



# CITIZEN REVIEW PANELS

Addendum F

**FY2020**

**Illinois Department of Children and Family Services**

FY20 Citizen’s Review Panel  
Illinois Department of Children and Family Services

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**THE CHILD ABUSE PREVENTION AND TREATMENT ACT**

In 1974, The Child Abuse Prevention and Treatment Act (CAPTA) was signed into law. The CAPTA federal legislation guides child protection and is elaborated in U.S. Code (42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et. seq.). It was reauthorized with significant amendments and additions in 1978, 1984, 1988, 1992, 1996, 2003, and 2010. The Citizen Review Panels were first introduced in the CAPTA amendments of 1996, were further delineated in the Keeping Children and Families Safe Act of 2003, and were modified by some additions in the CAPTA Reauthorization Act of 2010, P.L. 111-320.

The Illinois Department of Children and Family Services (IDCFS) is the agency designated in Illinois to implement the provisions of CAPTA and meet requirements set out in federal law. Currently within IDCFS, the Bureau of Operations and the Division of Policy and Advocacy administer many of the programs and grants required under CAPTA, including the Citizen Review Panels. CAPTA funds programs providing community-based prevention, adoption opportunities, and assistance to abandoned infants.

**Purpose of the Citizen Review Panels**

The Illinois Citizen Review Panel was established in 1974 pursuant to Section 106 (c) of the federal Child Abuse Prevention and Treatment Act (CAPTA). The function of the panel is to examine the policies, procedures, and practices of State and local agencies to evaluate whether State and local child protection agencies are effectively discharging their child protection responsibilities.

The Citizen Review Panel duties are to evaluate:

- The Illinois state CAPTA Plan and the specific areas of the child protective system which are addressed therein;
- The state's compliance with federal child protection standards and assurances set forth in the CAPTA law;
- Any other criteria that the panels consider important to ensure the protection of children, including:
  1. Review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs
  2. Review of child fatalities and near fatalities.

**The Development of Citizen Review Panels in Illinois**

The Illinois Department of Children and Family Services (IDCFS) established Citizen Review Panels to examine the policies and procedures of state and local child protective service agencies. Authorizing legislation for the Illinois Citizen Review Panels amended the Illinois Children and Family Services Act (20 ILCS 505/5) effective June 1999. According to the provisions of CAPTA, the individual states may: 1) designate one or more existing entities to satisfy the citizen review requirements; and 2) appoint volunteer members who are broadly representative of the community, including members who have expertise in the prevention and treatment of child abuse and neglect.

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In forming the panels, IDCFS invited existing advisory committees to take on citizen review activities in addition to their other interests and statutory responsibilities. Currently there are four panels operating within the Citizen Review Panels of Illinois. The panels are comprised of a variety of members who have experience in working with children and families. The SCAN Committee has members who represent professional organizations, child welfare agencies, volunteer associations, and concerned citizens. The Children's Justice Task Force, Child Death Review Team Executive Council and The Child and Family Advisory Council have members from numerous disciplines including medicine, medical examiners and coroners, mental health, law, criminal justice, public health, education, social work, child abuse prevention, parent advocacy and child advocacy. The Director of IDCFS is a member of The Child and Family Advisory Council.

**Citizen Review Panel Conference**

The 18<sup>th</sup> Annual National Citizen Review Panel Conference will be held in Albuquerque, New Mexico, June 6-8, 2019. The Conference theme is: "Rising to Meet the Challenge: Improving Child Protection Response Systems. The conference provided educational and networking opportunities for CRP members, State Coordinators, Child Welfare Staff, and Child Welfare Partners.

Illinois will be well represented at this year's conference by seven participants. A board member from each of the four panels, as well as the Children's Justice liaison, Children's Justice Coordinator and the Chief Accountability Officer from the Illinois Department of Children and Family Services.

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**RESPONSE OF THE  
ILLINOS DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
TO THE  
ILLINOIS CITIZEN REVIEW PANELS  
COMBINED RECOMMENDATIONS 2018**

**To:** The Illinois Citizen Review Panels  
**From:** Marc D. Smith, Acting Director  
**Date:** April 30, 2019

The Illinois Department of Children and Family Services (DCFS) appreciates your dedicated service and we thank you for your efforts on behalf of Illinois children. We have reviewed the 2017 recommendations from each of your respective panels and our responses are provided as follows (recommendation in **bold**, followed by non-bolded response):

**CHILDREN'S JUSTICE TASK FORCE**

**Coordinated Investigation/Case Handling Sub-Committee**

- 1. DCFS must coordinate with other agencies and disciplines (law enforcement and prosecutors) for timely and inclusive sharing of information and reports, to facilitate thorough and complete investigations.**

DCFS acknowledges that utilizing the MDT process is the best way to coordinate and communicate between partners. DCFS procedures discuss the importance and expectations regarding the use of MDT's to facilitate thorough and complete investigations. DCFS has a memorandum of understanding with law enforcement and prosecutors to share information

- 2. DCFS should provide timely and ongoing updates on investigations of serious harm/sexual abuse cases to MDT partner agencies and provide ongoing training regarding these issues to staff. Training should include law enforcement with shared responsibility for the funding.**

Child protection staff are encouraged and supported financially by the Department to participate in ongoing multi-disciplinary team training to better communicate and work with partners. When trainings are available, staff are identified to attend.

