ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Child and Family Services Review
Program Improvement Plan
1/31/11

I. PIP General Information

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State: ILLINOIS

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A. OVERALL STRATEGY FOR PIP DEVELOPMENT AND PIP MONITORING

The development of the CFSR Round 2 Illinois Program Improvement Plan is centered on the long-term strategic vision of DCFS, its child welfare community partners, and subsequent planning efforts, some of which were in place at the time of the on-site CFSR in August 2009 but not yet fully implemented. In fact, several of the initiatives that will play a central role in the Illinois Round 2 PIP, such as the Family-Centered, Trauma Informed, Strength-Based (FTS) Practice Model and the Enhanced Safety Model, have their roots dating back to the Round 1 PIP where long-term strategic model frameworks had been established but were only incrementally developed and implemented. Genuine systemic change that is capable of permeating long-standing and deeply entrenched practices can take considerable time before the positive impacts of significant reforms actually take root.

Many of the contributors to the development of the five primary Illinois PIP strategies were members and participants of previously established committees and workgroups (i.e. Differential Response, Enhanced Safety Model, FTS) that included DCFS and POS staff as well as other external stakeholders. The Administrative Office of the Illinois Courts (AOIC) made specific contributions to court-related strategies intended to impact timely permanencies. Many child welfare staff and external stakeholders also made less formal but equally important contributions as part of the Illinois CFSR Statewide Assessment and on-site review process to concepts that later became PIP strategies (i.e. improved functionality of Child and Family Team Meetings and resource allocation). All of the contributions made to the Illinois PIP are significant and represents the collaborative nature in how child welfare services are delivered in Illinois.

Just as in the development of the Illinois PIP, the ongoing monitoring of the implementation of the PIP will be carried out primarily through an existing infrastructure of public/private agency partnerships and continuous quality improvement (CQI) processes. This includes the Child Welfare Advisory Committee (CWAC) that has representation from DCFS and POS agencies as well as from other critical stakeholder groups such as the Public Guardian's Office and foster parents. Additionally, members who sit on CWAC subcommittees that have direct linkages to the PIP strategies (i.e. Foster Care Infrastructure, Training, In-Home/Front-End Services, and Differential Response) will also be asked to participate in structured PIP monitoring activities. Members of these committees and subcommittees will be provided with data related to the various PIP strategies throughout the two-year PIP monitoring period and asked to assist the Department in ensuring that the strategies are being implemented effectively.

As part of its umbrella of CQI related initiatives, the DCFS Division of Quality Assurance, with assistance from the Foster Care Utilization Review Program (FCURP), oversees and provides technical support to six Regional PIP Workgroups. These workgroups include public and private sector child welfare and quality assurance staff from across the state that meet on a quarterly basis and use data to problem solve around issues impacting outcome achievement. Members of the Regional PIP workgroups will also be provided with and asked to use data throughout the PIP monitoring period to help inform the Department as to the effective implementation of PIP strategies.

Finally, one of the Department's greatest assets has been the many long-standing collaborative partnerships that it has with other critical child welfare stakeholders, including:

- Statewide Illinois Foster Parent and Adoption Advisory Councils
- Administrative Office of the Illinois Courts (AOIC)
- Statewide Youth Advisory Board
- Cook County Juvenile Court

- Latino Advisory Council and Latino Consortium
- African American Family Commission and African American Advisory Council
- Asian-American Advisory Council

The Department intends to provide regular updates as to the implementation of the PIP strategies to these advisory groups to ensure stakeholders stay informed and have opportunities to provide input on an ongoing basis. The Department will also seek to continue its close working relationship with the AOIC relative to all aspects of PIP implementation to include formal meetings throughout the PIP implementation period during which times data and feedback will be shared.

B. STRATEGIES, GOALS, ACTION STEPS AND BENCHMARKS

While there are a myriad of actions that will be undertaken as part of the Illinois PIP in an effort to address the practice and systemic issues raised in the CFSR, the overarching PIP framework will be built primarily on the implementation of five core strategies, all of which are intended to further the Department's mission of protecting children by strengthening and supporting families. The primary strategies that comprise the Illinois PIP are as follows:

I. Implementation of a front-end Differential Response Model – Pathways to Strengthening and Supporting Families (PSSF):

Like many states, Illinois has been challenged over the years in its efforts to reduce rates of child maltreatment. While evidence indicated significant overall drops in maltreatment recurrence rates have occurred since the mid-1990's, the state was still not found to be conformity with national indicators in maltreatment recurrence in either its first (2003) or second round (2009) CFSR's. Research conducted also indicated that very few families in Illinois receive services following an investigation, even where maltreatment is substantiated. With the most recent child protective system reform having occurred in Illinois nearly 15 years ago through the implementation of the Child Endangerment Risk Assessment Protocol (CERAP), these and other findings led DCFS to explore ways in which to integrate core concepts from other components of its child welfare system, namely the strengthening and preservation of families and communities, into trying to improve the performance of its front end system.

Building on the Department's commitment to strengthening Illinois families, DCFS began exploring the possible implementation of a differential response (DR) system in the state back in 2008. The University of Illinois' Child and Family Research Center (CFRC) prepared a white paper describing the DR process, how it would benefit Illinois and made recommendations relative to how such a model could be implemented. Legislation was subsequently enacted through the signing into law of the Differential Response Program Act (Illinois Public Act 096-0760) on August 25th, 2009. Finally, Illinois was one of three sites selected on December 14th 2009 by the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) to receive an award of $5.4 million to help fund its DR initiative and will receive ongoing technical support in the areas of information sharing and evaluation. The Illinois DR model was named the Pathways to Strengthening and Supporting Families (PSSF), building on the core principle that parents can best provide for their children and communities can best care for their families as long as they are provided with the necessary tools and concrete supports. A project director was hired to lead the implementation of the PSSF model and reports directly to the DCFS Director. The Child and Family Research Center (CFRC) with the University of Illinois at Urbana-Champaign was charged with developing and implementing an ongoing evaluation process.

Although PSSF is a demonstration trial for the next 4 years, the initiative will become a permanent part of Illinois' child welfare system, and key components of its implementation will be a part of the PIP. PSSF will have implications for ongoing child welfare practice in many areas, i.e., engagement, safety planning, service provision and family support, however the Department believes that another key result will be a decrease in Illinois' repeat maltreatment rate. While much of the efforts toward reducing recurrence will be grounded in the implementation of an enhanced safety model (PIP Strategy 2), DCFS anticipates there will also be a favorable impact of PSSF on recurrence because it represents a definitional shift in conditions that are considered maltreatment. In other words, recurrence will be reduced since the definition of maltreatment is restricted; therefore, the overall level of maltreatment is reduced.

During the demonstration trial, investigations with specific predetermined allegations and a predetermined set of criteria will be randomly assigned to either a traditional investigatory pathway or a differential response (PSSF) pathway. The initial DR pathway assignment can however be routed back to the investigation track in the event that new information gathered during the assessment process alters the risk level or produces safety concerns. Criteria for cases to be assigned to the assessment or DR pathway are as follows:

- No prior family SCR reports OR no prior indicated abuse/neglect reports, OR prior indicated reports that have been expunged within timeframes ranging from 5 to 50 years; AND
- Alleged perpetrators are parents, legal guardian, or responsible relative; alleged victims are not currently in IDCFS care/custody; AND
- Protective custody is not needed or taken;
- Names and current address for family are known at time of the report; AND
- Allegations include (any of the following): Inadequate Food/Shelter/or Clothing, Environmental Neglect, Mental Injury, Medical Neglect, or Inadequate Supervision (unless child is under the age of 8 and there is no adult present/able to be located/unable to supervise)

Most of the key implementation markers for the PSSF program took place between January 2010 and December 2010; the preparatory activities that were completed during this time were: development of a PSSF committee to guide and monitor program design and implementation; update of DCFS rules and procedures to reflect PSSF principles and procedures; creation of case practice tools, i.e., Family Assessment tool, Voluntary Enhancement Plan, Waiver Form, and Mandated Reporter letter; installation of the Family Assessment tool and Voluntary Enhancement Plan into the SACWIS system; structuring DR Teams at the Department; hiring supervisors and DR specialists from the Department and hiring Strengthening and Supporting Families (SSF) workers from private child welfare agencies and community providers; conducting regional information sessions for all private agency staff and DCFS, as well as community stakeholders regarding the purpose, mechanics and intended outcomes of the PSSF model; and development and completion of a comprehensive 4-week training program for all DR staff. **The PSSF model began identifying and serving families on November 1, 2010 in all counties statewide simultaneously.**

During the two-year CFSR PIP period, the following activities will support the continued integration of DR into front-end casework practice:

Action Step 1.1: **Dissemination of the updated rules and procedures affected by the implementation of the PSSF model.** A revised rule and procedure will be disseminated to all staff to establish the Differential Response Five-Year Demonstration Program. The revised procedures will outline procedural expectations for all DR staff.

Action Step 1.2: **Implementation of a PSSF Model monitoring plan:** Monitoring program implementation will ensure model fidelity and will help manage the successful "installation" of the program into the system

throughout the state. Implementation monitoring activities will include: summarization of weekly supervisory teleconferences conducted by the DR Director with DCFS DR Supervisors throughout the state; summarization of monthly supervisory teleconferences conducted by the DR Director with DCFS and POS Agency supervisors throughout the state; development of program monitoring tools for contracted POS agencies that address completion of program forms, quality of family engagement, case closure rates, and repeat maltreatment rates; and convening DR Summits throughout the state to provide additional education to the community, obtain feedback on program implementation and identify training needs. Additionally, the lead evaluator will conduct focus groups with staff and clients to obtain information on how implementation is progressing.

Action Step 1.3: Implementation of a PSSF Model outcome evaluation plan: Outcome data will be collected through a mixed-methods approach that includes administrative data, case specific closing reports, and family exit surveys; caseworkers' reports; paper and pencil surveys; and structured interviews with caseworkers, supervisors, administrators, community providers and families. These methods will provide comparisons on outcomes between the control group and the experimental group and help garner information on the overall impact of the model on key indicators such as repeat maltreatment, service provision, worker job satisfaction, and organizational culture and climate.

A summary and discussion of all program implementation monitoring and program evaluation activities, as they are completed, will be rolled into a comprehensive report that will be produced quarterly throughout the PIP period. In addition to addressing the activities outlined above, the report will also address: DR staff training needs, case tracking and cost data, strengths and barriers to program implementation, plans to address identified barriers and challenges, and follow-up and results from plans to address previously cited issues. This report will be utilized by the Child Welfare Action Committee for DR, the DR Program Director, and the lead evaluator for ongoing program planning.

II. Implementation of the Enhanced Safety Model of Practice:

Following the 2003 Illinois CFSR, and as part of the round 1 Illinois PIP, the Department conducted a comprehensive analysis of the agency's current process for assessing safety and risk in families reported to or referred for services. With the assistance of the National Resource Center for Child Protective Services (via Action for Child Protection), a review of existing Departmental Rules and Procedures relative to risk assessment and safety planning was conducted, in addition to a thorough review of case records and the conducting of staff and other stakeholder interviews. This review resulted in the identification of several critical issues/concerns, including:

- There was conceptual confusion in the field re: the designation of risk and safety as well as safety intervention vs. safety management
- A poor assessment of caregiver protective capacities
- No clear rationale between information collected by staff and their decision making around risk and safety
- There was a lack of understanding of the relationship between safety intervention and service provision
- Risk and safety assessment tools were generally completed however their impact on decision-making was unclear
- Safety data collection was found to be unfocused and imprecise
- Safety plans were often limited in scope and not tailored to specific threats
- Safety intervention and services were viewed by staff as "the same"; there was a limited understanding that safety is not corrected by services

Through the multi-year efforts of the Safety Model Workgroup, which is made up of a variety of DCFS staff as well as external stakeholders, the Department has defined solutions for these above noted critical safety related practice areas and is ready to implement a new process that allows for the assessment of safety throughout the life of the case, from investigation to permanency, reduces confusion in the field, and provides clear definitions and links goals and objectives to safety planning. The basic components of this Enhanced Safety Model include:

A. ***Strengthening the Conceptual Framework:*** The Enhanced Safety Model is designed to allow staff who are responsible for assessing safety the opportunity to better gather information needed for solid decision-making. The definition of safety has been clearly defined. A situation is "safe" when identified threats are managed by the parent or caregiver's protective capacities or when such threats no longer exist. The model also clearly defines the terms of safety, safety intervention, safety management, in-home and out of home safety plans and provides a process that guides staff to gather information comprehensively and also to assess parental protective capacities in a way that helps staff make critical decision based upon factual information.
B. ***Improving the Structured Decision-Making Process:*** The new decision-making process will use clearly defined criteria so that critical thinking is what staff uses in order to guide their decision making, particularly in the areas of assessing safety and risk. Critical thinking, within this context, is defined as the process of evaluating propositions and making judgments on the basis of well supported evidence. This training will be delivered as a critical phase of the implementation of the Enhanced Safety Model.
C. ***Expanding the Safety Intervention System:*** A key component of the Enhanced Safety Model is the expansion and improvement of safety assessment and service delivery processes from the point of intervention through intact family services, placement into substitute care, permanency and until case closure. These enhancements will have significant impacts on child and family safety and well being as the assessment of safety will now more clearly continue throughout the life of the overall service planning process.
D. ***Defining Information Standards:*** The Enhanced Safety Model provides for information gathering and tasks that clearly link to a decision specific to a child's safety. The new information standards are defined in such a way that staff will better understand the relationship of information gathered to the decisions they make.
E. ***Linking the Safety Plan to Safety Outcomes:*** Utilizing the afore mentioned concepts and solutions, the Enhanced CERAP will now integrate case practice through the interventions of the investigatory process, to the provision of services to intact families as well as to families who are ready to be reunified with their children in substitute care.

