWorks Lead Agencies provide valuable support in locating doctors in the county where the youth in care resides.
- **Medical case management:** Children ages 0-5, pregnant youth in care and children of parenting youth in care are eligible for medical case management services. These services ensure various preventive health care measures, develop personalized care plans and provide regular follow-up services to monitor and maintain their health.

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The Illinois HealthWorks Lead Agencies are listed in the Initial Health Screen and Comprehensive Health section of this report.

REVIEW OF SERVICES & PROGRESS

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

Initial Health Screens (IHS)

Upon a youth's entry into the care of DCFS, a protocol is activated to ensure their immediate health and well-being. Within 24 hours of the department assuming legal protective custody and before placement, the assigned worker arranges for an Initial Health Screening (IHS) conducted by a qualified health care provider. This screening serves the crucial purpose of gathering comprehensive health-related information essential for making informed and suitable placement decisions. Its primary goal is to identify any pressing health needs, especially infectious diseases requiring urgent attention. If a youth is hospitalized upon the department assuming protective custody, the examination conducted upon hospital discharge fulfills the requirements of the Initial Health Screening (IHS). This protocol highlights the commitment of DCFS to prioritize the health and welfare of youth entering care, ensuring they receive necessary medical attention promptly.

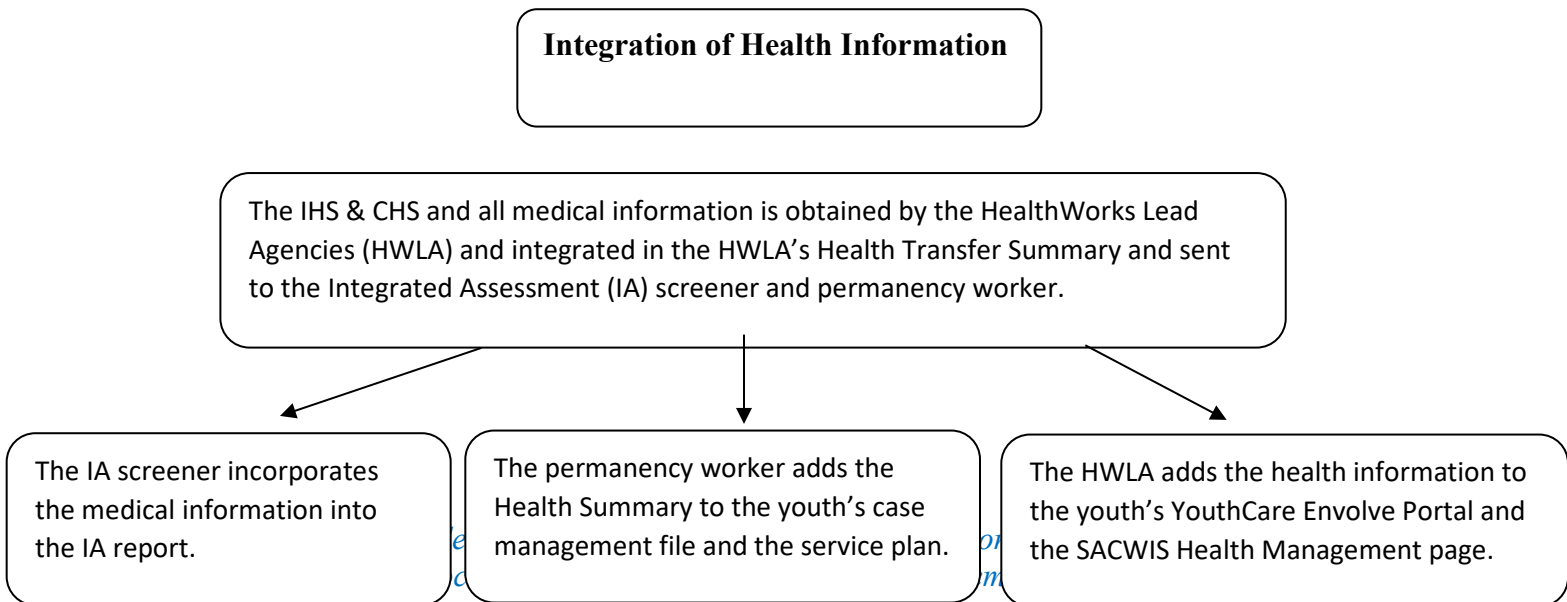
Comprehensive Health Evaluation (CHE)