- 3. DCFS should work with, and coordinate efforts with CSEC (Commercially Sex Exploited Children), to develop a state-wide, consistent discipline for case management for those children involved in sex trafficking.**

Currently DCFS has an identified sex trafficking coordinator who reviews investigations, casefiles and provides direction to staff regarding trafficked youths. Training is provided

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ongoing to staff to improve their skills in working with trafficked children. In addition, Operations is participating in a statewide training with community partners such as law enforcement in July 2019 to better develop a consistent statewide response to trafficked youth

**Legal, Legislative and Court Issues**

- 4. DCFS should consider revisions to the Abused and Neglected Child Reporting Act to strengthen mandated reporter training, and DCFS should review and strengthen, if necessary, its live and online training systems. While ANCRA currently requires that a new mandated reporter sign a statement verifying that he or she has 'knowledge and understanding' of mandated reporter requirements, it does not require that DCFS make training – live or online – available to new mandated reporters. And ANCRA currently requires that only school personnel receive re-training (“at least every 5 years”) on mandated reporter requirements. ANCR should require that all new mandated reporters be trained – live or online – within 3 months of employment and be required to attend – live or online – refresher training every two years.**

There is current legislation pending to make changes such as this to ANCRA. The Department is working closely with the sponsors of the legislation and is in support of ongoing training and updating current online training.

- 5. DCFS should work with legislators to draft a bill to make protective orders mandatory in all Child Protection cases where sensitive material including forensic interviews, medical records and mental health records are obtained, according to the appropriate process in any type of litigation, whether civil or criminal.**

There is currently a confidentiality statute that protects sensitive material, medical records, and mental health records under the juvenile court act. The rule governing confidentiality is 705 ILCCS 1.8 inter alia.

**CHILDREN'S JUSTICE TASK FORCE**

**Health, Mental Health and Disabilities**

- 6. DCFS should have dialog with the Attorney General about the crime victim's compensation program about improving the process and providing victims with a realistic time frame as to when victims can expect to receive compensation. DCFS (specifically DCP staff) should educate families about how to apply for victim's compensation.**

DCFS is not the content expert on the victim's compensation program. DCFS will direct people to the experts in the Attorney General's office upon inquiry regarding the crime victim compensation program.

**7. All parties involved with child abuse investigations should undergo evidence-based trauma informed training**

The Department provides ongoing trauma informed training for staff. Trauma-informed practice training is provided to DCP through Foundations. It is in the Core Practice Module and interwoven throughout the training. New hires must also complete Trauma 201 within the first 6 months of completing Foundations.

**Capacity Building**

**8. Work with the CJTF to identify a nationally-recognized, evidence-based curriculum, such as that offered by NCTSN and to determine qualifications for being trauma informed.**

DCFS Trauma 201 was development in consultation with the NCTSN. The Department agrees to work with the CJTF to review national curricula.

**9. Work with CACI and Champions for Children conferences to offer specific judicial tracks related for prosecutors, defense attorneys, and prosecutors.**

The Office of Learning and Professional Development will work with the ACI and Champions for Children conferences in the development of DCFS specific content for judicial tracks related for prosecutors, defense attorneys, and prosecutors.

**10. Ensure that the trauma informed care training is sensitive to the needs of various subpopulations, including 0 – 3 years, LGBTQ+, children with disabilities, CSEC victims.**

The Office of Learning and Professional Development will review the current trauma curricula to ensure the named populations are included and offer additional trainings based on the review of national models. Both Department procedures and training ensure that trauma informed care training is sensitive to the needs of special populations. In addition, we have specialty staff within the clinical division in those areas to assist staff and foster parents as needed.

**11. Identify and appoint an individual within DCFS to work with the CJTF to implement these recommendations.**

DCFS staff already participate on CJTF. The Deputy for Child Protection sits as an adjunct to the committee to provide information as requested on certain topics. This Deputy can reach out to the other divisions to help in connecting the personnel to provide the education and development of training they are requesting.

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- 12. Have a representative from DCFS present to the CJTF on the current assessment process, what the standards are., etc. and provide documentation on the process.**

Have a representative from DCFS present to the CJTF on the current assessment process, what the standards are., etc. and provide documentation on the process. OLPD defers to Field Ops and/or Clinical to present information on trauma related assessment. i.e. CANS

- 13. Determine and implement consistency standardization across the State regarding the assessment process.**

If the Department agrees, OLPD will work with Policy and Field Ops to implement training, if needed to address this issue.

- 14. Ensure that all residents of the State of Illinois have access to a child abuse pediatrician within a three-hour drive.**

As there are very few certified child abuse pediatricians within Illinois, the Department is currently working with Lurie Hospital to develop a telemedicine platform that would allow access to qualified pediatricians instantly. In addition, DCFS is assessing the need to expand or create new specialty medical resource centers across the state.

#### **CHILD DEATH REVIEW TEAM**

- 1. DCFS to develop a separate unsafe sleep allegation that has a shorter retention period (perhaps 7-10 years), and that possibly results in a family "flag" instead of an indication for the first instance. It is very difficult to gather the data on how frequently these avoidable deaths happen unless they are tracked. We often see second or subsequent deaths due to unsafe sleep, and for a second such death, this should result in an indicated finding.**

The Department by rule already has a death allegation. Currently the Department is working with IT to develop a drop down on the allegation tab related to the cause of death which would allow the Department to track many types of deaths including safe sleep. If a prior death has been called into the Hotline, the Department can note that and can take into consideration when assessing evidence related to the current death.