The Department's long-standing CERAP tool has been revised and will now fulfill the role of a "safety assessment" that is conducted in two phases in the child protection investigatory process; within 24 hours of the hotline call and again within 25 days of initiation of the investigation. A new "risk assessment" instrument, which incorporates various elements from the Child and Adolescent Needs and Strengths (CANS) assessment tool, will be completed exclusively by Child Protection staff as part of the investigatory process. For ongoing structured risk assessment following the completion of the investigation (i.e. intact and substitute care situations), staff will be advised to utilize the CANS process. A new "safety plan" tool and process is also a critical component of the Enhanced Safety Model and requires that child welfare practitioners tie actions and interventions to clearly defined safety threats, taking into consideration caregiver protective capacities. The service planning process will benefit from the streamlining of various caseworker activities such as: Integrated Assessment (IA) and CANS recommendations, parent/caregiver protective capacities, and child and parent strengths identified through the CANS that automatically populate the family's service plan. Child health and education updates will also populate the service plan to provide a more up to date and comprehensive picture of child well being.

Key Enhanced Safety Model implementation markers will be achieved as part of Strategy 2 in Illinois' two year CFSR PIP; the specific action steps to be implemented are outlined below:

Action Step 2.1: **Implementation of clear Enhanced Safety Model policies to ensure staff have the conceptual framework and the necessary direction to successfully implement the model.** A new policy guide has been developed to reflect the core competencies and basic components of the model; the guide will be disseminated just prior to the beginning of the first training phase. An update of all rules and procedures affected by the new model will also be conducted.

Action Step 2.2: Implement Enhanced Safety Model Training Phase 1: "Child Protection Skills Training." This first Training module supports the skill and ability of child protection investigation staff to implement the revisions to Department Rule and Procedure, Part 300. Training will be conducted July 2011 through November 2011. Training will be conducted through a train-the-trainer model of delivery utilizing designated child protection management staff utilizing web meeting and on-line technology. Training will occur at the work team level with the direct participation of the supervisory staff.

Action Step 2.3: Implement Enhanced Safety Model Training Phase 2: "Critical Thinking in the Assessment of Child Safety." This module supports the skill and ability of all DCFS and POS agency child protection and child welfare casework and supervisory staff to learn and apply a critical thinking model to the gathering and analysis of child safety assessment information. The module will also implement the use of the Child and Adolescent Needs and Strengths (CANS) instrument to record and document the assessment of risk, as distinct from the immediate threat to safety resulting from maltreatment. The following key case work practice issues will be addressed: quality of initial and ongoing assessments of risk and safety, including the use of formal and informal assessment tools; monitoring safety plans, quality of assessment and engagement during investigations, monitoring safety in in-home cases, and quality of risk and safety assessment at case closure and to identify needed services. Training for all statewide DCFS and POS agency staff will be conducted January 2012 through June 2012. Phase 2 Training will be conducted face to face in a classroom setting through the Departments Learning Collaborative program. This phase will also utilize the Departments Supervisory Training for Enhanced Practice Program (STEP) to provide coaching and support to supervisors around the implementation of phase 2 concepts.

Action Step 2.4: Implement Enhanced Safety Model Training Phase 3: "Enhanced Child Endangerment and Risk Assessment Protocol (CERAP)." This module supports the skill and ability of staff to use the enhanced safety assessment protocol to conduct the assessment of child safety. This module will also instruct staff on the use of the upgrades to the SACWIS information system to both record and analyze safety assessment information, and to record and document the safety plan in support of controlling safety threats and preventing repeat child maltreatment. Staff will also learn how to use SACWIS as a tool in documenting the CERAP safety assessment, CANS Risk Assessment, and other automated enhanced case planning and assessment tools. Training will be conducted for all DCFS and POS agency staff July 2012 through November 2012. Training will be conducted using the Departments web-meeting technology. This will enable staff to have hands-on experience with the changes to the SACWIS system. **Upon completion of training Phase 3, the enhanced safety model will be considered fully implemented in all regions of the state.**

As outlined above, the Enhanced Safety Model will be delivered in three phases over the course of the PIP period; full implementation of a training phase will include the following activities; this cycle of activities will occur for each training phase:

- Conducting the training phase simultaneously in all regions of the state (make-up sessions will occur as needed to ensure all staff have received LC content);

- Developing the curriculum for the upcoming phase;
- Implementing recommendations for updating the foundation training course curriculum for new hires with training content, if needed; and
- Preparing a comprehensive implementation monitoring report at the conclusion of each training phase. The report will capture, at minimum: participant registration data; training evaluation data from participants; strengths and barriers to implementation, plans to address identified barriers and challenges, and follow-up and results from plans to address previously cited issues. The report will also include analysis of data that speaks to how new concepts are impacting participants, e.g., analysis of participants' pre- and post-tests, and the success of transfer of learning activities. This report will be utilized by the Safety Model Workgroup for ongoing program planning. The impact of the model on specific safety indicators and overall safety outcomes will be measured through the Department's Outcome Enhancement Review (OER) process, as well as through other quality improvement activities.

III. Full Implementation of a Family-Centered, Strength-Based, Trauma-Informed Model of Practice:

The aim of the Illinois Trauma Informed Practice Model is to identify, intervene and mitigate earlier on in the life of the case, the effects of adverse and traumatic experiences of children entering into or currently living in protective care, and to ensure that child welfare service planning, assessment and decision-making is family-centered, trauma-informed and strength-based. The roots of this model date back to the Illinois Round 1 PIP as an extension of the work completed around the Department's Child Mental Health Plan, and is based upon research that for the traumatized child, exposure to adverse events and trauma has produced physiological, psychological, emotional and behavioral problems that are expressed throughout all environmental contexts. As such, agency assessments and interventions must be systematically targeted both to the child, the family ***and*** to agency systems, with the caseworker serving as the primary vehicle for facilitating change and managing the ***coordinated responses*** required as part of the child welfare system. Core Trauma Model Principals encompass the following concepts:

- Universal access and response
- Family Focused
- Community-Individual Oriented
- Strengths-based approach
- Evidence-based trauma approach
- Transfer of knowledge and competencies throughout the entire child welfare system and supporting programs and agencies
- Establish close, on-going partnerships with institutions, service providers, and agencies to support and enhance these efforts
- Develop and implement consistent policies and standards of practices throughout the statewide child welfare system
- Achieve Outcomes

The development and implementation of this Family-Centered, Trauma-Informed, Strength-Based (FTS) practice model consists of four primary components, implemented across phases of training and practice application/field support activities. Components I, II and III have been largely implemented over the past several years beginning in 2006. Component IV will be delivered during Illinois' two-year CFSR PIP implementation period.

Component I began with Regional Training Forums that were held across the state in an effort to communicate the basic construct of the model's principles to the child welfare community. Efforts focused on a number of preparatory activities that involved education, client assessments, and organizational work:

- Increasing awareness of key staff and stakeholders to the effects of adverse events and trauma through varied educational activities, including presentations and generalized and focused trainings to various stakeholder groups (e.g. case workers, court personnel, clinicians, community resources);
- The introduction of the principles and techniques of Psychological First Aid to all child welfare staff and community providers who interact with the department's clients;
- Early universal screenings and assessments to identify clients who are exhibiting trauma symptoms, as well as those who are at risk for the emergence of post trauma related problems.
- The development and implementation of prevention, and support activities and practices across all domains and environments of the client's life, to decrease the risk of developing trauma symptoms and other related emotional and cognitive difficulties, build resiliency and enhance well-being.

Component II was directed at treatment providers and involved pilot testing key techniques of the model in two regions of the state where emerging issues related to adverse and trauma experiences, particularly complex trauma, were identified.

Component III has focused on the importance of on-going comprehensive assessment activities in identifying and monitoring trauma and mental health difficulties and strengths. The goal has been to train all child welfare staff and service providers involved in child welfare service settings on the use of the Child and Adolescent Needs and Strengths (CANS) assessment in order to identify trauma-related issues early on so they can, in turn, develop family-centered, trauma-informed, strength-based treatment and service plans, and monitor children's and families' progress over time through case permanency or reunification.

Component IV furthers the implementation and integration of the Department's Family-Centered, Trauma-Informed, Strength-Based (FTS) model into casework and community practice.

The concrete processes to be implemented as part of this component will be delivered as Strategy 3 in Illinois' two year CFSR PIP; the specific action steps to be implemented are outlined below:

<u>Action Step 3.1</u>: Continued utilization of the Learning Collaborative methodology as a model of training and support to deliver FTS practice principles;

The Learning Collaborative (LC) approach is primarily a change management and quality-improvement methodology that focuses on engaging an entire organization in the change process. A key objective of this approach is transformation in the culture of the organization through continuous staff-based facilitated discussions, practice exercises, and ongoing self-assessment and other quality improvement strategies.

The target audience of LC's includes all DCFS and POS agency staff, including managers/administrators, supervisors, caseworkers, therapists, and a range of ancillary roles (e.g. Integrated Assessment (IA), Administrative Case Review (ACR), Child & Youth Investment Team (CAYIT), etc.). The Department began the implementation of 32 LC's around the state in 2008, each targeted to specific geographic regions. These Collaboratives, comprised of 150 Learning Communities, gathered on a quarterly basis. In March, 2010, the Department collapsed the original Learning Collaboratives from 32 to 16 and the Learning Communities from 150 to 54 in an effort to improve and streamline the process. Each LC training phase is implemented simultaneously for all learning communities within each LC around the state.

A Collaborative Leadership Team crafts the framework and curricula for each LC phase, trains facilitators and content experts in the LC approach, provides support and coaching to the trainers and facilitators, and manages day-to-day activities of the LC. Content Experts/Trainers and Facilitators convene LC meetings, serve as coaches and facilitate consistent contact among their LC team members.

Initially, the primary charge of the LC's was to introduce participants to the concepts, principles and tools of the Department's model of Family-Centered, Trauma-Informed, Strength-Based practice. To this end, the following training phases were conducted:

Phase I: Psychological First Aid (Two-Day)
Delivery Dates: October 2008 – January 2009
Number of Staff Attended: 4637 (1828 DCFS and 2809 POS)

Phase II: Trauma 201: Developing Casework Practices for Complex Trauma within Complex Systems (Two-Day LC Training)
Delivery Dates: February 2009 – April 2009
Number of Staff Attended: 2961 (1003 DCFS and 1958 POS)

Phase III: Child &Adolescent Needs & Strengths (CANS) Assessment
Delivery Dates: April 2009 – September 2009
Number of Staff Attended: 3,069 (DCFS: 1035 POS 2033)

Once past its initial purpose of delivering the FTS model of practice, the aim of the LC became to assist child welfare staff in their understanding, integration and application of family-focused, trauma-informed, strength-based practice into their assessment and engagement, service planning and decision-making with clients. Various LC methodologies were developed to assist staff with integration and application efforts e.g., brief presentations of didactic material, incorporation of agency and individual "self-assessments" before and between subsequent LC phase delivery, and the application of participants' "small tests" of change. Small tests of change promote the „testing out' of new practices in small, rapid cycles, allowing the participants to experience immediate progress towards their goals and offer ongoing opportunities to share feedback and successes in real time, which serves to further accelerate the application of new knowledge and skills in their local settings and communities. The following LC phases have been conducted using these methodologies:

Phase IV: Family-centered, Trauma-informed, and Strength-based Planning through Collaboration (Two Days for Placement/Intact Caseworker; One Day for all other LC participants)
Delivery Dates: October 2009 - February 2010
Number of Staff Attended: 2,501 (DCFS: 943 and POS 1558)

Phase V: The Engagement and Involvement of Fathers in the Delivery of Child Welfare Service and Furthering Implementation of FTS Practice
Delivery Dates: May 2010 – August 2010
Number of Staff Attended: 2,227 (DCFS: 886 and POS 1,341)

Phase VI: Strength-Based Practice
Delivery Dates: September 2010 – December 2010
Number of Staff Attended: 2,258 (DCFS: 843 and POS 1,415)

The Departments Foundation Training course for DCFS and POS agency new hires has been updated to incorporate the FTS concepts from LC phases I through VI. The Foundation curriculum will be continually reviewed and updated as needed. Following the Foundation Training Course and testing and certification, new employees attend a post-Foundation New Hire Learning Collaborative through the end of their first year of employment. Following the first full year of experience, the employee is assigned to a local LC.

During the two year PIP period, the Department will continue to utilize the LC approach and the methodologies described above to deliver FTS practice principles and to address key practice areas cited as in need of improvement during Illinois' most recent CFSR. ***The specific casework practice domains that will be addressed during the PIP period are:***

a) Caseworker contacts (both in-home and placement cases) and the role quality caseworker contact plays in the development of a solid worker/client relationship;
b) Assessment and engagement of families (particularly of fathers and non-custodial parents), as well as the importance of quality parent-child visitation and its impact on timely reunification and overall child and family well-being;
c) Understanding the impacts of childhood trauma on stability while in placement, and how to best mitigate those impacts in a way that ensures greater stability for children throughout their time in substitute care.

The LC phases that will be conducted as part of the PIP and the specific practice areas that will be targeted are outlined below. Each LC phase builds upon previous phases, therefore, some practice issues will be reinforced throughout subsequent LC phases.