Upon entering substitute care, youth undergo a comprehensive health evaluation (CHE) conducted by a qualified physician, adhering to the EPSDT requirements. This evaluation is completed within 21 days of DCFS assuming temporary custody of the youth. The HWLA, in collaboration with the YouthCare Care coordinator and the permanency worker, facilitates the coordination of the CHE, and they ensure effective communication with the foster parent to expedite timely

completion. The DCFS and CWCA permanency teams are responsible for ensuring the CHE occurs. The caregiver or the permanency worker accompanies the youth to the CHE to ensure their active participation and compliance with the evaluation process. The HWLA provides the physician scheduled to perform the CHE with the child's medical history, immunizations and pertinent health information. If the CHE indicates a need for a referral, the HWLA will collaborate with the primary care physician to arrange it, and the permanency worker or caregiver will follow up on all recommendations provided by the physician, ensuring all health issues are addressed promptly. By coordinating with qualified professionals and maintaining clear communication channels, the HWLA and other stakeholders strive to provide optimal care for youth in care. The DCFS and CWCA permanency teams are ultimately responsible for ensuring the CHE occurs.

Integration of Health Information

The Initial Health Screen and Comprehensive Health Evaluation contribute valuable data that is integrated into the youth's DCFS Integrated Assessment (IA) and case service plan. Once the CHE is completed, the HWLA worker obtains and reviews the exam note and all medical records and fills out the HealthWorks Health Summary Tool/Transfer Tool. Subsequently, the HealthWorks Health Summary Tool, along with immunization records, IHS, CHE results and other pertinent screenings like hearing, vision, dental and developmental screens, are forwarded to the youth's permanency worker. The HWLA workers input information from the IHS and CHE into the YouthCare Envolve portal and the DCFS SACWIS landing page, ensuring smooth integration into the youth's DCFS health passport. Continuous screenings and assessments throughout the IA process ensure a comprehensive understanding of the family's health and mental health needs. The permanency worker ensures caregivers arrange preventative or annual well-child physical examinations and dental exams. The permanency worker ensures youth receive an initial dental examination within the first six months after entering care, or within six months of the child's last dental examination, when applicable. From the age of 2 onwards, it is the responsibility of permanency workers to ensure that dental examinations are conducted annually. Additionally, routine dental prophylaxis (dental cleaning) should be scheduled every six months. This systematized approach underscores a steadfast commitment to addressing all facets of the youth's well-being within the DCFS system.



Health Plan Welcome and Support

Upon a youth entering DCFS care, the DCFS child protection investigator contacts the DCFS medical card hotline to secure a temporary ID number for the youth entering care. The caregiver is provided with this temporary ID, and within 7-10 days, a packet and card are mailed to the youth's caregiver. A YouthCare coordinator is assigned to the youth to assist with any health needs. Within 30 days of enrollment, YouthCare takes a proactive stance, initiating a health risk screen (HRS) with the caregiver or caseworker. This crucial step in determining and addressing the youth's specific health needs ensures that the caregivers and caseworkers are well-informed. The YouthCare coordinator conducts the comprehensive Health Risk Screens (HRS) and Health Risk Assessments (HRA) within 60 days of a youth's enrollment with YouthCare. These assessments aim to identify high-risk conditions necessitating immediate care management, categorized into four risk levels. The acuity levels determine the frequency of the YouthCare coordinator's involvement with the youth, caseworker and caregiver. YouthCare continuously evaluates acuity levels, ensuring ongoing assessment and intervention, as necessary. YouthCare also proactively reaches out to the caregiver to welcome the youth to the Health Plan, providing comprehensive information on all available health benefits. This proactive approach ensures that the youth's transition into the Health Plan is smooth and that their health needs are anticipated and catered to. Additionally, YouthCare arranges transportation to and from appointments as needed, ensuring access to essential medical services.

Selecting a Primary Care Provider

YouthCare plays a crucial role in facilitating the recruitment and maintenance of a network of primary care providers, ensuring each youth in care receives the necessary preventive, routine and acute care services and access to specialty care providers. The caregiver has the autonomy to choose the PCP who serves as the youth's medical home and coordinates overall health services. The PCP is responsible for treating acute medical needs, providing preventive health care services, health education, immunizations and making medically appropriate referrals for specialty health needs. Once the PCP is selected, the caregiver must provide YouthCare with the PCP selection to receive an ID card. If the chosen PCP is not enrolled in the YouthCare Provider network, the substitute caregiver/foster parent or HWLA will advise the provider to contact YouthCare for further instructions.

Interim Medical Case Management

During the initial 45 days of a youth's care in DCFS, the YouthCare Care coordinator and HWLA collaborate to deliver interim medical case management services. This involves tasks like liaising with caregivers, arranging appointments, conducting thorough health assessments, identifying potential risks and gathering essential health care documentation for SACWIS entry. Following this period, Medical Case Management Agencies (MCMA) take over for youth aged 0-5. MCMA assumes responsibility for providing comprehensive ongoing case management services, ensuring that every aspect of the youth's health needs receives attention. These services include preventive measures like immunizations, scheduled well-child EPSDT exams and necessary remedial health care interventions.