- 2. For DCFS to maintain unfounded reports according to the law, which sets NO date for expungement if the report is made by a mandated reporter, or is a priority one or two report.**

DCFS retains reports in accordance with current law. As of Jan 1, 2019, all unfounded reports are retained for a period of 5 years. Indicated reports by law have specific retention codes laid out.

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**Multiple parts:**

- a. **DCFS Medical Director to research/survey with Priority One/Serious Harms staff to determine if the lack of cooperation amongst doctors and hospitals (not returning calls, not providing records, etc.) is widespread; We on CDRT hear this frequently.**

The DCFS Medical Director is aware that this issue was raised and will survey the Priority One/Serious Harm staff to determine if the lack of cooperation amongst doctors and hospitals is widespread.

- b. **Based on which Hospitals or facilities are putting up barriers, plan specific interventions to improve the relationship between DCFS and medical providers and ensure timely communication and receipt of records from medical providers.**

DCFS in conjunction with legal and the Medical Director reach out ongoing to develop relationships with hospitals and medical facilities. Many major hospitals already have a staff liaison to assist with communication and education.

- c. **Move forward with the proposed legislation changes to ANCRA that have been submitted twice but not moved forward by DCFS; this legislation would require medical providers to provide requested medical records to DCFS DCP within 3 business days of the request, with consequences of fines or otherwise for failure to comply. Currently the statute requires that the records be given to DCFS, but with no timeframe or deadline, or consequences for failure to do so.**

DCFS will not object to a bill sponsored on this subject.

**ILLINOIS CHILDREN AND FAMILY SERVICES ADVISORY COUNCIL**

**This Council did not make any recommendations for reporting year FY2018.**

**STATEWIDE CITIZEN'S COMMITTEE ON CHILD ABUSE AND NEGLECT**

**This Council did not make any recommendations for reporting year FY2018.**

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**CHILDREN'S JUSTICE TASK FORCE**

The ***Children's Justice Task Force (CJTF)*** is a multidisciplinary, legislatively-mandated advisory group that makes recommendations to the Illinois Department of Children and Family Services (IDCFS) for improving the investigative, administrative, and judicial handling of child abuse cases, particularly cases of child sexual abuse/exploitation and cases involving a combination of jurisdictions. The Task Force was organized in 1989 according to guidelines in the federal Child Abuse Prevention and Treatment Act (CAPTA), and it became one of the Illinois Citizen Review Panels in 1999. Recommendations from this panel are focused on reducing child trauma, enhancing the effectiveness of judicial and administrative actions in child abuse cases, and reforming state laws and regulations for child protection and child welfare while ensuring fairness to all affected persons.

The members of Children's Justice represent professionals in the fields of child protection, law enforcement, medical and mental health, attorneys for the prosecution and defense, criminal and civil court judges, education, children with disabilities, child advocates, and parent advocates. The Task Force currently includes 29 members appointed by IDCFS to staggered 4-year terms. Since January 2018, the IDCFS Director has appointed 13 new members representing law enforcement, children with disabilities, child advocate, CASA, legal and child protection. The task force meets four times per year at various locations throughout the state for general meetings and in subcommittees as needed. Virginia Zic-Schlomas, Retired Sergeant Chicago Police Department and Paul Hamann, President and CEO of Night Ministry in Chicago serve as co-chairs.

**Task Force Meeting Dates**

August 14, 2019 in Peoria  
November 13, 2019 in Joliet  
February 12, 2019 in Champaign  
May 13, 2019 in Fairview Heights

**Training Conferences Provided**

Multidisciplinary training conferences focusing on child abuse were continued in FY18. IDCFS and the Children's Advocacy Centers of Illinois partnered to sponsor two successful statewide training conferences: Champions of Children Conference on March 11-12, 2019 in Itasca and Downstate Child Abuse Conference on April 24 -25, 2019 in Fairview Heights.

The statewide intensive Forensic Interviewing Training (5-day Child First Curriculum) is scheduled for September 30 – October 4, 2019.

Illinois Association of Court Appointed Special Advocates (CASA) Illinois CASA has one Annual Statewide Conference. The 2019 conference: Together We Can: Changing Children's Lives was conducted April 3 – 5, 2019, Bloomington.

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As the leading resource on child abuse issues, CACI stays abreast of the latest research and literature in the child abuse field, as well as the most child-friendly approaches in investigation and treatment of child abuse. CACI provides training and program support to developing and assisting CACs throughout Illinois. CACI collects and maintains data statewide, including the following as of April 2019:

- CACs Provide Services: 39 accredited CAC's in Illinois (3 are satellite locations)
- Forensic Interviews (FI): 12,724
- Number of FI were sexually abused children: 10,544

There are 39 accredited CAC's in Illinois (3 are satellite locations).

Child First training took place April 1-5, 2019 in Bloomington and second session scheduled for September 30-October 4, 2019 in Springfield.

**Southern Illinois University School of Medicine:  
Children's Medical Mental Health Resource Network (SIU)**

SIU supports the Children's Medical Mental Health Resource Network (CMMHRN), offers services in the 34 counties of the Southern Region as well as 11 counties of Central Illinois. CMMHRN works closely with DCFS and the eight CACs in the region, ensuring that children receive needed services as close to home as possible.

- In the last two quarters of FY 18 CMMHRN conducted 22 medical consults and participated in 10 MDT meetings.
- In the first two quarters of FY19, CMMHRN conducted 24 medical consults.
- CMMHRN participated in eight MDT meetings throughout their service areas.
- CMMHRN provided children of suspected physical abuse, sexual abuse, and neglect with a thorough physical examination, medical follow-up, multidisciplinary case review and investigation, victim advocacy, service referrals, and court testimony as needed.
- CMMHRN delivered 21 training sessions to 1325 participants on various topics.