Phase VII: Family-Centered Practice in a Trauma-Informed System
Delivery Dates: January 2011 – April 2011
Practice Areas to be addressed: Engagement of all key stakeholders in the case planning process, especially fathers and absent parents; efforts to keep parents involved in the lives of their children to support the parent/child relationship; frequency of caseworker visits with children and parents and the focus during visits on issues pertinent to case planning, service delivery, and goal attainment, frequency and quality of child and family team meetings.

Phase VIII: Family-Connectedness and Visitation
Delivery Dates: May 2011 – August 2011
Practice Areas to be addressed: Frequency and quality of child and family team meetings, frequency and quality of parent/child & sibling visits; efforts to place siblings together; efforts to maintain child's important connections; efforts to identify and assess maternal & paternal relatives for placement consideration; frequency of caseworker visits with children and parents and the focus during visits on issues pertinent to case planning, service delivery, and goal attainment.

Phase IX: Stability for Children
Delivery Dates: August 2011 to December 2011
Practice Areas to be addressed: Quality of ongoing assessment of the needs of all key stakeholders, with emphasis on identifying underlying issues; placement stability (including timeliness of CAYIT staffings); identification, referral and monitoring of services including those related to child developmental, educational and health needs.

Phase X: Critical Thinking in the Assessment of Child Safety (Module 2- Enhanced Safety Model)
Delivery Dates: January 2012 – June 2012

Practice Areas to be addressed: This module will emphasize the critical thinking skills needed by staff to gather and analyze child safety assessment information and introduce the CANS instrument to document the assessment of risk as distinct from the immediate threats to safety resulting from maltreatment. The following key case work practice issues will also be addressed in this module: quality of initial and ongoing assessments of risk and safety, including the use of formal and informal assessment tools; monitoring safety plans, quality of assessment and engagement during investigations, monitoring safety in in-home cases, and quality of risk and safety assessment at case closure and to identify needed services.

Full implementation of each LC phase will include the following activities; this cycle of activities will occur for each LC phase:

- Preparation for the upcoming LC phase by the Collaborative Leadership Team; preparatory activities will include:
    - Curriculum development for the upcoming LC phase;
    - Identifying and updating the existing policies where needed in order to reflect the FTS principles, core competencies and enhanced casework practices that will be addressed in the upcoming LC phase (make-up sessions will occur as needed to ensure all staff have received LC content);
    - Making recommendations for updating the foundation training course, if needed;
- Conducting the LC phase simultaneously in all learning communities statewide;
- Summarizing weekly monitoring activities conducted during the LC into a comprehensive LC Implementation Monitoring Report to be completed at the conclusion of each LC phase. The report will capture, at minimum: participant registration data, strengths and barriers to implementation, model fidelity, plans to address identified barriers and challenges, and follow-up and results from plans to address previously cited issues. The report will also include analysis of LC evaluation data that speaks to how LC content and methodology is impacting participants, e.g., results from participant evaluation surveys, analysis of participants' pre- and post-self-assessments, and analysis of information on how participants are applying the small tests of change methodology. The impact of the LC approach on specific engagement and well being indicators and overall outcomes will be measured through the Department's Outcome Enhancement Review (OER) process.

Action Step 3.2: Enhance the SACWIS system to include all revised case management tools. The Protective Factors have already been integrated into all of the Department's applicable case management tools/processes, i.e., Integrated Assessment, CANS, Readiness for Reunification Guide, and CAYIT. During the PIP period, the SACWIS technical team will make the necessary design enhancements to place all revised case management tools within the SACWIS system. These enhancements to SACWIS will also support implementation of the Enhanced Safety and Differential Response models.

Action Step 3.3: Implementation of a new supervisory support model, "Supervisory Training to Enhance Practice" Program (STEP), for DCFS/POS Intact and Placement supervisors.

In order to implement and sustain practice changes associated with the FTS model of practice, the Department designed and is now implementing a statewide supervisory field support and training program, hereafter known as "Supervisory Training to Enhance Practice (STEP)." STEP will provide coaching, transfer of learning and practice application support to DCFS and POS Agency intact and placement supervisors. STEP is a field-based

workforce development program designed to increase knowledge and enhance the skill of supervisors in key FTS and agency-preferred practice by:

1. Expanding the supervisor's skill in clinical guidance;
2. Developing the supervisor's management and systems skills;
3. Strengthening the capacity of supervisors to train and support their staff;
4. Building upon the leadership capacity of the supervisor.

These results will be achieved through a learning partnership between agency management and supervisors, and STEP management and program staff with an emphasis on support of the supervisor's oversight and supervision of casework staff through the implementation and integrated application of FTS practices. The program will rely on both individual and group "at the elbow" consultation with supervisors, designed to facilitate the adoption, application and implementation of new or enhanced practices introduced through the Learning Collaboratives. In essence, STEP will serve as the STEP will encourage self-directed learning; apply collaborative learning methods; and utilize clinical and other specialty services to refine practice skills.

The implementation of STEP has been underway since the beginning of FY10. The key implementation markers that have been completed to date include: the establishment of committees to facilitate and monitor program development activities, the development of the STEP program plan, completion of environmental scan activities to determine the level of resources needed to implement the program, establishing contracts with the four of the six universities selected to facilitate delivery of the program to the field, and development of a change management plan to engage the child welfare community and market the program. The six universities selected to participate in the implementation of STEP are: Chicago State University (CSU), Illinois State University (ISU), University of Illinois in Chicago (UIC), University of Illinois in Champaign-Urbana (UIUC), Southern Illinois University at Edwardsville and Carbondale (SIU-E/SIU-C). These Universities were selected due to their regional location and ongoing educational involvement in social work practice.

The following activities/benchmarks will support the continued implementation of STEP during the two-year CFSR PIP period:

- **Finalize the remaining two university contracts:** STEP contracts have been established with CSU, ISU, UIUC and SIU-E; contracts will be finalized with UIC and SIU-C early in the PIP period;
- **Complete development of program protocols and tools;**
- **Hire two additional STEP Program Coordinators:** The administrative structure of STEP is managed by Chicago State University and includes provisions for five STEP Coordinators who will be assigned to specific regions and Universities to ensure consistency in STEP implementation and delivery. Three STEP Coordinators have been hired; two additional Coordinators will be identified and hired;
- **Hire full complement of STEP Field Support Specialists needed to implement the program:** STEP will be delivered through a collaborative partnership between each University and the POS agencies and DCFS offices within their assigned catchment areas. Each University will deliver the program by hiring and managing a specified number of STEP Support Specialists who will be assigned POS agency and DCFS team supervisors to work with. A total of 30 STEP Support Specialists will ultimately be hired statewide; the number of Specialists hired by a University will be based on the staffing patterns, regional needs and demographics of the POS agencies and DCFS offices in their assigned catchment areas;
- **Develop and implement an initial and ongoing training program for STEP staff;**
- **Assign and deploy STEP Field Support Specialists in all catchment areas statewide simultaneously:** this will signify the actual implementation of the program in all regions of the state.

- **Monitor program implementation:** Monitoring program implementation will ensure model fidelity and will help manage the successful "installation" of the program into the system. Early in the implementation process, this will involve the completion of several critical agency and supervisor specific engagement activities, including developing an entry strategy, identification of agency specific priorities and timeframes, agreed upon frequency of contact, and completion of an organizational SCOT Matrix (Strengthen, Challenges, Opportunities, and Threats), which will be used to develop an agency-specific plan of action that will provide parameters to guide the individual supervisor support plan. The assigned program coordinator will gather and assess data from internal and external sources to identify key strengths, areas needing improvement and potential strategies to enhance the FTS practice focus and maximize the effectiveness of the STEP intervention.

  Following the finalization of the agency specific plan of action, the STEP field support specialist will meet with the supervisors to discuss the identified practice enhancement areas outlined by agency management, and complete an engagement process including the use of a solution focused scaling tool that will culminate in an individualized supervisory support plan. At any time, the supervisor, in discussion with his or her manager and the field support specialist, may adjust the support plan to meet identified needs or issues. The field support specialist and the supervisor will meet regularly to work toward achieving the goals identified in the support plan. At minimum the support plan will be reviewed for progress quarterly.

- **Evaluate program effectiveness:** Program evaluation will involve the analysis of data that speaks to how implementation of STEP activities is impacting agencies and supervisors. This will include results from ongoing program evaluation surveys completed by agency management and supervisors, analysis and summary of progress on agency-specific action plans and supervisory support plans, and summary of information regarding the overall effectiveness of the program.

A discussion of all program implementation monitoring and program evaluation activities, as they are completed, will be rolled into a comprehensive report that will be produced quarterly throughout the PIP period; the report will also address: STEP staff training data and needs, data on program participation (number of agencies and teams engaged, number of supervisors served, etc.); strengths and barriers to program implementation, plans to address identified barriers and challenges, and follow-up and results from plans to address previously cited issues. The report will be utilized by the STEP Development Committee for ongoing program planning.

Additionally, DCFS was one of five agencies nationwide that was recently awarded an ACF grant aimed at reducing the number of children experiencing long-term foster care. DCFS will be implementing a comprehensive strategy that will involve providing trauma-focused interventions for youth most at risk for long-term foster care as well as their biological parents and caregivers. Early planning is underway relative to this initiative with various components likely to be implemented during the course of the Illinois PIP.

IV. Improve the Accessibility and Individualization of Services to Children and Families throughout Illinois:

Although findings from the 2009 Illinois CFSR indicated that there was a rich overall array of services in Illinois, it was clear that such services are not accessible to children and families throughout all geographic areas of the state. Caseworkers as well as stakeholders such as foster parents, youth and birth parents reported a lack of accessible services, particularly in the more rural areas of Illinois. These resource gaps included dental and orthodontic services, vision and hearing care, parenting skills training, independent living services, and post-adoption services. A limited capacity within the city of Rockford and surrounding Winnebago County for linguistically appropriate services, in particular Spanish-speaking services, was revealed not only through the on-site CFSR review but as part of the Statewide Assessment process.

DCFS intends to address the need for accessible services as part of the Illinois PIP through two primary initiatives – by expanding the implementation of Family Advocacy Centers (FAC) into additional Illinois communities and also by utilizing the Department's Service Provider Database (SPD) as part of a broader contracting strategy that will seek to establish contracts for services in resource deprived areas of the state. A brief summary detailing the implementation of FAC's and the SPD to-date as well as the role each initiative will play as part of the Illinois PIP follows.

Component A - The Service Provider Database (SPD): In 2004 the Department embarked on a long-term strategy that called for the development and implementation of technology that would (1) improve awareness of existing resources, (2) increase accessibility of services, (3) assess gaps between identified needs and existing resources, and (4) employ contracting strategies that take all of these factors into account. With the first two phases of this strategy having already been implemented, resource development as part of the Illinois PIP will focus more specifically on the undertaking of systematic gap analysis and innovative contracting strategies that ensure the right services are available to the children and families that need them, throughout Illinois.

The centerpiece to this resource development and contracting strategy has been the implementation of the Statewide Provider Database (SPD) and Geo-mapping tools. The SPD is a comprehensive searchable database of community resources throughout Illinois in which service locations are geo-coded to allow casework staff to identify the closest appropriate resource to a child or family. In addition, links have been established that connect provider data and child and family assessment data via the Child and Adolescent Needs and Strengths (CANS). The SPD was released for use by casework staff in March 2008 with a current base of active users totaling 3000, approximately half of whom are DCFS caseworkers. The remaining users come from POS providers, other state agencies, or as part of various collaborative community-based initiatives.

Following the initial release of the SPD system to casework staff in 2008, training on the system was provided to staff in tandem with the trauma-informed treatment planning training that was delivered during Phase IV of the Learning Collaborative Training Model in 2009. Additional training sessions are available upon request and via other means such as webinars and video conferencing.

While the SPD and Geomapping systems have been implemented and available to case carrying staff as a means towards locating and matching available services to identified child and family needs, the Department intends to more fully leverage the potential of these systems at a higher strategic level as part of the Illinois PIP so that an adequate array of services can be made available in locations throughout the state where they are needed the most. In addition to increasing staff use of the SPD system, the Department intends to utilize the SPD and Geomapping technologies to implement an ongoing process using routine gap analysis and environmental data scans in order to detect and anticipate gaps in resources, including subpopulations of children and families served who have special needs. A Resource Development strategy will also be implemented as part of the Illinois PIP utilizing innovative methods for quantifying individuals' access to resources to inform DCFS contracting and collaboration with other state agencies. The Department intends to explore the allocating of contracts to agencies that have locations in the state that maximize local service accessibility, or contracting with existing agencies to offer resources in areas centrally located near child wards in need.

The concrete processes to be implemented as part of the SPD component of Strategy 4 in Illinois' two year CFSR PIP (i.e. the specific action steps) is outlined below:

Action Step 4.1: **Increase staff usage of the SPD.** This will be accomplished through the development and implementation of a systems integration plan between the SPD and key Departmental entities, namely the Administrative Case Review (ACR) and Child and Youth Investment Team (CAYIT) units, which are in place

in part to help ensure that children and families are provided with the services needed to ensure their well being. Staff providing intact family services will also be targeted as part of this systems integration plan to improve the ability of intact staff to locate and make appropriate service linkages for parents and their children. Utilization rate reports will be generated and provided to the SPD Project Team for the purposes of identifying under-utilizing sectors of the child welfare system and developing improvement strategies on an as needed basis.

Action Step 4.2: Implement a service gap analysis and reporting process. Gap analysis procedures will first be developed as well as a reporting structure and follow-up procedures that will support the Department's ability to effectively identify and report out on service gaps throughout the state. Since technical support for the SPD initiative is currently provided primarily by outside contract (university) staff, DCFS will seek to hire a GIS SPD Analyst as well as a Geocoding Data Technician as part of the Illinois PIP to better support these efforts on an ongoing basis.