DCFS Assessment Processes

The Illinois Department of Children and Family Services utilizes an Integrated Assessment (IA) framework, a comprehensive tool that addresses the emotional trauma experienced by youth due to maltreatment and removal from their homes. This assessment encompasses various physical, developmental, educational and mental health aspects. The IA framework plays a pivotal role in

the development of a detailed service plan, which integrates crucial health records such as immunization history, known medical issues and medication regimens. This service plan is designed to meet the unique needs of each youth in care.

During biannual DCFS Administrative Case Reviews (ACRs), the IA and service plan information is thoroughly reviewed to ensure ongoing monitoring and adjustment of the youth's health care needs. Case managers are tasked with continuously monitoring the youth's health status and facilitating necessary interventions per the evolving requirements. ACRs also serve as a platform for monitoring health needs, with specific types of alerts and critical alerts, such as changes in medication regimens or significant health deterioration. These alerts are communicated to relevant DCFS departments, including Health Services and Nursing Services in addition to the casework team.

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

In addition to the clinical staffing process, the DCFS clinical psychologists oversee requests for psychological and neuropsychological evaluations as well as parenting assessments. They also review completed assessments and evaluations, providing feedback to casework staff regarding results and recommendations. Furthermore, the DCFS Office of Nursing provides health education and consultation upon receiving referrals for children with special health needs, ensuring comprehensive care for those requiring ongoing medical supervision or intervention. Through the clinical staffing process and specialized individual consultations, comprehensive assessments and suitable interventions are ensured for youth with complex needs, enhancing their welfare and fostering their development.

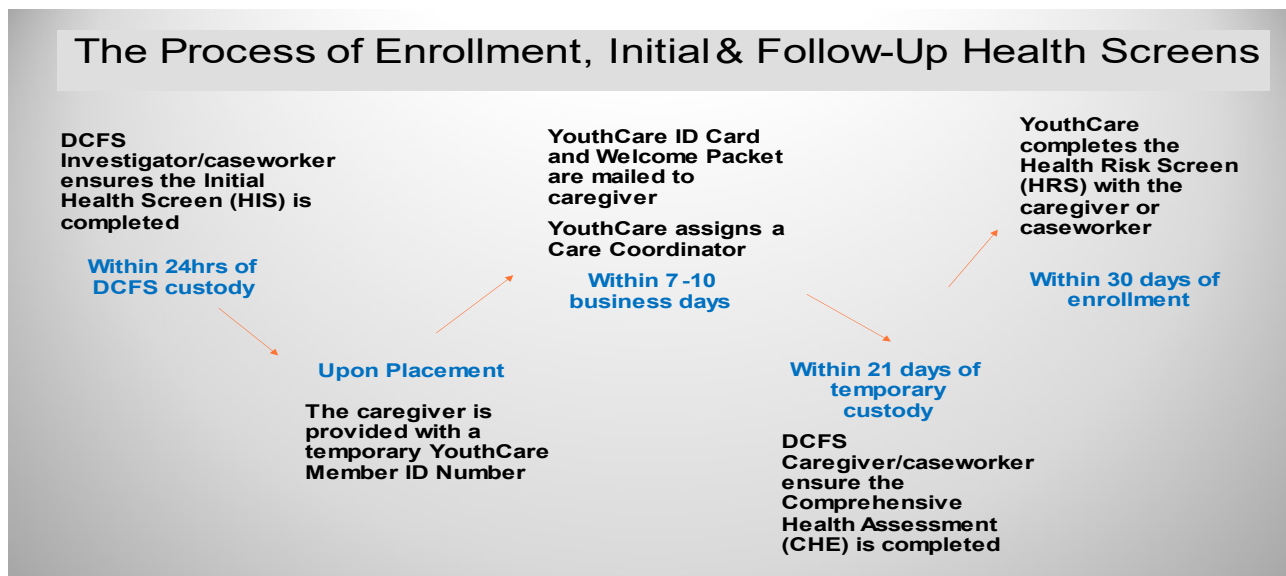
YouthCare's Assessment Processes

YouthCare conducts comprehensive Health Risk Screens (HRS) and Health Risk Assessments (HRA) within 60 days of a youth's enrollment with YouthCare. These assessments aim to identify high-risk conditions necessitating immediate care management, categorized into four risk levels. The acuity levels determine the frequency of the YouthCare case coordinator's involvement with the youth, caseworker and caregiver. YouthCare evaluates acuity levels monthly, ensuring continuous assessment and intervention as necessary.