**University of Illinois, College of Medicine at Peoria  
The Pediatric Resource Center (PRC)**

- PRC serves more than 40 counties in the Central Region of Illinois.
- As of the 2<sup>nd</sup> quarter of FY18, 20 medical consultations/chart reviews had been conducted.

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- There was a total of 25 MDT meetings which included case consultations.
- PRC provided the following training entitled "Medical Aspects of Child Maltreatment" on the following dates:
  - Champaign ..... October 18, 2018
  - West Peoria..... January 17, 2019
  - Springfield ..... May 7, 2019

**The University of Illinois, College of Medicine at Rockford  
Medical Evaluation Response Initiative Team (MERIT)**

The MERIT Program reaches 17 counties in the Northern Region of Illinois. MERIT partners with Rockford Memorial Hospital, Swedish American Hospital, and AOF St. Anthony's Hospital.

- As of 2<sup>nd</sup> quarter FY19, MERIT conducted 18 medical consults and participated in 11 MDT case staffings.

**The Champions of Children Conference** continues as a major state training for the education of MDTs conducting child protection investigations for Cook County. The 10<sup>th</sup> Annual Champions of Children Conference was organized by the Children's Advocacy Centers of Illinois, Midwest Regional CAC and several individual children's advocacy centers. It was held March 11-12, 2019 at The Westin Chicago Northwest located in Itasca, Illinois.

**The 27<sup>th</sup> Annual Downstate Child Abuse Conference** - The 27th Annual Downstate Conference took place on April 24 & 25, 2019 in Fairview Heights, IL.

**Children's Advocacy Centers**

The Children's Justice Task Force continues to emphasize the need for child advocacy centers (CACs) to provide services for children and families in all Illinois counties. The Department has continued to support the development of child advocacy centers. There are now 38 accredited Children's Advocacy Centers in Illinois providing coordinated investigation, interviewing, and support services to children who have been physically or sexually abused in 96 of the 102 counties. These 38 CACs served 10,611 child abuse victims and provided 11,646 forensic interviews.

Although state appropriations are severely stretched, children's advocacy centers have continued to provide increasingly expansive advocacy, medical and mental health opportunities to children and families. In addition, Children's Advocacy Centers of Illinois has worked to increase training opportunities for all CAC related multidisciplinary agencies around the state and has sponsored specialized trainings.

**Citizen Review Panel Conference and Annual Grantee's Meeting Attendance**

A Children's Justice Task Force member will attend the National Citizen Review Panel Conference in Albuquerque, New Mexico in June 2019 and a member will attend this year's Annual Grantee's

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Meeting in Washington, D.C. in April. Task force members who attended the conference will report back to the task force at a quarterly meeting in August.

**Medical Training and Model Program Development**

Three major university medical child abuse programs are supported with Children's Justice and IDCFS funds to provide medical consults and training in underserved regions of Illinois. The funding supports the ongoing training, education and development of protocols for medical students, doctors, and nurses in child sexual abuse.

- Southern Illinois University (SIU) School of Medicine supports the Children's Medical Resource Network (CMRN) which offers services in the 34 counties of the Southern Region as well as 11 counties of Central Illinois.
- The Pediatric Resource Center (PRC) is a program of the University of Illinois, College of Medicine at Peoria, and serves over 40 counties in the Central Region of Illinois.
- The University of Illinois, College of Medicine at Rockford, has developed the MERIT program (Medical Evaluation Response Initiative Team) for the 17 counties in Northern Region.
- DCFS also funds the partnership known as MPEEC (Multidisciplinary Pediatric Education and Evaluation Consortium) through a contract with the Chicago Children's Advocacy Center.

**Child Protection and Legislative Education Impacting Task Force Decision Making**

***IDCFS Child Protection Updates:*** Last year, the task force reviewed and provided input into the Department's Comprehensive Procedures 300, Reports of Child Abuse and Neglect.

**Legislative Education:** The Children's Justice Task Force also received in-depth written summaries of all relevant pending legislation at quarterly meetings. This included legislation that impacted child welfare services and IDCFS policies or operations.

**Statewide Child Abuse Needs Assessment**

The task force completed a three-year assessment for the period of 2015 – 2018 which was finalized in July 2018. The process to complete the three-year assessment involved to review and evaluate state investigative, administrative and both the civil and criminal judicial handling of case of child abuse and neglect, including child sexual abuse and exploitation as well as cases involving suspected child maltreatment related fatalities. Based upon the data encompassed in the needs assessment, the task force made policy and training recommendations to guide their work for the next three years.

Below you will find a brief synopsis of findings outlined in the needs assessment completed by the Illinois Children's Justice Task Force Committee.

**Introduction**

There is a great need to improve the quality of investigations and how that might vary across disciplines (e.g., DCFS, CACs, law enforcement, medical). The July 2018 three-year

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needs assessment assisted the CJTF in making recommendations to fine tune the court process in the handling of sexual child abuse cases. The report narrowed focus on investigative policies, procedures, and practices, including an explicit examination of needs, challenges, and strategies related to investigations and the functioning of multidisciplinary teams in the four Unit-Based Multidisciplinary Team (UB-MDT) pilot sites. The state will utilize the services of Juvenile Protective Association (JPA). The mission of JPA is to improve the social and emotional well-being and functioning of vulnerable children so they can reach their fullest potential at home, in school, and communities. Through research and data collection, JPA has contributed to improving lives of children being abused and neglected across the country.