Action Step 4.3: Implement a continuous quality improvement contracting function. The intended outcome of this action step is that DCFS will have an enhanced service contracting process that utilizes gap analysis reports to guide the contracting decisions made by the DCFS Contract Unit staff. Plans are currently underway to form a SPD Contract Analysis committee. This committee will meet quarterly and will be comprised of staff currently performing SPD and Geocoding related functions for DCFS, staff overseeing the development of contracts from within the DCFS Division of Budgets and Finance, and other key DCFS and POS staff who can provide insight into service and resource gap issues confronting the Illinois child welfare community. DCFS intends to use SPD data specifically to identify the top three service gaps for each of the Department's 6 regions (including sub-regional breakouts for the downstate regions) on an annual basis. The SPD Contract Analysis committee will be expected to review and prioritize such data, and make recommendations to the DCFS Director as to which new service contracts to establish. An early priority for this new committee will be to focus on the existing service needs impacting the city of Rockford and Winnebago County area since such needs were so clearly documented as part of the Illinois CFSR process.

Pre-contracting evaluation protocols will also be developed that will take into account accessible provider capacity as well as potential inter-agency service agreement opportunities. Training will be provided to all DCFS Contract Unit staff on how to use the newly established pre-contracting evaluation protocols and gap analysis data so that this continuous quality improvement contracting function can be fully implemented beginning in Quarter 5 of the Illinois PIP.

DCFS, while committed to the full implementation of this strategy as part of the PIP, must acknowledge that it anticipates facing serious budgetary hardships due to the overall state of the Illinois state budget throughout the two-year PIP implementation period. These budget hardships may impact the state's ability to fund all of the service needs potentially identified which means the SPD Contract Analysis committee and DCFS Budget unit staff will need to effectively prioritize such service needs critical to this strategy's success.

Component B - Family Advocacy Centers (FAC): The establishment of Family Advocacy Centers (FAC) in Illinois was intended to provide families with community-based support that would prevent their children whenever possible from coming into care as well as to assist them in successfully following through on planning goals that would allow them to successfully reunite with their children once in substitute care. Illinois FAC's have been structured similar to the "recovery coaching" model that is used in Alcohol and Other Drug Abuse (AODA) waiver projects by using community based providers to provide non-judgmental support and encouragement with staff accompanying parents to appointments, listening to challenges, and maintaining focus on the long-term goals of prevention, family preservation and reunification.

The first FAC in Illinois was established by IDCFS in Bloomington in 2004. Phase I of the implementation of FAC's focused on their strategic placement in areas where child intake rates were the highest. Phase II, which

is what will be the focus in the Illinois PIP, will be the expansion of the model statewide, so that FAC's will be available to all families throughout the state. There are currently 15 FAC's statewide, half of which are located in Cook County. All six regions of the Department have at least one FAC serving a community, including Springfield, Bloomington, Champaign, Peoria and Moline serving the Central region of the state. There are also FAC's located in the Northern (Waukegan and Round Lake Beach) and Southern (East St. Louis) regions of the state as well as several serving the greater Chicago/Cook County regions.

The array of services available through FAC's are provided under the overarching principles of family preservation and include (but not be limited to): Parent coaching, intensive mediation, service referral and linkage, counseling, 24-hour crisis response, after-school programs, parenting classes, domestic violence, support groups, skill building workshops and much more. FAC's are not intended to directly impact but rather support community-based casework practice in terms of preserving families and preventing children from entering into substitute care while also facilitating family reunification through advocacy and service provision. Families are able to access FAC services directly on their own but also through community or DCFS and POS referrals. However a family comes to receive the services of an FAC, the goal remains the same, which is to strengthen and preserve families.

Efforts as part of the Illinois PIP will also be focused on establishing FAC's in communities where there are higher percentages of Spanish-speaking families such as in Winnebago County (Rockford) as reflected in the Illinois Statewide Assessment as well as the results of the CFSR. Another key component of the FAC initiative as part of the Illinois PIP will be the development of a comprehensive evaluation strategy to evaluate the successful implementation of FAC's in terms of decreasing child maltreatment and child removal rates and also increasing family reunification rates.

The concrete processes to be implemented as part of the FAC component of Strategy 4 in Illinois' two year CFSR PIP (i.e. the specific action steps) is outlined below:

Action Step 4.4: Increase the number of FAC's in key communities throughout the State. The Department is committed to establishing a FAC to serve the Rockford and broader Winnebago County area by the end of calendar year 2011, with advocacy and services especially designed to target the Spanish-speaking community. Additional FAC's will be established in other high-intake regions of the state, including Aurora, Decatur and the far south Cook County suburbs. As previously outlined, services typically provided by FAC's include parent coaching, intensive mediation, advocacy to ensure appropriate service referral and linkage, counseling, 24-hour crisis response services, after-school programming, parenting classes, domestic violence services, support groups and more.

Action Step 4.5: Implement standardized FAC procedures. The Department seeks to further enhance the FAC initiative by strengthening the existing program procedures utilized by all FAC programs around the state and providing training to staff utilizing such procedures. Having more structured and standardized intake procedures will help ensure consistency in how families are referred to FAC's and in the types of information obtained upon intake as it relates to family functioning. This will in turn enhance the efforts of the Department to ensure that FAC's are accurately targeting the needs of the children and families served in their communities.

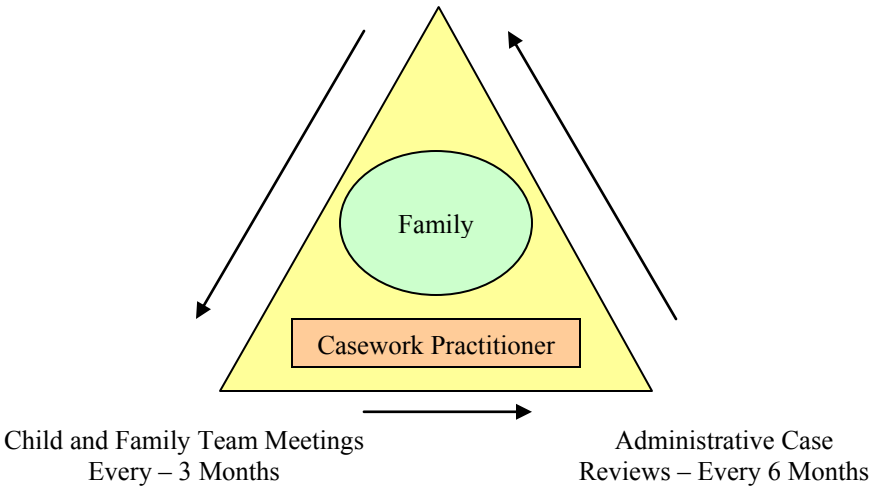
Action Step 4.6: Implement an ongoing program monitoring and evaluation plan. Another key component of improving the effectiveness of FAC's as part of the Illinois PIP will be in the implementation of an ongoing program monitoring and evaluation plan. Existing contract monitoring guidelines as it relates to the FAC initiative will be strengthened and implemented. Quarterly contract monitoring reports to include data and other information related to the extent to which FAC programming is being implemented consistent with provisions in the agency's contract will be disseminated to the FAC Steering Committee for review and follow up as needed. Similarly, a structured FAC program evaluation plan containing outcome level data will be

developed and implemented as part of the PIP. Quarterly program evaluation data reports will be disseminated to the FAC Steering Committee and to agencies providing FAC services for ongoing review and follow-up. The purpose in utilizing these program evaluation reports will be to ensure FAC services are leading to the outcomes intended in terms of preserving and strengthening families.

V: Improve the Quality and Effectiveness of the Systems that Drive Permanency:

Background: Consistent with first round CFSR findings, the second round Illinois CFSR revealed deeply entrenched practices that continue to negatively impact the state's ability to ensure the timely achievement of permanency for children served by the child welfare system. A lack of sustained engagement by casework practitioners of children and families throughout the life of a case, the unavailability of critical services in various parts of the state, combined with the inconsistent implementation of core permanency related monitoring systems, including Administrative Case Review and Juvenile Court processes, contribute to what was described as a pervasive "lack of sense of urgency" toward permanency throughout the state's entire child welfare system.

In preparation for the development of a comprehensive PIP strategy to address such practices, the Division of Quality Assurance (DQA) along with the Foster Care Utilization Review Program (FCURP) engaged in various data collection and research oriented activities oriented towards assessing those existing systems that would appear to play a critical role in monitoring and thereby helping to shepherd children, with as little delay as possible, through the massive child welfare system toward timely permanency. These systems are: (1) Child and Family Team Meetings; (2) Administrative Case Review; and (3) Permanency Hearings.



While the role of the casework practitioner in working directly and effectively with children and families will always play the central role in permanency achievement, these three processes or systems also play an essential role in whether or not a child in substitute care is able to achieve timely permanency. Child and Family Team Meetings (CFTM) are to occur every quarter, are facilitated by the assigned caseworker and his/her supervisor, and are to include whenever possible the child, parents, caregivers, other significant family members and core service providers. The focus of CFTM's includes the ongoing assessment of child, family and caregiver needs, service provision and overall service planning which includes the consideration of the appropriateness of the child's permanency goal and progress being made to achieve it. Administrative Case Reviews occur every six months and are formally facilitated by trained Administrative Case Reviewers. Similar to the quarterly CFTM,

the most appropriate permanency path for the child and how to best achieve it is a core focus of the ACR. The child's caseworker is to develop the service plan with child and family involvement, the recommended goal and written plan is to be approved in writing by the supervisor, and the Administrative Case Reviewer then facilitates the six month ACR which is also to include the child, family, caregiver and core service providers whenever possible. The service plan is signed off on or "approved" at the conclusion of the ACR and the caseworker then presents the service plan at the next six month Permanency Hearing where the Judge considers and then formally enters the child's permanency goal into the court record.

These three systems each have their own unique characteristics and goals however they also share common traits that when implemented successfully, should together support the timely achievement of permanency as evidenced in the table below:

CFTM	ACR	PH
✓ Ongoing engagement of the family, in conjunction with other key stakeholders, to identify strengths, challenges and needs to be addressed in order to support safety, permanency and well being for the child and family.	✓ Administrative review, monitoring and oversight of the case plan and progress toward permanency goal achievement.	✓ Review of relevant case information to make a definitive long-term decision regarding permanent placement of the child.

The results of various evaluative techniques implemented in preparation for the development of the Illinois PIP suggest that the CFTM and ACR processes are in need of substantial improvements. CFTM's do not occur consistently on a quarterly basis and the lack of clear policy to guide the CFTM process is a clear barrier to the implementation of a quality CFTM process. A review of ACR feedback alerts, conducted jointly with ACR administrators, along with ongoing conversations regarding other ACR issues suggests improvements are needed in the consistency in the implementation of a qualitative ACR process. Observations of Permanency Hearings combined with feedback from stakeholders indicate a similar lack of consistency in how Permanency Hearings are facilitated.

Perhaps most importantly, there is no evidence that these three key systems work collaboratively with one another in such a way as to support the timely achievement of permanencies. A core strategy of the Illinois PIP therefore must be on improving not only the individual functioning of each of these systems but also on realigning them so that they work in tandem with one another.

The concrete processes to be implemented as part of this component will be delivered as Strategy 5 in Illinois' two year CFSR PIP are outlined as follows, beginning with improving the internal functioning of all three of the systems sin the Permanency Systems Triad:

Action Step 5.1: **Improve the effective implementation of CFTM's.** This will include the creation of a CFTM policy guide and making appropriate updates to DCFS Rules and Procedures, providing training to staff via Learning Collaboratives (make-up sessions will occur as needed to ensure all staff have received LC content), and developing a simple one-page CFTM planning tool for parents that defines primary goals and objectives to be achieved between CFTM's, ACR's and PH's. In addition, the STEP initiative as part of the Trauma-informed (FTS) Practice Model, will reinforce with and support supervisors in ensuring that CFTM's are facilitated in a manner that is consistent with new policy guidelines and in the training provided. Existing quality assurance review processes will also be conducted and data will be utilized as part of the performance contracting and statewide CQI processes to ensure successful implementation.

Action Step 5.2: Improve the assessment and service provision for youth transitioning from foster care to independent living. DCFS intends to enhance the existing Statewide Practice Memo that addresses case practice adherence to implementing the Ansell-Casey Life Skills Assessment and redistribute it to DCFS and POS staff statewide via the Department's Regional PIP Workgroup process. Subsequent Supervisory Forums will be implemented throughout the state which will ensure that all permanency/foster care team supervisors from both the public and private sectors have an opportunity to revisit the core principals of the Ansell-Casey process in terms of accurately assessing adolescent needs and strengths and providing needed services and resources for transitioning youth. Ansell-Casey compliance and overall service provision for transitioning youth will be monitored through the already existing Regional PIP Workgroups' Peer Review data process.

Action Step 5.3: Improve the effective implementation of ACR's. This will include enhancing existing guidelines, in keeping with national best practice standards, for ACR reviewers to ensure consistency in the facilitation of ACRs throughout the state. An enhanced training curriculum for all new and existing ACR reviewers will also be developed and implemented that redefines the reviewer's role as a critical agent in the facilitation of timely permanencies for children in care

The Department's current ACR Critical/Chronic Alert System will be revised, including the establishing of new guidelines for Reviewers in terms of when to raise alerts, types of alerts to raise and to whom such alerts should be raised. A concentrated focus of an enhanced Critical and Chronic Alert system will be on barriers to achieving timely permanencies. In addition, an advanced coding system and database will be developed so that issues raised via the Critical/Chronic Alert process can be better tracked and followed up on effectively. PIP strategies will also seek to improve the response rate by the field to Critical and Chronic Alerts and finally, a new QI-type process will be introduced to ACR where reviewer-specific data is used to improve consistency across ACR review staff (peer review, involvement in Regional PIP workgroups et al).