The information gathered from the YouthCare HRS/HRA informs the creation of the Individual Plan of Care (IPOC), which is tailored to each youth's physical, behavioral and health care needs. Care coordinators are pivotal in managing, setting goals and coordinating services for enrolled youth and their caregivers. Specialized care coordination is provided for youth with specific health conditions, including programs addressing diabetes, heart disease, asthma and other complex

needs. YouthCare remains committed to efficient service delivery, including 100% assignment of acuity levels, completing IPOCs for moderate, high or complex cases and timely turnaround for inpatient and outpatient authorizations.

YouthCare operates within the Illinois Child Welfare Core Practice Model, adhering to family-centered, child-focused, strengths-based and trauma-informed practices. This model aims to mitigate the effects of adverse experiences on youth entering protective care, recognizing the critical role of family attachment and striving to reduce secondary trauma experienced during out-of-home care placements.



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

Electronic Health Record and Sharing Information

The YouthCare Envolve portal is dedicated to managing youths' health information. It enhances communication and coordination among youth, case management teams and foster parents. By serving as a centralized platform, it consolidates crucial health data including screenings, evaluations, immunization records and care plans, ensuring the effective management of ongoing health needs. Moreover, the department's electronic case management information system, SACWIS, improves the tracking of youths' health care needs. HWLA coordinators input youths' medical information directly into SACWIS, which is then reconciled with medical documents in the local HWLA case file.

Furthermore, DCFS maintains electronic health passports summarizing each youth's health history, status and medical conditions. These passports provide a comprehensive overview of the youth's health information, encompassing details about their primary care provider (PCP), information from well-child visits and their care plans. Caseworkers ensure caregivers receive copies of the Health Passport during transitions such as placement changes, disruptions or reunification. Health care providers are instructed to duplicate these records for the child's medical file, facilitating seamless communication and care continuity across various settings.

DCFS has implemented a secure system granting foster parents access to the youth's electronic medical record portal upon request. Access is granted or denied by the guardian administrator,

typically for a limited timeframe, with redetermination required upon placement changes. DCFS, in collaboration with Deloitte, is developing a user-friendly portal within the new child welfare data system, CCWIS (IllinoisConnect), to store medical information. This project aims to link data from various sources, including I-Care, YouthCare, electronic medical records and the Illinois State Board of Education system. Additionally, DCFS is working with Cordata's Identity platform for HIPAA-compliant linkage of electronic medical records to child welfare data systems, with a pilot project awaiting funding approval in collaboration with Rush University Children's Hospital.

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

All youth in care have a Medical Home which includes designation of a PCP within 30 days of Youthcare notification of a placement. If a PCP is not chosen, YouthCare designates a PCP. On occasion children opt out of YouthCare coverage and into another managed care plan. YouthCare aims to improve access, continuity of care and health care outcomes for youth in care and former youth in care. It conducts comprehensive assessments for all enrolled youth and provides ongoing health care management through dedicated care coordinators. The HealthWorks program ensures youth receive comprehensive, coordinated, community-based care. Through collaboration between the YouthCare provider network, HealthWorks Lead Agencies, primary care provider network and multiple state agencies, an effective health care delivery system for youth in care has been established and aligned with the Medical Home Model.

YouthCare's Role in Ensuring Continuity of Care

YouthCare Coordinator's Responsibilities: Each youth enrolled in YouthCare is assigned a care coordinator responsible for procuring the youth's health history, facilitating referrals to specialists, securing medication approvals, providing medical education and ensuring adherence to immunization schedules and routine health care visits.

YouthCare Coordination and Communication: Care coordinators foster a collaborative environment, continuously engaging with assigned youth, caseworkers, caregivers and other stakeholders. They utilize a shared portal for health care information, facilitating seamless communication and collaboration with DCFS and caregivers.

Health Management and Continuity: Care coordinators ensure continuity of care by linking youth with primary care physicians and other necessary health care services or resources. They conduct annual screenings/assessments, assist with locating providers and ensure connection with required specialists based on the youth's medical/behavioral needs.

Regulatory Compliance and Oversight: YouthCare emphasizes the importance of health appointments and ensures compliance with licensing requirements for health care providers. It provides alternatives for health plans based on age and individual circumstances.

Transition and Continuation of Care: YouthCare ensures a smooth health care transition for youth over 18, offering comprehensive options for selecting HealthChoice Illinois Health Plans and discussing Meridian Healthcare at transition meetings. Care coordinator assignments are adjusted based on enrollment in alternate health plans.