Proposed Projected Tasks

The findings in the needs assessment will support future efforts to improve investigative practice in Illinois. The needs assessments data assisted the CJTF

1. *Collaborate with CJTF subcommittee* so JPA can get feedback (e.g., on data collection and sampling plans, interpreting findings, recommended next steps) and support (e.g., to implement data collection and mobilize key stakeholders) throughout the six-month process;
2. *Review recent CJTF recommendations related to investigations*, describe progress that has been made in acting on these recommendations, and refine recommendations based on updated information;
3. Conduct a *gap analysis* for pilot sites to determine the frequency (number and percentage) of cases that should be referred to CACs by DCFS but are not;
4. Conduct a *survey primarily with CJTF members* about experience and demographic characteristics related to implementing unit-based MDT investigations. It will also focus on increasing access to mental health, DCFS Intact Family Services, evaluation and quality improvement.
5. Conduct *focus groups or interviews with investigative professionals* involved in MDTs in at least two pilot sites to get more in-depth qualitative information about strengths, challenges, and potential strategies for improving investigative practice and MDT functioning in each site.

**Children's Justice Recommendations for Fiscal Year 2020**

**Investigations Subcommittee:**

1. DCFS must coordinate with other agencies and disciplines (law enforcement and prosecutors) for timely and inclusive sharing of information and reports, to facilitate thorough and complete investigations.
2. DCFS should provide timely and ongoing updates on investigations of serious harm/sexual abuse cases to MDT partner agencies and provide ongoing training regarding these issues

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to staff. Training should include law enforcement with shared responsibility for the funding.

3. DCFS should work with law enforcement to develop a state-wide, consistent rule and procedure for investigating CSEC (Commercially Sex Exploited Children) cases, and improve their intervention and response for children who are victims of sex trafficking.
4. DCFS should restructure the *Child Welfare Foundations* training to strengthen core multidisciplinary team skills to include skill building forensic interviewing, child development, and the child advocacy center model.
5. DCFS should allow limited access to SACWIS for partner agencies to input data that captures MDT outcomes of all services provided.

**Health/Mental Health/Disabilities Subcommittee:**

6. All parties involved with child abuse investigations should undergo evidence-based trauma informed training.
  - a. Work with the CJTF to identify a nationally-recognized, evidence-based curriculum, such as that offered by NCTSN and to determine qualifications for being trauma informed, and is sensitive to the needs of various subpopulations, including 0 – 3 years, LGBTQ+, children with disabilities, CSEC victims
7. Identify and appoint an individual within DCFS to work with the CJTF to implement these recommendations.
8. Improve the parenting capacity assessment process within DCFS.
  - b. Have a representative from DCFS present to the CJTF on the current assessment process, what the standards are, etc. and provide documentation on the process.
  - c. Determine and implement consistency standardization across the State with regard to the assessment process.

**Legal/Legislative and Court Issues Subcommittee:**

9. DCFS should work with legislators to draft a bill to make protective orders mandatory in all Child Protection cases where sensitive material including forensic interviews, medical records and mental health records are obtained, according to the appropriate process in any type of litigation, whether civil or criminal.
10. DCFS should develop a system for determining the existence of and considering the impact of no contact orders, orders of protection or special conditions of bond limiting/prohibiting contact relative to parents when making determinations regarding custody with parents.
11. DCFS should provide a court liaison to criminal courthouses to field issues with that involve families with overlap issues between child welfare and criminal.

### **CHILD DEATH REVIEW TEAMS EXECUTIVE COUNCIL**

Illinois established multidisciplinary and multi-agency child death review teams throughout the state with the Illinois Child Death Review Team Act (P.A. 88-614), which was signed into law on September 7, 1994. The Child Death Review Team Act has been amended several times since 1994 including August 2001, June and August 2008, August 2009, June and July 2010 and November 2018. The primary goals of the Child Death Review Team (CDRT) are: 1) to review the circumstances of child fatalities in order to gain a better understanding of their causes; and 2) to recommend changes in practice and policy that will prevent future injuries and deaths. The Child Death Review Team Executive Council is the coordinating and oversight body for the child death review teams' activities in Illinois.

Pursuant to the Act child death review teams are to be made up of at least one member from the following disciplines:

- Pediatrician or other physician knowledgeable about child abuse and neglect;
- Representative of the IDCFS;
- State's Attorney or State's Attorney's representative;
- Representative of a local law enforcement agency;
- Psychologist or psychiatrist;
- Representative of a local health department;
- Representative of a school district or other education or child care interests;
- Coroner or forensic pathologist;
- Representative of a child welfare agency or child advocacy organization;
- Representative of a local hospital, trauma center, or provider of emergency medical services; and
- Representative of the Department of State Police.

Each child death review team elects a chairperson and vice chairperson to represent the team on the CDRT Executive Council. The CDRT Executive Council includes these eighteen members and the Inspector General of IDCFS as an Ex-Officio member for a total of nineteen members.