Action Step 5.4: Enhance the effective implementation of Permanency Hearings: The Administrative Office of the Illinois Courts (AOIC) has committed to implementing several strategies aimed at improving the consistency and overall effectiveness in how Permanency Hearings are conducted statewide and in the adherence to all ASFA provisions relating to the termination of parental rights (TPR).

The NCJFCJ Child Abuse and Neglect Institute (CANI) was created to provide training in dependency court best practices for judicial officers. This weeklong training program brings together national and local faculty to teach on core topics including hearing practice (including permanency hearings, TPR, and AFSA guidelines), child development, substance abuse, and cutting-edge court improvement developments, among other topics. CANI is expected to raise judicial awareness of best practice in off-the-bench and on-the-bench activities, including permanency and TPR hearings.

The AOIC will be using CIP funding to provide scholarships for up to ten judges to attend CANI June 21-24, 2011 in Reno, NV. The AOIC will hold debriefing session with the judicial attendees to gain feedback on CANI, discuss changes to practice and assess training needs for judges and attorneys practicing in juvenile abuse and neglect court. Additionally judges attending CANI will be encouraged to share information from the training with the judges in their circuit and be available as mentors or trainers if needed.

The AOIC will also provide two sets of five regional trainings, located throughout the state, to Illinois judges. The first set of regional trainings will include strengthening permanency hearings while the second will address issues surrounding TPR both based on the foundation of the National Council of Juvenile and Family Court Judge's Resource Guidelines and best practices. Both sets of regional trainings will be funded with CIP Training Grant monies, with the first round completed by September 30, 2011 and the second round completed by September 30, 2012. Those judges presiding in juvenile abuse and neglect courtrooms will be the target

audience. The evaluation component of the trainings will include an evaluation the day of the training and a follow-up questionnaire to determine change in practice.

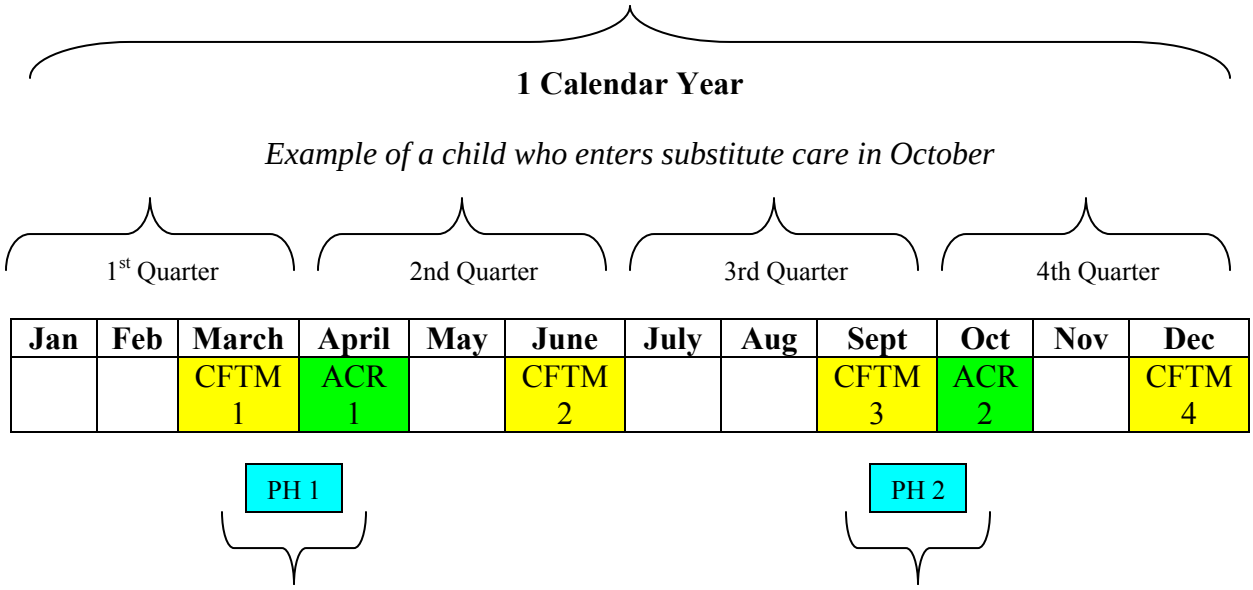
Finally, in furtherance of its *Legal Representation Initiative*, the AOIC will sponsor ten regional trainings for guardians ad litem, parent attorneys, prosecutors, and IDCFS attorneys in conjunction with the National Association of Counsel for Children [NACC] and its treatise *Child Welfare Law and Practice: Representing Children, Parents, and State Agencies in Abuse, Neglect, and Dependency Cases [Red Book]*.

The NACC *Red Book* is a nationally recognized resource for attorneys practicing in the unique and specialized field of child protection. It serves as not only an attorney practice reference, but also as a training manual. The NACC offers the Child Welfare Attorney Certification and Training Program (ACT) for jurisdictions that wish to provide broad systemic improvement in the practice of child welfare law. The program improves the practice of child welfare law by raising the foundation of attorney competence in a jurisdiction. Topics include: the Context of Child Welfare Law; the Legal Framework of Child Welfare Law; the Child Welfare Legal Process; and the Role and Duties of Legal Counsel in Child Welfare Proceedings. The regional attorney trainings will be funded through the CIP Training Grant and will be completed by September 30, 2011.

The second set of strategies will focus on improving the alignment of these three processes (the Permanency Systems Triad) so they function collaboratively and not in isolation from one another.

Action Step 5.5: Re-Align the Illinois Permanency Systems Triad. Currently, casework practitioners are directed to conduct CFTM's on a quarterly basis. ACR's occur every six months and Permanency Hearings also occur every six months. There is no existing structure or policy in place that connect these processes to each other. The Illinois PIP will therefore include strategies that ensure that over the course of a calendar year, the second and fourth of all quarterly CFTM's precede, by one month, the 6 month ACR. The PIP will also include strategies that seek to strengthen the ties of the 6-month ACR to the 6 month Permanency Hearing (see graphic below).

Child and Family Team Meetings, Administrative Case Reviews, Permanency Hearings



CFTM case planning activities between the caseworker and members of the Child and Family Team will be more focused towards permanency and better feed into the subsequent ACR. The improved engagement between the caseworker and family in the development of the case plan that comes from a more qualitative

CFTM, combined with enhancements to the ACR process as outlined above, should ensure a more permanency-focused and qualitative ACR. These enhancements can only serve to improve the quality of the Permanency Hearing that follows every 6 months. The overall result will be a concentration of coordinated case planning efforts that better propel children in substitute care towards timely permanency.

The third set of permanency-oriented strategies will center on actions to be taken by the AOIC that will strengthen the court's role in the permanency planning process.

Action Step 5.6: Implement statewide strategies to enhance the court's role in the overall permanency planning process. There are two primary components to this strategy which was developed by and will be implemented with the support of the Administrative Office of the Illinois Courts (AOIC).

Child Protection Data Courts Project: The purpose of the Child Protection Data Courts (CPDC) Project is to establish a short-term manual court data collection structure to measure 14 of 30 nationally recognized child protection court performance measures in order to enable the courts to improve efficiency and effectiveness in ensuring safety, permanency, due process, and timeliness in child protection cases. The establishment of the manual court data collection structure will ultimately inform the Administrative Office of the Illinois Courts' (AOIC) primary long-term goal which is to put into operation a statewide, uniform automated data collection and case tracking structure to measure all 30 court performance measures [performance domains include permanency, timeliness, safety, and due process] and track outcomes for children and families. The implementation of the CPDC Project will be implemented throughout the two-year Illinois PIP period.

The CPDC Project design includes partnerships between the AOIC, the National Center for State Courts (NCSC) and Kankakee-Iroquois, Madison, McLean, McHenry, and Winnebago Counties, who serve as pilot sites, for a three-year period. Four CPDC sites will be involved in manual data collection activities while the fifth site will act as a test site for automated implementation of the court performance measures.

Each project site is guided by a local team of professionals involved in the juvenile abuse and neglect court including the judge, the trial court administrator, prosecutor(s), parent attorney(s), GAL(s), IDCFS representatives, Purchase of Service (POS) provider representatives, and the data collector. The goal and purpose of the local teams is to review the data, assess local practice, and make data driven systems changes and improvements in practice.

Child Protection Circuit Teams: Additionally, in an effort to improve coordination and communication among child protection court stakeholders, the AOIC developed a multi-year engagement strategy to connect with and engage the Child Protection Circuit Teams (CPCTs) that were formed as work groups prior to the AOIC's first statewide child welfare conference in 2007.

Child Protection Circuit Teams promote coordination between courts and child protection stakeholders to ensure safety and stability for children and families involved in child abuse, neglect, and dependency court proceedings. The CPCTs help to identify service gaps and breakdowns in coordination or communication between agencies. They enhance the professional skills and knowledge of individual team members by providing a forum for learning about the strategies, resources and approaches used by various disciplines. Local DCFS staff are key stakeholders in the child protection system and therefore are integral to addressing service gaps, improving communication, and coordinating with the courts to improve system response, specifically time to permanency, for abused and neglected children and their families. DCFS staff presence on the CPCTs is critical and efforts to engage DCFS in this initiative will play an important role in the PIP.

At the same time DCFS operates regional Permanency Enhancement Teams (PET). PET's are also multidisciplinary teams and are generally charged with addressing either disproportionality or permanency

issues. AOIC staff will coordinate with DCFS personnel who oversee the PET's to assess local operations and logistics (e.g. where they meet, inclusion of court personnel, and level of coordination with the CPCTs. Often the activities of the PET align with the mission of the CPCT, therefore DCFS and the CCFU will work together to determine where resources can be combined and leveraged.

C. ILLINOIS STATE PIP MEASUREMENT PLAN

Illinois 2009 CFSR findings require that state performance relative to the following items and data indicators be measured and monitored throughout the implementation of the Illinois PIP:

CFSR (Outcome-related) Items:

Item 3: Services to Protection children in home and prevent removal/re-entry into foster care
Item 4: Risk assessment and safety management
Item 7: Permanency goal for child
Item 10: Other planned permanent living arrangement
Item 17: Needs and services of child, parents, and foster parents
Item 18: Child and family involvement in case planning
Item 19: Caseworker visits with child
Item 20: Caseworker visits with parent

CFSR National Standard Items:

- ✓ Absence of Maltreatment Recurrence
- ✓ Absence of Child Abuse and/or Neglect in Foster Care
- ✓ Placement Stability
- ✓ Timeliness of Adoption (*Pending DCFS follow-up as to potential data errors in its AFCARS data file submission, this data indicator may not be included in the Illinois PIP)

Illinois will utilize State prospective data to establish a baseline during the 2nd quarter of the PIP implementation period (4/1/11-6/30/11) and a variety of outcome measures, quantitative as well as qualitative case review data throughout the two year PIP implementation period as the primary mechanisms towards monitoring the successful implementation of the Illinois PIP.

Illinois has implemented an outcome-based review process that mirrors the CFSR since 2000. This review process, which includes a comprehensive review of case record documentation combined with case specific stakeholder interviews, is known as the Outcome Enhancement Review (OER) process. The OER was utilized to prepare Illinois for its initial CFSR in 2003, and throughout the two year Round 1 PIP implementation period (2004-2006) as well as into the non-overlapping review period (2007-2008) in an effort to monitor the implementation of the Illinois PIP. Following the second Illinois CFSR in August 2009, DCFS, in partnership with the Foster Care Utilization Review Program (FCURP), began the process of updating the OER review tools to ensure they were consistent with current Departmental policy and that the rating of all items and outcomes were wholly consistent with the CFSR process. ***The OER, because it is designed to evaluate case practice and service delivery consistent with the 7 outcomes and 23 items assessed through the CFSR process, will be the primary measurement process for the Illinois PIP.***

DCFS also employs a variety of other qualitative case review processes as part of its umbrella of quality assurance (QA), continuous quality improvement (CQI) and program monitoring responsibilities. Each quarter, QA and Agency Performance Team (APT) staff as part of performance contracting, reviews hundreds of foster care cases. DCFS regional staff also engage in a quarterly peer review process that dates back to 1997 and includes the review of child protection investigations, in-home family, foster care, adoption, and foster home licensing case files. DCFS QA and FCURP staff have facilitated the combined aggregation of peer record

review data from both DCFS regions and Purchase of Service (POS) agencies on a quarterly basis since 2007 as part of the Departments Regional PIP process. QA staff review case records on a monthly basis for compliance regarding the placement of siblings together and sibling visitation as it relates to one of the Department's Federal consent decrees. Finally, DCFS QA and APT staff recently implemented the twice-annual review of DCFS and POS managed in-home family cases. As such, Illinois has an ongoing abundance of qualitative review data (in addition to the OER) to use in order to evaluate the implementation of its PIP.

Finally, DCFS also has a well-established network of centralized statewide-computerized data collection and reporting systems which allows the Department to produce and track detailed case information for all children and families served by the Illinois child welfare system. Since the implementation of the Round 1 Illinois in 2004, DCFS has produced quarterly outcome reports that tracks State performance relative to the Federal safety and permanency data indicators. DCFS intends to continue to utilize this data throughout the Round 2 PIP implementation and monitoring period.