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

DCFS Oversight and Medication Management

DCFS maintains a meticulous process for reviewing and approving psychotropic medications, overseen by the psychiatric consultant of the Office of Guardianship Administrator to ensure

careful monitoring. The process includes a medical provider submits a CFS 431-A form via fax which in turn goes to both the University of Illinois-Chicago (UIC) and DCFS simultaneously. UIC research specialists and nursing staff review the request and prepares it for review by consulting psychiatrists. The psychiatrists make a recommendation, either approving, modifying or denying the request. Throughout each workday, these recommendations are sent to DCFS hourly and are electronically assigned and processed as a CFS 431-B form in the Consent Data System (CDS). These processed consents are then sent back to the prescriber and assigned case manager for purposes of filing. Upon the UIC recommendation(s) being made, HFS is provided the same information, which allows caregivers to get approved mediations filled without delay or the need to wait for the formal consent entered within the CDS. This process is dictated by Procedures 325, Procedures 327, Policy Guide 2012.04 and Rule 325. The department has an extensive contract with UIC to provide consultation and oversight over youth in care's psychotropic medication needs. UIC organizes monthly "Oversight Committee" meetings attended by their administrative staff, including the director of clinical services in psychopharmacology, the DCFS guardian, assistant guardian, medical director, DCFS chief nurse, DCFS consulting psychologist and DCFS clinical services staff. Each quarter the Oversight Committee is presented with UIC statistics related to their contract and program plan. This information is used for an annual report to the Illinois General Assembly. Monitoring of psychotropic medications is done by ongoing reviews of requests by not approving any request for more than 180 days and requiring blood work and other essential tests to be provided as recommended, usually with each renewal. Renewals can be submitted within 45 days of expiration.

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

Robotics Process Automation (RPA) Implementation

In the field of Robotics Process Automation (RPA), the DCFS guardian's office utilizes RPA and the Consent Data System to streamline the psychotropic medication consent processes. The PAC Bot automates a significant portion of the consent process, improving efficiency and accuracy in consent approvals. Deployed in August 2023, the PAC Bot has automated 73% of the prior process as of March 2023 and is projected to save over 5,000 manual work hours annually. This initiative has led to faster approval of critical medication consents and increased dosage accuracy. YouthCare contractors and the DCFS Guardian's Office and Care Oversight Team are committed to leveraging procedural consistency and technological innovation to ensure optimal management of behavioral health needs and medication protocols for youth in care.

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

DCFS is actively involved in assessing the health and well-being of children in foster care by engaging both medical and non-medical professionals in a structured and collaborative approach. Each professional's expertise is valued and contributes to determining appropriate medical treatment.

1. **Consultation and Resources** received by child protection investigators and permanency workers.
 - The DCFS Office of Nursing Services and the medical director provide crucial consultation and resources to caseworkers, youth and caregivers. They offer expertise and guidance to ensure optimal care for youth in care.
 - DCFS nursing specialists, along with a physician from YouthCare, conduct regular physical health rounds for youth with severe health conditions.
 - Care coordinators from YouthCare serve as facilitators and key resources in the health care process, addressing inquiries, concerns and making necessary referrals for treatment.
2. **Health Risk Screenings (HRS):**
 - YouthCare coordinators conduct Health Risk Screenings (HRS) designed to identify behavioral health diagnoses and treatments.
 - HRS forms the basis for personalized care plans.
3. **Care Coordination:**
 - Care coordinators use tailored care plans to ensure appropriate connections to behavioral health care and crisis support.
 - Evidence-based psychoeducational resources are provided to youth and caregivers.
4. **Oversight and Committees:**
 - The DCFS Care Oversight Committee meets monthly to review complex behavior and mental health cases and provide informed recommendations for evaluation, treatment and placement.
 - The Health Integration Committee regularly discusses health care issues and reviews cases with complex medical and behavioral problems.
5. **Proper Diagnosis and Crisis Response:**
 - A comprehensive clinical staffing process involves input from various professionals to ensure proper diagnosis and crisis response.
 - Youth with specific illnesses are referred to the DCFS nursing department and medical director for consultation to ensure accurate diagnosis and treatment.
 - Health Risk Screenings and ongoing evaluations support proper diagnoses and ensure children receive suitable placements and care.

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

The department's approach to addressing the multifaceted needs of youth in care is underpinned by a comprehensive clinical staffing process. This process involves casework staff and clinical professionals collaborating to review cases with significant emotional, behavioral, developmental and medical diagnoses. Key players in this process are the licensed clinical staff who serve as subject matter experts, providing invaluable insights and recommendations to enhance the quality of care delivered. The primary goal of each staffing is to ensure that the level of care aligns with each youth's specific needs, involving input from a range of experts, including those from YouthCare, DCFS Behavioral Health Unit, DCFS Office of Nursing, DCFS psychologists and psychiatric hospital liaisons.

- Additionally, various committees, like the Care Oversight and Health Integration committees, facilitate ongoing evaluation and decision-making, enhancing care delivery and optimizing outcomes for youth under the department's supervision. These committees regularly bring together key stakeholders and professionals to review complex cases, make evaluation, treatment and placement recommendations and provide insights into broader health care issues affecting youth. By fostering collaboration and communication among multidisciplinary teams, these staffings and committees contribute to continuously improving care delivery and optimizing outcomes for youth under the department's supervision. The department remains actively involved in the Illinois Behavioral Health Blueprint for Transformation initiative.

[Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children](#)



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Furthermore, in alignment with the Family First Preservation Act, DCFS ensures that youth and caregivers receive evidence-based therapeutic care. The Family First initiative aims to reshape the system's culture to view congregate care as a focused treatment intervention, with the goal of supporting youths' pathways to permanency and living in family homes.

This initiative involves:

- Acknowledging the risk inherent in serving youth with high service needs in community settings, generating additional placement resources that provide intensive services in more family-like settings.
- Requiring and supporting congregate care treatment providers to plan for transitions and remain engaged in post-discharge linkage to community resources.
- Requiring and supporting caseworkers, foster parents and families to remain engaged with youth while they receive treatment interventions in congregate care settings.

The primary objective of the Family First initiative is to enhance the effectiveness of congregate care interventions, reduce lengths of stay, facilitate successful transitions and foster lasting connections between children and supportive adults.

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

The department's transition plan for youth aging out of foster care is multifaceted, addressing critical health care needs through structured processes and collaborative efforts. Key elements such as health insurance, power of attorney, and health proxy are incorporated into the CFS2032 Youth-Driven Transition Plan at pivotal ages and within 90 days of discharge from DCFS.

Youth can opt out of YouthCare coverage and into another managed care plan. The DCFS guardian can also remove a youth from YouthCare. Caseworkers, life skills coordinators and YouthCare care coordinators are vital in reviewing health care options for youth aged 14-21, ensuring comprehensive coverage.

The Health Passport, a key component of the transition plan, provides a concise summary of health information such as medical history, current medications and allergies. This document is regularly updated and is crucial for continuity of care during significant transition phases, such as aging out of foster care or entering independent living arrangement.

YouthCare, in collaboration with DCFS, ensures seamless health care support for transitioning youth through proactive measures. The annual a2A assessment completed by YouthCare care coordinators evaluates various health and social determinants, which ultimately guide tailored care plans. Efforts to increase assessment completion have yielded positive results, reflecting a commitment to thorough evaluation. The assessment covers physical and behavioral health, substance use, sexual health and social determinants like education and housing. The care plan aims to facilitate a seamless transition to independence by addressing health care needs and broader psychosocial considerations. Additionally, YouthCare assists young adults in transitioning Medicaid coverage, helping them find adult health care providers and schedule appointments independently. Youth can opt out of YouthCare coverage and into another managed care plan.

YouthCare increased a2A assessment completion by 50% in 2023 (2022 = 695 vs 2023 = 1,067), 1067 out of 1906 eligible youth received a a2A assessment in 2023.

a2A assessments

Asmt Year	a2A
2020	118
2021	680
2022	610
2023	697
2024	132
Total	2,237

Youth Care began on 9/1/2020, all 2020 data is from 9/1/2020-12/31/2020

Collaborative initiatives between YouthCare and DCFS, such as Child and Family Team Meetings and Countdown to 21 meetings, play a crucial role in facilitating successful transitions for youth. These meetings promote open communication and ensure all stakeholders are engaged in the transition process. YouthCare provides ongoing support to former youth in care, ensuring continuity of care post-discharge and continued Medicaid coverage participation. Departmental procedures ensure seamless continuation of Medicaid coverage for youth aging out of foster care, emphasizing uninterrupted access to health care services. This comprehensive approach, which includes structured processes like the a2A assessment and Health Passport, collaborative partnerships between YouthCare and DCFS, and tailored interventions like the Youth-Driven Transition Plan, aims to facilitate a smooth transition to independence while prioritizing the well-being of former youth in care.

Delivery of Health Care Services to Youth in Care 2020-2024

These tables represent 'All' children and youth in Care

Well Child Visits

Annual Summary of All Cases In Care

Start Date: 7/1/2020 - End Date: 6/30/2024

Fiscal Year	Cases In Care	Well-Being Visits	% Well-Being
FY2021	28373	27444	96.73%
FY2022	27697	26951	97.31%
FY2023	26328	25439	96.62%
FY2024	25209	23592	93.59%
Grand Total	107607	103426	96.11%

Cases In Care - Count of youth in foster care during the Fiscal Year for whom the department has legal custody

Well-Being Visits - Child has at least one Well-Being visit held with the Primary Care Physician

% Well-Being - Percentage of children in care who have a Well-Being Visit during foster care case