The CDRT Executive Council operates according to the following objectives: 1) to serve as the voice of child death review teams in Illinois; 2) to oversee the regional teams in order to ensure that the teams' work is coordinated and in compliance with the statutes and operating protocol and best practices; 3) to ensure that the data, results, findings, and recommendations of the teams are adequately used to make changes in policies, procedures, and statutes to protect

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children in a timely manner; 4) to collaborate with the General Assembly, IDCFS, and others to develop legislation needed to prevent child fatalities and to protect children; 5) to ensure that the review process for the regional teams is standardized in order to convey data, findings, and recommendations in a usable format; 6) to serve as a link with CDRT's throughout the country and participate in the National Child Death Review Team activities; 7) to develop an annual statewide training symposium to update knowledge and skills of CDRT members and promote the exchange of information between teams; 8) to provide the teams with the most current information and practices concerning child death review and related topics; and 9) to perform any other functions necessary to enhance the capability of CDRT to reduce and prevent child injuries and fatalities. Daniel Cuneo from the East St. Louis team is the CDRT Executive Council Chairperson. Judy Guenseth is the CDRT Executive Council Vice Chairperson. John Schweitzer is the IDCFS CDRT Manager, and Tamara Skube is the CDRT Executive Director contracted through IDCFS.

**Meeting Dates for Fiscal Year 2019**

The Child Death Review Team Executive Council met on:

In-Person Meetings

September 21, 2018; October 20, 2017; January 19, 2018; March 27, 2019; March 28, 2019; June 21, 2019

Teleconference Meetings

July 20, 2018; August 17, 2018; October 19, 2018; November 16, 2018; December 21, 2018; February 15, 2019; April 19, 2019; May 17, 2019

Meetings with the Director of DCFS

August 21, 2018; December 14, 2018; March 28, 2019; June 6, 2019

**Focus Areas of Interest**

**Annual Symposium Training and Annual Report**

The 23<sup>rd</sup> Annual Child Death Review Teams Symposium was held March 28<sup>th</sup> and 29<sup>th</sup> 2019 at the Crowne Plaza in Springfield. The presentations included: 1) "AMT Children of Hope Baby Safe Haven" Tim Jaccard Foundation President 2) "SUID Case Registry" Dr. Eric Eason/Cook County Medical Examiner's Office and Dr. Michael Eckhardt/Cook County Medical Examiner's Office 3) "Why Teens Kill" Phil Chalmers.

The CDRT staff are currently working on the ***Illinois Child Death Review Teams Annual Report 2017***. This report provides detailed information and statistics on numerous categories of child

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death. It also presents charts of CDRT recommendations and IDCFS responses regarding: 1) primary prevention; 2) IDCFS systems; and 3) other systems.

**ILLINOIS CHILDREN AND FAMILY SERVICES ADVISORY COUNCIL**

**Fiscal Year 2019 Focus**

This council was established by the Illinois General Assembly and Governor of Illinois under 20 ILCS 5/5-535 (formerly 20 ILCS 5/6.15) The Children and Family Services Advisory Council is charged to advise the Department of Children and Family Services on services and programs for individuals under the care of the Department who are receiving residential treatment/Transitional Living Placement supports. This council's members are appointed by the Governor, and confirmed by our State Senate. The membership total is 21 Members, 4 of which are to be current youth in care, 2 of which are to be alumni of foster care, and 1 of which is required to be over the age of 65.

This council was essential to the following system improvements over the last year:

- Child on Child- After this council's initial recommendation, a second data run was gathered by the department. The internal agency leads have reviewed it and are working to review how to respond to these types of calls. This council also submitted recommendations about eliminating the juvenile sex offender registry (in line with federal recommendations), and/or elimination of mandatory sentencing requirements. These recommendations went to the state legislature with the support of another Citizen Review board.  
This council invited 2 state legislators and the ACLU to attend the meeting and present the issue, seeking support of intervention and legislative changes.
- The Council had a re-review of residential monitoring and the monitoring pilot TRPMI, asking critical questions about the quality of treatment, what the department knew about children in treatment placements, and what had changed in the last 2 years since a very critical story in the local newspaper.
- The council considered the opportunity to develop another subgroup to focus on the areas relating to Pediatricians and child abuse doctors being more involved in the critical

**ICFSAC Meeting Dates**

March 14, 2019

June 13, 2019

September 12, 2019

December 12, 2019

**Focus Areas**

This council continues to focus on growing a diverse: geographically, ethnically, and experientially membership. Many of the members of this council are also members of other state agency

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advisory council, so this council is also working to identify new members to promote continuing growth and change. There have been difficulties with ensuring members are participating in person, and engaged in the on-going discussion and fulfillment of our legislative mandate.

Our council is supposed to have youth expert members. There have been difficulties in ensuring youth are informed, integrated, and having a meaningful experience. This is complicated by the experiences that youth have while in the foster care system. This council continues to dedicate time and effort to build, engage, and seek opportunities for youth to have meaningful experiences through their membership on this council. We acknowledge no one has a better view or vision on the topic of residential than those youth who have had the lived experiences in these facilities.

In addition to membership concerns, this council has battled with the legislative mandate which directs the council to the topic of residential monitoring. This mandate was made during a particularly challenging moment in the state's history, and while the council has interest in this topic, the membership diversity also brings interest in other topic areas outside of that mandated focus. Finding balance will be a key challenge this council hope to overcome in the upcoming year.

**Recommendations for Fiscal Year 2019**

**1. Illinois Children and Family Services:** Immediately implement additional data collection about youth and children who fall into categories of child and youth sexually problematic behaviors, including:

- The number of calls received by the DCFS Hotline with an allegation of a sexual nature involving a victim and offender who are both under 17 years old and the outcome of the calls:
  - The number of these calls the Department investigates and the outcome
  - The number of calls referred to Children's Advocacy Center (CAC)
- CAC's will begin to collect data allowing for the tracking of referrals from DCFS, so that a second source of data is available allowing for a better understanding of the volume of incidence.
  - Number calls referred to CAC that are not pursued by CAC and reasons why
  - The types of investigations and services provided by CAC in response to the referrals
- The number of calls referred to local police departments and the reasons why
- The number/types of calls which do not meet the SCR-ANCRA Hotline requirements with indicator of why
- Provide a report, broken down by month and location on this data to this Council; during their regularly scheduled meeting on September 21, 2017.