Establishing a Baseline:

Because DCFS was in the process of updating its OER instruments and accompanying Question by Question (Q by Q) rating guides throughout 2009-2010, Illinois has no current OER data to use as a retrospective baseline for the implementation of the Illinois PIP. And while DCFS has several afore noted alternative qualitative review processes at its disposal that should prove useful as additional sources of data for monitoring the PIP, the OER is the only Illinois review process that is outcome focused and implemented in a manner that is consistent with the CFSR and that also includes case specific interviews. The Department therefore intends to conduct a statewide baseline OER review of 66 cases during the 4th quarter of the State's 2011 fiscal year (4/1/11-6/30/11). This review of 66 cases will be stratified to ensure both in-home and foster care cases are drawn from all 6 DCFS regions around the state and are representative of cases managed by both DCFS and POS agencies. The breakdown of the case sample for the baseline OER is as follows:

Northern Region	10 cases (6 foster care/4 in-home)
Central Region	16 cases (10 foster care/6 in-home)
Southern Region	10 cases (6 foster care/4 in-home)
Cook North	10 cases (6 foster care/4 in-home)
Cook Central	10 cases (6 foster care/4 in-home)
Cook South	10 cases (6 foster care/4 in-home)
Statewide Total	66 cases (40 foster care/26 in-home)

The equal representation of cases from all six regions (slightly more cases will be pulled from Central Region as it is the largest region in the state) is critical as it relates to the back-end of the OER review process – i.e. the development of Regional PIP's using OER data through already established Regional PIP Workgroups. DCFS also intends to stratify each region's case sample being mindful of the percentage of cases that are managed by DCFS vs. the private sector (POS agencies) as well as by permanency goal and case type (as follows):

OER Baseline – 66 Cases *4/1/11-6/30/11*	
40 Foster Care	26 In-Home
Permanency Goal/Case Type	
13 – Return Home	13 – Always In-Home
13 – Adoption/Guardianship	13 – Reunification
14 – OPPLA	

Case Sampling Criteria:

The DCFS Division of Quality Assurance (DQA) maintains an existing database that has served over the years to store data and produce statistical data reports based on the results of OER's. One of the features of the OER Database is the ability to produce regional random samples of permanency and in-home services cases served by DCFS and/or POS agencies. The Department intends to utilize this feature to produce random samples by region in advance of each OER. DQA and FCURP staff will then select cases in the order they appear on the random case lists, taking into consideration the afore noted permanency goal and case types (see table above), and excluding only those cases that do not meet the following case sampling criteria:

- No Adoption or Guardianship Assistance cases (i.e. finalized Adoption/Guardianship cases)
- No children 18 years or older
- No cases where key stakeholders are unavailable for interviews

The case sampling period for the baseline and ongoing reviews will be the 10-month period prior to the case sample pull date, which is 60 days prior to the onsite review. The Period Under Review (PUR) will be the 12-month period prior to the beginning of the review. For example, if the review is scheduled to begin April 4, 2011, the sampling period will be April 1, 2010 – January 31, 2011 and the PUR will be April 1, 2010 – April 4, 2011.

PIP Measurement and Monitoring Plan – Review Schedule:

The measurement and monitoring plan for the Illinois PIP will include the implementation of and utilization of data from OER reviews every six months (264 cases reviewed during the two-year period – 66 cases for the Baseline Review and 198 for the on-going PIP implementation period) as well as additional safety and permanency related outcome data, qualitative review and quantitative statistical performance data. The PIP measurement and monitoring schedule is as follows:

Illinois PIP – January 2011 through December 2012			
Year 1 (1/11-12/11)			
PIP Q1 1/11-3/11	PIP Q2 4/11-6/11	PIP Q3 7/11-9/11	PIP Q4 10/11-12/11
Illinois PIP Approved **PIP implementation begins**	• ***OER Baseline Review 66 Cases*** • Internal quarterly updating of National Data Indicators and Composite measures	• OER Data Reports disseminated to Regions & POS agencies • Internal quarterly updating of National Data Indicators and Composite measures • Dissemination of supplemental qualitative review data	• ***OER Review #1 66 cases*** • Internal quarterly updating of National Data Indicators and Composite measures
Year 2 (1/12-12/12)			
PIP Q5 1/12-3/12	PIP Q6 4/12-6/12	PIP Q7 7/12-9/12	PIP Q8 10/12-12/12
• OER Data Reports disseminated to Regions & POS agencies • Internal quarterly updating of National Data Indicators and Composite measures • Dissemination of supplemental qualitative review data	• ***OER Review #2 66 cases*** • Internal quarterly updating of National Data Indicators and Composite measures	• OER Data Reports disseminated to Regions & POS agencies • Internal quarterly updating of National Data Indicators and Composite measures • Dissemination of supplemental qualitative review data	• ***OER Review #3 66 cases*** • Internal quarterly updating of National Data Indicators and Composite measures

General OER Guidelines:

The OER will be facilitated jointly by DQA and FCURP, with staff sharing all OER planning, pre-review, on-site review, quality control (QC), and post-review responsibilities. Select (i.e. highly experienced) QA and FCURP staff will serve as both team leaders and reviewers for all OER's, which will entail a myriad of additional planning and quality assurance related activities. Reviewers for the OER process will initially (i.e. baseline review) be primarily QA, FCURP and APT staff that have had previous experience with the OER process. For subsequent 6-month OER reviews, QA and FCURP will train select Department and POS supervisory, management and quality assurance staff to serve as additional OER reviewers.

Supplemental PIP Measures:

DCFS will utilize data from afore noted computerized case performance reporting databases as well as other qualitative review sources to allow the Department to better ***internally*** monitor the implementation of the Illinois PIP during the quarters where up-to-date OER data is unavailable. The use of this supplemental data will also serve to keep Regional PIP workgroups infused with current performance data so that they area able to monitor the on-going implementation of their Regional PIP's. Some of the measures the Department intends to utilize on a quarterly basis are as follows:

Safety Outcomes

- Data Indicator – Repeat Maltreatment
- Data Indicator – Abuse/Neglect in Foster Care

Permanency Outcomes & Case Review Systemic Factor

- Data Indicator – Substitute Care Re-Entries
- Data Indicator – Placement Stability
- Data Indicator – Reunification w/in 12 Months
- Data Indicator – Adoption w/in 24 Months
- Permanency Composites 1-4
- Sibling Placement & Visitation qualitative review data
- Parent/Child Visitation performance contracting review data

Well-Being Outcomes & Service Array Systemic Factor

- Integrated Assessment statistical data
- Child and Family Team Meeting performance contracting review data
- Administrative Case Review statistical data
- Caseworker Visits w/Children statistical and performance contracting review data
- Caseworker Visits w/Children performance contracting review data
- Services Linkage Regional PIP qualitative peer review data
- Services/Resources availability data via Service Provider Database (SPD)

PIP Strategy Summary and TA Plan

State: ILLINOIS

Date Submitted: January 31, 2011

Primary Strategies	Key Concerns	TA Resources Needed
1. Implement Differential Response model (Pathways to Strengthening and Supporting Families – PSSF)	■ Repeat maltreatment (Item 2)	Consultation being received from the National Quality Improvement Center on Differential Response and Child Protective Services
2. Implement an enhanced Safety Model	■ Quality of assessments to identify needed services (Item 3) ■ Monitoring safety in in-home cases, especially high risk cases (Item 3) ■ Quality of assessment & engagement during investigations (Item 3) ■ Monitoring safety plans (Item 4) ■ Quality of case hand-off and transition visits ■ Quality of initial & ongoing assessments of risk and safety – use of formal & informal assessment tools: (Item 3 & 4) » in foster homes » when there is a child in foster care and other children are left in the home of origin » for all children in an intact family case ■ Quality of risk and safety assessment at case closure (Item 4) ■ Difficulty screening intact cases for court (Item 4) ■ Maltreatment in foster homes (Item 4) and Repeat maltreatment (Item 2)	Received consultation from the National Resource Center for Child Protective Services

PIP Strategy Summary and TA Plan
State: ILLINOIS
Date Submitted: January 31, 2011

Primary Strategies	Key Concerns	TA Resources Needed
3. Implement a Family-Centered Trauma-Informed Strength-based Casework Practice Model.	■ Efforts to place siblings together (Winnebago) (Item 12) ■ Frequency and quality of parent/child & sibling visits (Item 13) ■ Efforts to maintain child's important connections, i.e., extended family, religious & cultural heritage (ICWA compliance in McLean County), school, community, friends (Item 14) ■ Efforts to identify and assess maternal & paternal relatives for placement consideration (diligent search/use of DSS) (Item 15) ■ Efforts to keep parents involved in the lives of their children to support the parent/child relationship (Item 16) ■ Quality of ongoing assessment of the needs of all key stakeholders, with emphasis on identifying underlying issues (Item 17, 21, 22, 23) ■ Identification, referral and monitoring of services (Item 17, 21, 22, 23) ■ Engagement of all key stakeholders in the case planning process, especially fathers and absent parents (Item 18) ■ Frequency and quality of CFTMs (Item 18) ■ Frequency of caseworker visits with children and parents and the focus during visits on issues pertinent to case planning, service delivery, and goal attainment (Items 19 & 20) ■ Placement stability (including timeliness of CAYIT staffings (Item 6)	

PIP Strategy Summary and TA Plan
State: ILLINOIS
Date Submitted: January 31, 2011

Primary Strategies	Key Concerns	TA Resources Needed
4. Improve the accessibility and individualization of services.	**Items 36 & 37: Limited mental health resources in certain areas of the state** ■ Access to Medicaid-funded specialized services such as, orthodontic, and general dental care, vision care and hearing services, particularly in rural counties ■ Limited capacity to provide linguistically appropriate services, especially Spanish-speaking services in Winnebago County, i.e., bi-lingual caseworkers, investigators and mental health testing providers ■ Limited use of the Statewide Provider Database ■ Waiting lists and lack of service providers for parenting skills groups and independent living services ■ Post-adoption services	
5. Improve the quality and effectiveness of the systems that drive permanency.	■ Early permanency planning (Item 7) » IA permanency pathway/caseworker identification of the appropriate permanency pathway » Use of concurrent planning » Case assignment process – caseworker presence at the shelter care hearing » Quality of case hand-off and transition ■ Court processes & timeframes (Item 7) » Adjudication to disposition timeframes » Continuances » TPR in accordance with ASFA timeframes (Item 28) ■ Coordination between the review processes that drive permanency and support timely & progressive movement toward goal attainment (Item 25), i.e., ACR and service planning, permanency hearings, and CFTMs – frequency, organization, quality, facilitation, & monitoring ■ Reunification case work practices (Item 8) ■ Adoption process & timeframes (Item 9) ■ Assessment & service provision for youth transitioning from foster care to independent living (Item 10)	

State:	**ILLINOIS**
Date Submitted:	**1/31/2011**
PIP:	**X**
Quarterly Report:	
Quarter:	

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy 1:	**Implement statewide Differential Response (DR) model (Pathways to Strengthening and Supporting Families – PSSF)**			**Applicable CFSR Outcomes or Systemic Factors:**	Safety Outcome 1
Goal:	To support family preservation and prevent repeat maltreatment through the statewide implementation of a front-end strength-based Differential Response model of practice.			**Applicable CFSR Items:**	2
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
1.1 Disseminate clear DR policies to ensure staff have the necessary direction to fully implement the Illinois DR model.					
1.1.1 Disseminate updated DCFS Rules and Procedures effected by the implementation of the PSSF model.	Womazetta Jones	Notification on DNET of the availability of Rules and Procedures 300.45 establishing the Differential Response Five Year Demonstration Program.	1		
1.2 Implement PSSF monitoring plan					
1.2.1: Develop plan for monitoring program implementation and submit to the CWAC-DR Sub-committee for review and approval.	Womazetta Jones	Program implementation monitoring plan completed and approved.	1		
1.2.2: Implement plan for monitoring program implementation.		Quarterly DR Implementation Monitoring Reports completed and submitted to CWAC-DR Sub-Committee for review and action.	2 - 8		
1.2.3: Conduct DR Summits in all four (4) DCFS regions	Womazetta Jones; Tami Fuller	Summit agenda and list of attendees available	2		
1.2.4: Update all quality improvement and quality assurance tools to include all key process and quality indicators.	Joan Nelson-Phillips	Updated tools available	3		
1.2.5: Develop monitoring protocols and tools for contracted private agency DR service providers.	Womazetta Jones	Monitoring tools developed and submitted to the CWAC-DR Sub-committee for review and approval.	4		
1.2.6: Implement monitoring protocols for contracted private agency DR service providers.		Monitoring data available for review and action.	5		
1.3 Implement a PSSF outcome evaluation plan					
1.3.1: Develop a merged data file consisting of SACWIS data, family exit surveys, and case closing data for all DR and control group cases.	Tami Fuller	Quarterly reports produced and dessiminated based on merged data file analysis.	2 - 8		
1.3.2: Produce a comprehensive Interim Outcome Report		Interim DR outcome report produced and dessiminated.	5		
Renegotiated Action Steps and Benchmarks					