*****FY'24 data is incomplete and will be updated as it is available*****

Immunization Compliance

Annual Summary of All Cases In Care

Start Date: 7/1/2020 - End Date: 6/30/2024

Fiscal Year	Cases In Care	Immunizations Compliant	% Compliant
FY2021	28373	22880	80.64%
FY2022	27697	22301	80.52%
FY2023	26328	20805	79.02%
FY2024	25209	18522	73.47%
Grand Total	107607	84508	78.53%

Cases In Care - Count of youth in foster care during the Fiscal Year for whom the department has legal custody

Immunizations Compliant - Count of youth in foster care receiving all required immunizations

% Compliant - Percentage of youth in foster care who received all required immunizations

*****FY '24 data is incomplete and will be updated as it is available*****

Primary Care Physician Enrollments

Annual Summary of All Cases In Care

Start Date: 7/1/2020 - End Date: 6/30/2024

Fiscal Year	Cases In Care	Youth with PCP	% Youth with PCP
FY2021	28373	24895	87.74%
FY2022	27697	24562	88.68%
FY2023	26328	22882	86.91%
FY2024	25209	22119	87.74%
Grand Total	107607	94458	87.78%

Cases In Care - Count of youth in foster care during the Fiscal Year for whom the department has legal custody

Youth with PCP - Count of youth in foster care with an assigned Primary Care Physician

% Youth with PCP - Percentage of youth in foster care with an assigned Primary Care Physician

*****FY '24 data is incomplete and will be updated as it is available*****

Dental Visits

Annual Summary of All Cases In Care

Start Date: 7/1/2020 - End Date: 6/30/2024

Fiscal Year <input type="button" value="v"/>	Cases In Care	Dental Visits	% Dental Visits
FY2021	28373	21146	74.53%
FY2022	27697	20088	72.53%
FY2023	26328	17225	65.42%
FY2024	25209	13228	52.47%
Grand Total	107607	71687	66.62%

Cases In Care - Count of youth in foster care for whom the department has legal custody

Dental Visits - Count of youth in foster care who had a dental visit of any kind

% Dental Visits - Percentage of youth in foster care with a dental visit of any kind

*****FY '24 data is incomplete and will be updated as it is available****

Initial Health Screens

The Initial Health Screens (IHS) are monitored by HealthWorks of Illinois Lead Agencies. The data included in this table represents the number of initial health screens completed within 24 hours of protective custody for hospitalized and non-hospitalized youth in care. The following are percentages completed from 7/1/23-6/30/24. All percentages use the case opened count as the denominator: 71.80 % of IHS were completed for youth coming into care, 66.19% of IHS were completed within 24 hours of case opening or legal custody, 60.93% of IHS were completed for youth outside of the hospital setting, 58.39% of IHS were completed for youth in a non- hospital setting within 24 hours of case opening or legal custody as a percentage of all youth coming into care.

Department of Children & Family Services

Initial Health Screen (IHS) Statistical Report

Annual Summary of All Cases

Start Date: 7/1/2023 - End Date: 6/30/2024

HWCA	Cases Opened	IHS Completed	Hospitalized	Non-Hospitalized	IHS w/ 24 Hours	Non-Hosp IHS		% IHS	% IHS	% IHS	% IHS Completed
						IHS Completed - Non-Hosp	Completed w/ 24 Hours	Completed	Completed w/ 24 Hours	Completed - Non-Hosp	w/ 24 Hours - Non-Hosp
Adams County Health Department	163	121	19	144	112	102	99	74.23%	68.71%	62.58%	60.74%
Aunt Martha's Youth Center	571	311	54	517	261	257	240	54.47%	45.71%	45.01%	42.03%
Champaign-Urbana PHD//HealthWorks	246	204	30	216	189	174	162	82.93%	76.83%	70.73%	65.85%
Dupage County Health Department	251	169	14	237	155	155	143	67.33%	61.75%	61.75%	56.97%
Effingham County Health Department	271	231	39	232	222	192	183	85.24%	81.92%	70.85%	67.53%
Kankakee Health Department	36	19	2	34	17	17	17	52.78%	47.22%	47.22%	47.22%
Lake County Health Department	143	99	17	126	85	82	77	69.23%	59.44%	57.34%	53.85%
LaSalle County Health Department	87	72	8	79	71	64	63	85.83%	81.61%	73.56%	72.41%
Logan County Department of Public Health	607	521	86	521	492	435	427	85.83%	81.05%	71.66%	70.35%
Macon County Health Department	222	187	36	186	179	151	145	84.23%	80.63%	68.02%	65.32%
McHenry County Department of Health	79	22	2	77	19	20	17	27.85%	24.05%	25.32%	21.52%
McLean County Health Department	191	170	25	166	168	145	144	89.01%	87.96%	75.92%	75.39%
Rock Island County Health Department	231	206	28	203	204	178	177	89.18%	88.31%	77.06%	76.62%
Southern Illinois Healthcare Foundation	498	257	31	467	236	226	216	51.61%	47.39%	45.38%	43.37%
Southern Seven Health Department	104	96	11	93	90	85	79	92.31%	86.54%	81.73%	75.96%
TASC South	198	160	41	157	129	119	117	80.81%	65.15%	60.10%	59.09%
TASC, Inc.	239	196	48	191	187	148	144	82.01%	78.24%	61.92%	60.25%
Will County Health Department	199	130	18	181	123	112	111	65.33%	61.81%	56.28%	55.78%
Winnebago County Health Department	347	296	3	344	284	293	282	85.30%	81.84%	84.44%	81.27%
(blank)	544	286	56	488	237	230	209	52.57%	43.57%	42.28%	38.42%
Grand Total	5227	3753	568	4659	3460	3185	3052	71.80%	66.19%	60.93%	58.39%