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**2.** Identify, support and provide incentives for the development and use of community-based, family-focused responses to youthful sexual misconduct and offending that are consistent with public safety, including the use of developmentally appropriate methods, intervention based on assessment of risks, needs, and strengths, family-focused, multisystem treatment and support, and, when appropriate and consistent with public safety, community-based services and support. We suggest evidence informed interventions. Specifically:

- With the Illinois Children and Family Services Advisory Council, develop policy and procedures for responding to cases of alleged sexual offending by children and youth that do not fall within the criteria of SCR-ANCRA Hotline, nor appropriate for police involvement.
- Determine, devise and implement policy and procedures to effectively and efficiently gather data from the Hotline calls that are not accepted because they are outside the scope of the SCR-ANCRA Hotline criteria but concern allegations of sexual offending and the alleged victims and perpetrators are under age 17.
- In collaboration with the Chicago CAC and the Illinois Children and Family Services Advisory Council, develop a diversion and/or intervention track for alleged victims and perpetrators who are not covered by the criteria for SCR-ANCRA Hotline, and thus are not investigated; and undertake a Year-long pilot study in collaboration with the Chicago Children's Advocacy Center.

**3.** Expand awareness and training among DCP investigators and DCFS and delegate agency staff about the DCFS Sexually Problematic Behavior Program, and

**4.** Eliminate the requirement that youth found guilty of sexual offenses automatically be required to register on the state's juvenile sex offender registry, and be subject to community notification and residency restriction laws.

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**STATEWIDE CITIZEN'S COMMITTEE ON CHILD ABUSE AND NEGLECT (SCAN)**

**STATEWIDE CITIZEN'S COMMITTEE ON CHILD ABUSE AND NEGLECT (SCAN)**

The Statewide Advisory Committee on Child Abuse and Neglect (SCAN) of the Illinois Department of Children and Family Services *"is created with the object of advising and consulting with the Director of the Department on setting priorities for the administration of child abuse prevention, shelter and service programs in Illinois."*

**Purpose**

The Statewide Citizen's Committee on Child Abuse and Neglect (SCAN) is a legislative statutory advisory group established under the Abuse and Neglect Child Reporting Act (ANCRA, 325 ILCS 5/11.7). Their responsibilities as a committee have not changed since its conception in 1998. SCAN advises the Department on child abuse and neglect prevention services that promote the health, safety, and well-being of the children throughout the state. The SCAN members are approved by the Director for three year terms. The SCAN member's experience varies across all disciplines impacting child welfare. Their expertise in the following areas of law, social work, mental health, law enforcement, education, criminal and juvenile court, family assessments, well-being of children and families, etc., brings focused and direct recommendations to ensure the Department is operating as statute requires. They are also seeking committee members without career background, yet who can provide highlighted opinions around the issues above. The SCAN committee continues to meet bi-monthly via video-conferences, teleconference and in person at the Chicago Thompson Center and main Springfield offices.

**Goals Established in Fiscal Year 2019**

SCAN reviewed and updated their bylaws from 1983. Suggested changes were approved. Committee members were kept informed of legislation that impact policy and practices of DCFS and child welfare in general. Three new members were appointed by the Director and appointments were updated for all current members. Three previous members are no longer on our roster.

**Accomplishments**

SCAN continues to meet their goal of annually selecting an allegation and performing a file review of an investigations from offices statewide. the state. The review was completed October 2018 to review for allegation 60. The review included investigations, both indicated or unfounded.

Members completed Ethics and Sexual Harassment training. 12 members attended Prevent Child Abuse conference held in Springfield. 16 members were renewed by the Director to volunteer on SCAN until 2020 or 2021. 16 out of 18 members attended meetings in 2018. The liaison and chairman attended a joint advisory council meeting.

**Annual File Review**

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The SCAN committee elected to review investigations with either unfounded or indicated findings of Allegation 60, Environment Injurious to health and welfare (neglect). The committee summarized a review of closed investigations from the month of January 2018 which had a total of 1422 cases with only allegation 60. 15 cases were reviewed after randomly selecting them from all four regions of the state to include samples of both indicated and unfounded findings and levels of care ranging from referrals for community based services to services offered but refused. Both the SACWIS report and the hard copy files were made available for the reviewers on each case.

A set of questions were created and findings were tabulated from each of the cases once reviewed. The tabulations are included below:

<b>Summary of Questions</b>	<b>Yes</b>	<b>No</b>
1. File documentation supports appropriate level of service/intervention?	7	8
2. Rationales for decisions were clearly documented?	9	6
3. Key collateral contacts made within first 14 days?	10	5
4. Were service needs clearly identified?	5	10
5. Was safety adequately assessed?	9	6

Each case was discussed After reviewing the cases members provided feedback because of the review. There were three main themes:

1. There seems to be a theme of ambiguity that runs through 95% of the cases reviewed. The ambiguity was around clearly defining what community resources the family was being referred to/for. Usually there was a statement of “referred for community based resources”. There is no indication of who or what program, or organization the referral was made.
2. There seemed to be a disconnect between identifying / suspecting issues DV and alcohol misuse and if those screens are required.
3. There is an overall issue of the redundancy of statements in the investigation. This is both time consuming in the write up and in the review by anyone. One recommendation would be to review the screens for the investigation and determine if any can be removed.