IV. PIP Matrix

State:	ILLINOIS
Date Submitted:	1/31/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy 2:	**Implement an enhanced safety model**			**Applicable CFSR Outcomes or Systemic Factors:**	Safety Outcomes 2
Goal:	To implement a clear and structured ongoing safety assessment process, from the initial investigation through permanency, that links goals and objectives to safety planning.			**Applicable CFSR Items:**	3, 4
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
2.1 Implement clear Enhanced Safety Model policies to ensure staff have the conceptual framework and the necessary direction to successfully implement the model					
2.1.1: Disseminate the new Enhanced Safety Model Policy Guide to all DCFS and POS staff statewide.	George Vennikandam; Meryl Paniak	Notification on DNET and hard copy distribution of the revised policies and procedures	3		
2.1.2: Update all quality improvement and quality assurance tools to include all key compliance and quality indicators from the enhanced safety model.	Joan Nelson-Phillips	QA and QI tools are updated and available.	6		
2.2 Implement Enhanced Safety Model Training Phase 1: "Child Protection Skills Training"					
2.2.1: Develop Phase 1 training curriculum	Craig Missel; George Vennikandam	Curriculum completed	2		
2.2.2: Conduct Child Protection Skills Training for all Child Protection and Investigation Specialists and Supervisors.		Participation tracking report available to verify all Child Protection and Investigation Specialists and Supervisors trained statewide.	3 - 4		
2.2.3: Finalize curriculum for Phase 2		Curriculum completed	3 - 4		
2.2.4: Update Foundations Course curriculum to reflect Phase 2 training content.		Updated Foundations Course curriculum implemented for new hires	3 - 4		
2.2.5: Prepare Phase 1 implementation monitoring report.	George Vennikandam; Meryl Paniak	Implementation monitoring report submitted for review and action to the Safety Model Workgroup	5		
2.3 Implement Enhanced Safety Model Training Phase 2: "Critical Thinking in the Assessment of Child Safety"					
2.3.1: Conduct Phase 2 training via Learning Collaborative for all learning communities statewide.	Larry Small	Participation tracking report available to verify all staff trained statewide.	5 - 6		
2.3.2: Develop curriculum for Phase 3		Curriculum completed	5 - 6		
2.3.3: Update Foundations Course curriculum to reflect Phase 3 training content.		Updated Foundations Course curriculum implemented for new hires	5 - 6		
2.3.4: STEP Field Support Specialists integrate Phase 2 training content into coaching and support activities with supervisors.	Larry Small; Monico Whittington-Eskridge	Example of an updated Supervisory Support Plan reflective of Phase 2 training content available.	6		
2.3.5: Prepare Phase 2 implementation monitoring report	George Vennikandam; Meryl Paniak	Implementation monitoring report submitted for review and action to the Safety Model Workgroup	6		

Primary Strategy 2:	Implement an enhanced safety model			Applicable CFSR Outcomes or Systemic Factors:	Safety Outcomes 2 6
Goal:	To implement a clear and structured ongoing safety assessment process, from the initial investigation through permanency, that links goals and objectives to safety planning.			Applicable CFSR Items:	3, 4
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
2.4 Implement Enhanced Safety Model Training Phase 3: "Enhanced Child Endangerment and Risk Assessment Protocol (CERAP)"					
2.4.1: SACWIS Technical Team to make necessary design enhancements to place new Safety Assessment tool (revised CERAP), Risk Assessment Form, revised Safety Plan Tool, revised Service Plan, and IA Protocol within the SACWIS system.	William Wolfe	All new tools and forms available on SACWIS	6		
2.4.2: Disseminate updated Rules and Procedures to all DCFS and POS staff statewide.	George Vennikandam; Meryl Paniak	Notification on DNET and hard copy distribution of the revised policies and procedures	7		
2.4.3: Conduct Phase 3 training via web-meeting technology for all DCFS and POS agency staff.	Craig Missel	Participation tracking report available to verify all staff trained statewide.	7 - 8		
2.4.4: Prepare Phase 3 implementation monitoring report	George Vennikandam Meryl Paniak	Implementation monitoring report submitted for review and action to the Safety Model Workgroup	8		
Renegotiated Action Steps and Benchmarks					

IV. PIP Matrix

State:	ILLINOIS
Date Submitted:	1/31/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy 3:	**Implement a Family Centered Strength-Based Trauma-Informed Casework Practice Model**			**Applicable CFSR Outcomes or Systemic Factors:**	Permanency Outcomes 2, Well-Being Outcome 1, Well-Being Outcome 2, and Well-Being Outcome 3
Goal:	To improve the quality of caseworker contacts, client engagement and child and family assessment.			**Applicable CFSR Items:**	6, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
3.1 Utilize the Learning Collaborative (LC) model of training and support to deliver practice principles around contacts, assessment and engagement.					
3.1.1: Implement LC Phase 7: "Family Centered Practice in a Trauma-Informed System"					
a. Conduct Phase 7 LC for all learning communities statewide.	Larry Small	Participation tracking report available to verify all staff trained statewide.	1 - 2		
b. Develop Phase 8 curriculum		Curriculum completed	1 - 2		
c. Identify and revise applicable policies and procedures to reflect Phase 8 LC content, if needed.		Notification on DNET and hard copy distribution of the revised policies and procedures	1 - 2		
d. Update Foundations Course curriculum to reflect Phase 8 content, if needed		Updated Foundations Course curriculum implemented for new hires	1 - 2		
e. Prepare Phase 7 implementation monitoring report		Implementation monitoring report submitted for review and action to Collaborative Leadership Team	2		
3.1.2: Implement LC Phase 8: "Family Connectedness and Visitation"					
a. Conduct Phase 8 LC for all learning communities statewide.	Larry Small	Participation tracking report available to verify all staff trained statewide.	2 - 3		
b. Develop Phase 9 curriculum		Curriculum completed	2 - 3		
c. Identify and revise applicable policies and procedures to reflect Phase 9 LC content, if needed.		Notification on DNET and distribution of hard copies of the revised policies and procedures	2 - 3		
d. Update Foundations Course curriculum to reflect Phase 9 content, if needed		Updated Foundations Course curriculum implemented for new hires	2 - 3		
e. Prepare Phase 8 implementation monitoring report		Implementation monitoring report submitted for review and action to Collaborative Leadership Team	3		
3.1.3: Implement LC Phase 9: "Stability for Children"					
a. Conduct Phase 9 LC for all learning communities statewide.	Larry Small	Participation tracking report available to verify all staff trained statewide.	3 - 4		
b. Develop Phase 10 curriculum		Curriculum completed	3 - 4		
c. Identify and revise applicable policies and procedures to reflect Phase 10 LC content, if needed.		Notification on DNET and hard copy distribution of the revised policies and procedures	3 - 4		
d. Update Foundations Course curriculum to reflect Phase 10 content, if needed		Updated Foundations Course curriculum implemented for new hires	3 - 4		
e. Prepare Phase 9 implementation monitoring report		Implementation monitoring report submitted for review and action to Collaborative Leadership Team	4		

Primary Strategy 3:	**Implement a Family Centered Strength-Based Trauma-Informed Casework Practice Model**	**Applicable CFSR Outcomes or Systemic Factors:**	Permanency Outcomes 2, Well-Being Outcome 1, Well-Being Outcome 2, and Well-Being Outcome 3
Goal:	To improve the quality of caseworker contacts, client engagement and child and family assessment.	**Applicable CFSR Items:**	6, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
3.1.4: Implement LC Phase 10: "Critical Thinking in the Assessment of Child Safety" (same as Enhanced Safety Model Phase 2 training)					
a. Conduct Phase 10 LC for all learning communities statewide.	Larry Small	Participation tracking report available to verify all staff trained statewide.	5 - 6		
b. STEP Field Support Specialists integrate LC Phase 10 content into coaching and support activities with supervisors.	Larry Small; Monico Whittington-Eskridge	Example of an updated Supervisory Support Plan reflective of Phase 10 LC content available.	6		
c. Prepare Phase 10 implementation monitoring report		Implementation monitoring report submitted for review and action to Collaborative Leadership Team	6		
3.2 Enhance the SACWIS system to include all revised case management tools.					
3.2.1: SACWIS Technical Team to make necessary design enhancements to place identified revised case management tools within the SACWIS system.	William Wolfe	Revised applicable case management tools available on SACWIS.	6		
3.3 Implement the Supervisory Training for Enhanced Practice (S.T.E.P.) Program to strengthen DCFS and private agency direct service supervision and support the implementation of the Trauma Model and Learning Collaborative content.					
3.3.1: Finalize the remaining university contract agreements.	Larry Small; Monico Whittington-Eskridge	Contracts finalized and approved by the Universities and DCFS	1		
3.3.2: Develop a plan for monitoring program implementation and submit it to the STEP development committee for review and approval.		Program implementation monitoring plan completed and approved.	1		
3.3.3: Implement plan for monitoring program implementation.		Quarterly STEP Implementation Monitoring Reports completed and submitted to STEP Program Development Committee for review and action.	2 - 8		
3.3.4: Develop program protocols and tools		Program procedures and protocols, data collection & reporting tools and program quality assurance tools developed and approved.	2		
3.3.5: Develop an initial and ongoing training program		Curriculums completed	2		
3.3.6: Identify and assign 2 Program Coordinators		Program Coordinators hired	2		
3.3.7: Recruit STEP Program staff		Field Support Specialists hired	2		
3.3.8: Conduct initial training for new hires		Participation data reported in quarterly STEP Implementation monitoring Report	3		
3.3.9: Assign and deploy STEP staff to field teams statewide		List of statewide field support specialist assignments available	3		
3.3.10: Complete agency engagement process and SCOT matrix for all POS agencies and DCFS Offices.		Completed SCOT Matrices and a summary report of the engagement process on file and available for review by STEP Coordinators for each agency and Office.	4		
3.3.11: Complete agency specific action plans for all POS agencies and DCFS Offices.		Completed agency specific action plans on file and available for review by STEP Coordinators for each agency and office.	4		
3.3 Implement the Supervisory Training for Enhanced Practice (S.T.E.P.) Program to strengthen DCFS and private agency direct service supervision and support the implementation of the Trauma Model and Learning Collaborative content. ***(cont'd)***					
3.3.12: Complete the engagement process with all supervisors.	Larry Small; Monico Whittington-Eskridge	Summary report of the engagement process on file and available for review by STEP Coordinators for all supervisors.	4		
3.3.13: Complete individual supervisor support plans		Individual support plans for all supervisors on file and available for review by STEP Coordinators.	4		

Primary Strategy 3:	**Implement a Family Centered Strength-Based Trauma-Informed Casework Practice Model**			**Applicable CFSR Outcomes or Systemic Factors:**	Permanency Outcomes 2, Well-Being Outcome 1, Well-Being Outcome 2, and Well-Being Outcome 3
Goal:	To improve the quality of caseworker contacts, client engagement and child and family assessment.			**Applicable CFSR Items:**	6, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
3.3.14: Conduct program evaluation survey with managers and supervisors.		Report of survey results prepared and submitted to the Program Development Committee.	5 and 7		
3.3.15: Analyze and summarize progress on agency specific action plans.		Summary Report prepared and submitted to the Program Development Committee.	6		
3.3.16: Analyze and summarize progress on supervisor support plans.		Summary report prepared and submitted to the Program Development Committee.	6		
3.3.17: Prepare a report summarizing the overall effeciveness of the program.		Summary report completed and submitted to STEP Program Development Committee for review and planning.	8		
Renegotiated Action Steps and Benchmarks					

IV. PIP Matrix

State:	ILLINOIS
Date Submitted:	1/31/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy 4:	**Improve the accessibility and individualization of services**			**Applicable CFSR Outcomes or Systemic Factors:**	Service Array and Resource Development
Goal:	To maintain an adequate array of services in the locations where they are needed most to meet the unique needs and challenges of the children and families served by IDCFS.			**Applicable CFSR Items:**	36, 37
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
4.1 Increase staff usage of the Statewide Provider Database (SPD)					
4.1.1: Develop a systems integration plan between the SPD and: a. Administrative Case Review (ACR) b. Child & Youth Investment Teams (CAYIT) c. Intact family services	Dana Weiner; Diane Cottrell; George Vennikandam	Integration between SPD and ACR, CAYIT and Intact Family Services complete and operational	1		
4.1.2 Develop ability to track SPD utilization		Utilization rate report provided monthly to project team	1 - 8		
4.2 Implement a service gap analysis & reporting process					
4.2.1: Develop gap analysis procedures	Dana Weiner; Robert Stanek	Gap analysis proceduresdisseminated within GIS unit	1		
4.2.2: Develop reporting structure and follow-up procedures		Reporting structure and follow-up procedures developed within GIS Unit	2		
4.2.3: Develop GIS SPD Analyst and Geocoding Data Technician job descriptions		Job descriptions and employment requirements posted as required to begin hiring process	3		
4.2.4: Identify new GIS SPD Analysts and Geocoding Data Technician		GIS SPD Analysts and Geocoding Data Technician hired	3		
4.3 Implement a continuous quality improvement contracting function					
4.3.1: Form a SPD Contract Analysis committee	Dana Weiner; Robert Stanek	Committee roster	3		
4.3.2: Develop pre-contracting evaluation protocols that take into account: a. accessible provider capacity b. inter-agency service agreement		Protocols approved by committee	4		
4.3.3: Conduct training for all DCFS contract staff on pre-contracting protocols and the use of gap analysis data.		Participation data available	4		
4.3.4: Implement pre-contracting evaluation protocols statewide		First annual pre-contracting evaluation conducted and submitted to the contract analysis committee for contracting recommendations.	5		