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

IHS Completed - Count of Initial Health Screenings completed for youth coming into foster care

Hospitalized - Count of youth coming into foster care in a hospital setting

Non-Hospitalized - Count of youth coming into foster care outside of a hospital setting

IHS w/ 24 Hours - Count of Initial Health Screenings completed within 24 hours of the later of case opening or legal custody

IHS Completed - Non-Hosp - Count of Initial Health Screenings completed for youth in non-hospital settings

Non-Hosp IHS Completed w/ 24 Hours - Count of Initial Health Screenings completed within 24 hours of the later of case opening or legal custody for youth in non-hospital settings

% IHS Completed - The % of IHS completed for youth coming into care

% IHS Completed w/ 24 Hours - The % of Initial Health Screenings that were completed within 24 hours of case opening or legal custody

% IHS Completed - Non-Hosp - The % of Initial Health Screenings completed for youth outside of a hospital setting as a percentage of all youth coming into care

% IHS Completed w/ 24 Hours - Non-Hosp - The % of Initial Health Screenings completed for youth in a non-hospital setting within 24 hours of case opening or legal custody as a percentage of all youth coming into care

*Note: All percentages use the Cases Opened count as the denominator

Comprehensive Health Evaluations

The data included in this table represents the number of Comprehensive Health Evaluations (CHE) completed within 21 days of case opening for all youth in care. The following are percentages of comprehensive health evaluations that were completed from 7/1/23-6/30/24: 70.21% of CHEs were completed for all youth coming into care, 36.90% of CHEs were completed within 21 days of case opening for all youth in care.

Department of Children & Family Services

Comprehensive Health Exam (CHE) Cumulative Statistical Report

Annual Summary of All Cases

Start Date: 7/1/2023 - End Date: 6/30/2024

HWCA	Cases Opened	CHE Held	CHE Held w/l 21 days of Open	% CHE Completed	% CHE Completed w/l 21 days
Adams County Health Department	21	19	10	90.48%	47.62%
Aunt Martha's Youth Center	215	176	40	81.86%	18.60%
Champaign-Urbana PHD//HealthWorks	32	31	16	96.88%	50.00%
Dupage County Health Department	79	58	19	73.42%	24.05%
Effingham County Health Department	60	47	36	78.33%	60.00%
Kankakee Health Department	13	6	3	46.15%	23.08%
Lake County Health Department	16	12	3	75.00%	18.75%
LaSalle County Health Department	26	22	14	84.62%	53.85%
Logan County Department of Public Health	164	129	57	78.66%	34.76%
Macon County Health Department	48	39	20	81.25%	41.67%
McHenry County Department of Health	10	5	1	50.00%	10.00%
McLean County Health Department	46	34	16	73.91%	34.78%
Rock Island County Health Department	50	45	28	90.00%	56.00%
Southern Illinois Healthcare Foundation	94	40	11	42.55%	11.70%
Southern Seven Health Department	20	18	11	90.00%	55.00%
TASC South	52	36	26	69.23%	50.00%
TASC, Inc.	74	55	25	74.32%	33.78%
Will County Health Department	74	57	17	77.03%	22.97%
Winnebago County Health Department	85	63	30	74.12%	35.29%
(blank)	3943	2704	1507	68.58%	38.22%
Grand Total	5122	3596	1890	70.21%	36.90%

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

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

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

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

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

The 2025-2029 Child and Family Services Plan (CFSP) Health Care Coordination and Oversight Plan aims to build on the achievements and collaborations established in the preceding plan (2020-2024). By continuing to work closely with key stakeholders like YouthCare, HFS, HealthWorks and DHS, alongside other state agencies, private partners and community stakeholders, the plan seeks to maintain momentum and deepen partnerships in the child welfare system. The plan emphasizes innovation and inclusivity and incorporates new strategies and approaches to address evolving health care needs. DCFS remains committed to continuous improvement and collaboration to improve the outcomes of every youth and family it serves.