The first point is related to the lack of documentation of service referrals. The investigators do often provide clients with recommendations for services in the community. However, they rarely document those referrals in their notes. These are significant actions provided by investigators and are important to document in a file. It is important to demonstrate DCFS is providing community referrals to assist the families during the investigative process and going forward.

The other aspect of this community support provided as a recommendation to families is linkage. Often DCFS staff provide phone numbers and locations, but do not actually assist families with making a connection to the service provider. Some of our families do not have the motivation on their own to make these connections. DCFS staff should support these recommendations by calling the agency with the client while still in the client’s presence, or if necessary assist them with transportation to access the service, if it is immediately accessible, such as a food pantry or

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a shelter. It would be recommended that during an investigation or a CWS referral when a service need is identified and it is determined the client would benefit from assistance with contacting the service provider that assistance should be provided.

It is highly recommended that the department provide specific training around Domestic Violence. Due to the large number of cases that involve Domestic Violence and often coexisting with substance abuse, staff would benefit from training that is specific to recognizing, and responding to families who present with these concerns.

Documentation appears to be lacking in detail. There are few observations. There is an absence of description of observed interactions between family members, the household is rarely described and where people are in relation to one another. In domestic violence cases, this can be very relevant. How the children interact with their caretakers should be noted. Children do need to be interviewed in a separate room from the caretakers and language with the children should be age appropriate. Sleeping arrangements must be noted. Documentation should include the presentation of each client. Family strengths and people of support for each family member should be obtained. All collateral contacts should be interviewed and thoroughly documented. Questions regarding interactions between the children and caretakers should be relevant to the collateral contact interviews. Referrals should be listed in each area of need and linkage noted. It is noted that copy and paste is often used, this should be limited as it can provide misleading conclusions and loss of important information. Some of the information may no longer be accurate based on information obtained during the investigation.

**SCAN ACTIVITIES DURING FISCAL YEAR 2019**

SCAN partnered with the Governor's advisory council to DCFS, and supported the Juvenile Sex Offender Registry recommendation.

The Human Trafficking Program Manager, has connected with SCAN. The SCAN committee reviewed Human Trafficking investigations in 2017. There were members who also attended additional presentations on Human Trafficking.

SCAN continues to identify Human Trafficking as a problem to which the committee desires to address.

Family First Preservation Act will allow the Department to extend their services. There is only one provider to serve this population now. The Program Manager is working to expand services. Training is being updated. It will be web based, 3.5 hours.

SCAN will review Rule 302 Appendix C (Human Trafficking), to make recommendations to Ms. Davis-Jones. SCAN members will participate in reviewing the new training once completed to provide input. SCAN is committed to support the work related to Human Trafficking. Ms. Davis-Jones is attempting to locate and create appropriate facility resources for trafficked youth. SCAN will support and assist with recommendations for facilities, treatment, and training.

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The SCAN committee advocates future quarterly meeting with other Citizen Advisory groups continue. When these take place, there is an opportunity to share ideas or set up some complimentary goals for the Department that the committees could work on as a coalition.

The SCAN committee has been kept apprised of legislation that impacts child welfare issues through presentations by DCFS legal staff. The SCAN committee will remain abreast of House and Senate bills as well as other recommended bills changing the directions of the Department.

They will continue to obtain additional members for SCAN. They will continue to seek diversity of community participants to become members at large. A neo-natal physician is needed on the committee to satisfy legislative requirements.

**SCAN FY19 Meeting dates:**

August 15, 2018  
October 24, 2018  
December 19, 2018  
February 20, 2019  
April 17, 2019  
June 19, 2019

**SCAN FY20 Meeting dates:**

August 21, 2019  
October 16, 2019  
December 18, 2019

**Statewide Citizen's Committee on Child Abuse and Neglect Recommendations for Fiscal Year 2020**

1. The Department ensures clear documentation in Investigations as to service recommendations for clients. Service referrals should be documented in the file and investigators should be assisting clients with contacting agencies to which they have been referred. There should be documentation of this linkage whether to community services or to Intact or Placement services. The Level of Intervention must accurately depict actions taken for service recommendations in every investigation.
2. The Department should provide staff with Domestic Violence training. This should be relevant to the impact of trauma on the children and the adult victim. There should also be training as to how to best support allegation 60 to demonstrate blatant disregard. Investigators need to support their findings by clearly documenting the impact of the domestic violence incidences on the children or that the impact appears to be absent when unbounding an investigation. It is highly recommended that the department provide specific training around Domestic Violence. Due to the large number of cases that involve Domestic Violence and often coexisting with substance abuse, staff would benefit from training that is specific to recognizing, and responding to families who present with these concerns.

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3. As indicated in this report, documentation needs to reflect observations by investigators of the home, sleeping arrangements, but also of the interactions between family members. Investigators need to contact collaterals regarding paramours, following paramour policy, and assess the quality of the relationships between the children and the paramours.
4. SCAN will review Rule 302 Appendix C (Human Trafficking), to make recommendations to Ms. Davis-Jones. SCAN members will participate in reviewing the new training once completed to provide input. SCAN is committed to support the work related to Human Trafficking.

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**Revised: March 2019**

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Illinois Department of Children and Family Services  
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