Primary Strategy 4:	**Improve the accessibility and individualization of services**			**Applicable CFSR Outcomes or Systemic Factors:**	Service Array and Resource Development 11
Goal:	To maintain an adequate array of services in the locations where they are needed most to meet the unique needs and challenges of the children and families served by IDCFS.			**Applicable CFSR Items:**	36, 37
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
4.4 Increase the number of FACs in key communities throughout the state.					
4.4.1: Establish a contract with a FAC in the Rockford area.	Daniel Fitzgerald	Family Advocacy Center in Rockford operational	4		
4.4.2: Establish contracts with new FACs in Aurora, Decatur and South Cook suburbs.		Family Advocacy Centers in Aurora, Decatur and South Cook suburbs operational	8		
4.5 Implement standardized FAC procedures					
4.5.1: Strengthen program procedures and documentation requirements for use by all FACs.	Daniel Fitzgerald	Finalized procedures are distributed and reviewed as part of the all staff FAC training curriculum	3		
4.5.2: Conduct training for all FAC staff on new procedures and forms.		Participation data available	5		

Primary Strategy 4:	**Improve the accessibility and individualization of services**			**Applicable CFSR Outcomes or Systemic Factors:**	Service Array and Resource Development 12
Goal:	To maintain an adequate array of services in the locations where they are needed most to meet the unique needs and challenges of the children and families served by IDCFS.			**Applicable CFSR Items:**	36, 37
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
4.6 Implement an ongoing program monitoring and evaluation plan					
4.6.1 Strengthen contract monitoring guidelines.	Daniel Fitzgerald	Contract monitoring guidelines reviewed and approved by Steering Committee.	3		
4.6.2 Implement strengthened monitoring protocols for contracted private agency FAC providers.		Quarterly contract monitoring reports completed and submitted to Steering Committee for review and action.	4 - 8		
4.6.3 Develop a program evaluation plan that addresses both outcomes and effectiveness.	Daniel Fitzgerald; Chapin Hall at the University of Chicago	Program evaluation plan reviewed and approved by Steering Committee.	3		
4.6.4 Implement program evaluation plan		Quartely reports produced and disseminated for review and action.	4 - 8		
Renegotiated Action Steps and Benchmarks					

IV. PIP Matrix

State:	ILLINOIS
Date Submitted:	1/31/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy 5:	**Improve the quality and effectiveness of the case work practices and systems that drive permanency.**			**Applicable CFSR Outcomes or Systemic Factors:**	Permanency Outcome 1 and Case Review
Goal:	To reduce the time that children spend in substitute care and to ensure that casework practices and the systems designed to facilitate permanency are working efficiently and in concert with one another.			**Applicable CFSR Items:**	7,8,9,10, 25, 28
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
5.1 Improve the effective implementation of Child and Family Team Meetings (CFTM)					
5.1.1: Disseminate new CFTM policy guide to all DCFS and POS Agency staff statewide.	Larry Chasey	Notification on DNET and hard copy distribution of the revised policies and procedures	2		
5.1.2: Provide training regarding new CFTM procedures via Learning Collaborative model for all learning communities statewide.	Larry Small	Participation tracking report available to verify all staff trained statewide.	2 - 3		
5.1.3: Update all quality improvement and quality assurance tools to reflect key CFTM process and quality indicators.	Joan Nelson-Phillips	Updated tools available	3		
5.1.4: Develop a one page CFTM planning tool for parents that defines primary goals and permanency-related tasks to be completed between CFTMs, ACRs and PHs.	Joan Nelson-Phillips; Larry Chasey	CFTM planning tool developed and approved.	3		
5.1.5: Identify and revise applicable rules and procedures to reflect new CFTM requirements.		Notification on DNET and hard copy distribution of the revised rules and procedures	4		
5.1.6: Conduct quarterly monitoring reviews of compliance with new CFTM procedures and usage of the CFTM planning tool using new QA tools.	Joan Nelson-Phillips	CFTM data reports available for review and action planning at all regional PIP workgroup meetings statewide every quarter	4 - 8		
5.2 Improve assessment and service provision for youth transitioning from foster care to independent living.					
5.2.1: Enhance the existing Practice Memo on the Ansell-Casey Life Skills Assessment to emphasize service identification, provision and follow-up.	Kim Peck	Practice Memo revisions completed and approved by all regional PIP Workgroups statewide	3		
5.2.2: Disseminate the enhanced Ansell-Casey Practice Memo through the Regional PIP Workgroup process.		Completed Practice Memo Trackers submitted by all POS and DCFS regional PIP workgroup representatives at a a quarterly meeting to verify content was covered with all placement staff	4		
5.2.3: Conduct Suprvisory Forums in the Cook, Central and Southern regions focused on Ansell-Casey and local services and resources for transitioning youth.		Forum agendas and attendance records available	4		
5.2.4: Monitor Ansell-Casey compliance and service provision for transitioning youth through the Regional PIP Workgroup Peer Review Process.		DCFS and POS Agency regional peer review data aggregated and reviewed for action planning at each quarterly PIP Workgroup Meeting	5 - 8		

Primary Strategy 5:	**Improve the quality and effectiveness of the case work practices and systems that drive permanency.**	**Applicable CFSR Outcomes or Systemic Factors:**	Permanency Outcome 1 and Case Review 14
Goal:	To reduce the time that children spend in substitute care and to ensure that casework practices and the systems designed to facilitate permanency are working efficiently and in concert with one another.	**Applicable CFSR Items:**	7,8,9,10, 25, 28

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
5.3 Improve the effectiveness of the Administrative Case Review (ACR) process					
5.3.1: Enhance existing ACR guidelines, in keeping with national best practice standards, to ensure consistency between reviewers in the facilitation of ACRs throughout the state.	Diane Cottrell	Revised ACR guidelines finalized and incorporated into the revised ACR training curriculum	3		
5.3.2: Reinstate the guidelines regarding when to raise critical and chronic alerts, types of alert to be raised based on case issues, and to whom specific types of alerts should be raised.		Revised critical and chronic alert guidelines finalized and incorporated into the revised ACR training curriculum	3		
5.3.3: Develop a revised training curriculum for all new and existing ACR reviewers that reaffirms the reviewers role as a critical agent in the facilitation of timely permanency for children in care.		All existing ACR Reviewers are trained using the revised ACR curriculum	4		
5.3.4: Implement a new coding system and database to effectively track and follow-up of critical and chronic alerts.	Joan Nelson-Phillips; Diane Cottrell	New database is operational and training on the coding, data entry process and follow-up procedures completed for all ACR staff	4		
5.3.5: Implement an enhanced response process by the field to critical and chronic alerts.	Diane Cottrell	Policy transmittal outlining new response process dessiminated to the field and reviewed and discussed in all	4		
5.3.6: Develop a QI process within the ACR Unit that involves the review and analysis of reviewer-specific data to improve consistency across review staff and the overall effectiveness of ACRs.	Joan Nelson-Phillips; Diane Cottrell	ACR QI data reports and feedback process developed.	5		
5.3.7: Implement enhanced QI process within the ACR Unit.	Joan Nelson-Phillips; Diane Cottrell	ACR QI data reports and feedback completed and submitted to ACR Managers and Regional PIP groups for review and action.	5 - 8		
5.4 Enhance the effectiveness of Permanency Hearings (PH)					
5.4.1: Provide up to ten scholarship opportunities for juvenile judges to attend annual National Council of Juvenile and Family Court Judges (NCJFCJ) Child Abuse and Neglect Institute (CANI)- content includes instruction on all hearing types including ASFA guidelines, practical application of the abuse and neglect permanency guidelines, and TPR.	AOIC through the CIP Grant funding	Certification of Completion	2 and 6		
5.4.2: Provide five regional training to Illinois judges on strengthening permanency hearings based on the foundation of the NCJFCJ's Resource Guidelines and best practices.		Completed Regional Trainings and Compiled Evaluations	6		
5.4.3: Provide five regional trainings to Illinois judges on issues surrounding TPR based on the foundation of the NCJFCJ's Resource Guidelines and best practice.		Completed Regional Trainings and Compiled Evaluations	8		
5.4.4 Provide ten regional trainings for guardians ad litem, parent attorneys, prosecutors, and IDCFS attorneys in conjunction with the National Association of Counsel for Children (NACC) and its treatise *Child Welfare Law and Practice: Representing Children, Parents, and State Agencies in Abuse, Neglect, and Dependency Cases.*		Completed Regional Trainings and Compiled Evaluations	4		

Primary Strategy 5:	**Improve the quality and effectiveness of the case work practices and systems that drive permanency.**			**Applicable CFSR Outcomes or Systemic Factors:**	Permanency Outcome 1 and Case Review 15
Goal:	To reduce the time that children spend in substitute care and to ensure that casework practices and the systems designed to facilitate permanency are working efficiently and in concert with one another.			**Applicable CFSR Items:**	7,8,9,10, 25, 28
Action Steps and Benchmarks	**Person Responsible**	**Evidence of Completion**	**Quarter Due**	**Quarter Completed**	**Quarterly Update**
5.5 Improve the alignment and coordination of CFTMs, ACRs and PHs to ensure more timely permanencies					
5.5.1: Establish a tickler system that ensures quarterly CFTMs are coordinated according to a child's 6 month ACR cycle: i.e., 2 of 4 quarterly CFTMs each year will preceed by one month the 6-month ACR.	Joan Nelson-Phillips	Tickler system operable and notices disseminated	4		
5.6 Implement statewide strategies to improve the court's role in the permanency planning process					
5.6.1: Child Protection Data Court (CPDC) Project: Collect and analyze court performance measures in child abuse and neglect cases including achievement of child permanency, time to TPR, time to first permanency hearing and time to permanent placement.	AOIC through CIP funding	AOIC Project status reports	2 - 8		
5.6.2: CPDC Project Sites enhance permanency hearing, time to TPR, time to permanency hearing, and time to permanent placement through data driven systems change and NCJFC's best practices and resource guidelines.		AOIC project status reports	2 - 8		
5.6.3: Local IDCFS representatives participate in the Child Protection Data Courts Project Teams and assist in assessing local court practice based on data provided.	AOIC; Local IDCFS Staff	Attendance at local meetings and appropriate CPDC Project Networking meetings	2		
		Update courts on current IDCFS initiatives and guidelines			
		Provide courts with technical assistance and best practice resources			
5.6.4: Coordination and participation with local Child Protection Circuit Teams (CPCT) and Permanency Action Teams (PAT).	AOIC; IDCFS; Local IDCFS Staff; Local court staff	Participation in CPCT and PAT meetings	1 - 8		
		Coordinate with IDCFS contact to determine viable committees and current membership in order to enhance and encourage local collaboration			
		AOIC and IDCFS staff will meet twice a year to discuss status of CPCTs and PATs to assess coordination and where resources can be combined			
Renegotiated Action Steps and Benchmarks					

State:	**ILLINOIS**
Date Submitted	**1/31/2011**
PIP:	**X**
Quarterly Report:	
Quarter:	

Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Outcome 1: Absence of Recurrence of Maltreatment												
National Standard	94.6%											
Performance as Measured in Final Report/Source Data Period	92.9% - 2007b08a											
Performance as Measured at Baseline/Source Data Period	92.5% - FY2008											
Negotiated Improvement Goal	93.1%											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Outcome 1: Absence of Maltreatment of Children in Foster Care												
National Standard	99.68%											
Performance as Measured in Final Report/Source Data Period	99.47% - 2007b08a											
Performance as Measured at Baseline/Source Data Period	99.40% - FY2009											
Negotiated Improvement Goal	99.50%											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Part B: National Standards Measurement Plan and Quarterly Status Report

Permanency Outcome 1: Timeliness and Permanency of Reunification												
National Standard	122.6											
Performance as Measured in Final Report/Source Data Period	63.0 - 2007b08a											
Performance as Measured at Baseline/Source Data Period	63.0 - 2007b08a											
Negotiated Improvement Goal	64.8 - **Goal achieved in 2008b09a (66.4)**											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Part B: National Standards Measurement Plan and Quarterly Status Report

Permanency Outcome 1: Timeliness of Adoptions												
National Standard	106.4											
Performance as Measured in Final Report/Source Data Period	79.8 - 2007b08a											
Performance as Measured at Baseline/Source Data Period	64.5 - FY2009											
Negotiated Improvement Goal	67.1 - G**oal achieved in 2009b10a pending data quality review (67.3)**											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Part B: National Standards Measurement Plan and Quarterly Status Report

Permanency Outcome 1: Achieving Permanency for Children in Foster Care for Long Periods of Time												
National Standard	121.7											
Performance as Measured in Final Report/Source Data Period	103.3 - 2007b08a											
Performance as Measured at Baseline/Source Data Period	102.9 - FY2008											
Negotiated Improvement Goal	105.8 - **Goal achieved in FY09 (105.9)**											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Part B: National Standards Measurement Plan and Quarterly Status Report

Permanency Outcome 1: Placement Stability												
National Standard	101.5											
Performance as Measured in Final Report/Source Data Period	99.4 - 2007b08a											
Performance as Measured at Baseline/Source Data Period	97.0 - 2008b09a											
Negotiated Improvement Goal	99.9											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

State:	**ILLINOIS**
Date Submitted	**1/31/2011**
PIP:	**X**
Quarterly Report:	
Quarter:	

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**S2**	**Item:**	**3**										
Performance as Measured in Final Report	77%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Note													

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**S2**	**Item:**	**4**										
Performance as Measured in Final Report	72%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note													

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**P1**	**Item:**	7										
Performance as Measured in Final Report	37.5%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Note													

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**P1**	**Item:**	**10**									
Performance as Measured in Final Report	50%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**WB1**	**Item:**	**17**										
Performance as Measured in Final Report	55%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note													

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**WB1**	**Item:**	**18**									
Performance as Measured in Final Report	48%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**WB1**	**Item:**	**19**										
Performance as Measured in Final Report	80%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note													

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	**WB1**	**Item:**	**20**										
Performance as Measured in Final Report	43%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	Illinois Outcome Enhancement Review (OER)												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note													