Illinois Department of DCFS Children & Family Services

JB Pritzker, Governor

Marc D. Smith, Acting Director

Illinois CFSR Performance Improvement Plan 2020

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Illinois Department of Children & Family Services
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Illinois Child and Family Services Review Round 3
Program Improvement Plan

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The Illinois Department of Children and Family Services (DCFS) is the state department that administers child welfare services. DCFS plans, directs and coordinates statewide child welfare programs that are delivered by DCFS staff and Purchase of Service (POS) agency staff statewide. There are approximately 100 POS agencies that provide case work management to 85 % of foster care and 90% of intact families. POS agency commitment and involvement are integral components of Program Improvement Plan (PIP) implementation, monitoring, and continuous quality improvement.

The vision for child welfare in Illinois includes a partnership of public and private agencies and the court system working together as a proactive system focused on prevention and as a responsive system when child maltreatment occurs. Public and private partners work together as one team aligned by the same values and core practices to serve children and families from a Family-centered, Trauma-informed, and Strengths-based (FTS) approach. Front line investigators and caseworkers intervene with families as culturally competent agents of change that assist families to build supportive relationships, support families in making behavioral changes, advocate for families in various contexts, facilitate linkage to services and coordination of care, educate families about the impact of trauma, and conduct ongoing assessments of the needs of families. This vision includes front line supervisors that build the capacity of the front line staff with a balanced approach to supervision that addresses administrative, developmental, supportive, and clinical aspects of the work. Front line supervisors are supported in this work by middle and upper management that approach the work from a culture of learning based on trust. The system is designed to encourage empowered workers that are motivated to be creative in identifying ways to improve the system to better serve families. Decisions are made using data to inform the process and adjustments are made when those decisions do not have the intended result. This vision includes an array of services and resources that are available when and where they are needed, with the flexibility to meet the unique needs of each client.

The current status of the Illinois child welfare system does not yet resemble the vision. The development of this Program Improvement Plan (PIP) is part of the process to make forward progress toward the vision. The Illinois Department of Children and Family Services has had numerous and frequent leadership changes and each change has resulted in setbacks to the system. The series of leaders and their drastically different ways of leading the work have cultivated a pervasive sense of insecurity and mistrust. Aspects of the system have grown increasingly punitive in nature within a harsh political climate and constant scrutiny in the media. One intended outcome of the PIP drafting process is to create a strategic planning steering committee to be the compass for the agency that can keep the system on course despite inevitable changes in leadership. The strategic planning steering committee will include representation from all divisions and input from all existing advisory boards and advisory councils to ensure consistency with the larger strategic plan.

The strategies and activities in this plan are intended to achieve the stated identified goals, but are also intended to unify all stakeholders around the same vision for our system. The Illinois Core Practice Model outlines a framework for doing the work in a spirit that is aligned with the vision and values for Illinois child welfare. The Illinois Core Practice Model is explained in detail in Appendix A of this plan and a short orientation to the model is included here for reference. The Illinois Core Practice Model outlines the importance of nine core practices that are emphasized and reinforced through three components: Family-centered, Trauma-informed, Strengths-based (FTS) practice; Model of Supervisory Practice (MoSP); and Child and Family Team (CFT) meetings (CFTM). DCFS is receiving technical support from the National Implementation Research Network (NIRN) to apply implementation science to improve implementation of Core Practice Model components. Although the Illinois Core Practice Model has been in existence for several years, its components have never been fully implemented or reinforced in a coordinated and consistent manner to the point of full implementation. The initial implementation of all three components was focused on four geographic areas in the state and then two (FTS and MoSP) of the three components were expanded statewide. The initial and current implementation areas are shown in Appendix B of this plan. FTS has been fully embedded in the Department's new hire training since January 2018 and a self-directed online version became available for existing staff since August 2018. As of June 2020 33.9% of DCFS and POS CWS staff and CWS sSupervisors have been trained in FTS. In the immersion sites, a specific model of CFTM training has been in the process of being implemented since 2016. From a statewide perspective, training in the selected model has been completed by 5% of DCFS and POS CWS staff and CWS supervisors, which includes 29.3% in immersion sites and 1.2% in non-immersion sites. In an effort to improve practice in a more expeditious manner, DCFS is focusing efforts on general CFTM practices in all non-immersion site teams for intact and placement with both DCFS and POS, while continuing implementation efforts in immersion site teams with the Child Welfare Policy and Practice Group (CWPPG) model of CFTM.

Illinois is working with NIRN to identify barriers to full implementation and to develop strategies to overcome identified barriers. The intention behind the strategies included in this plan is that building the skills of staff and supervisors in basic engagement skills and strengths-based assessments and services will result in better outcomes for involved children and families. When families feel supported and respected, they are more likely to be more open and collaborative with the assigned agency worker and supervisor. When families are approached without judgment, they are more likely to acknowledge and own the changes needed in their family dynamics. When more families are positively engaged and involved in driving necessary changes, maltreatment concerns can typically be addressed and resolved sooner. On a large scale, these improvements to the engagement process, through implementation of the Core Practice Model, are believed to result, over time, in shorter lengths of stay and fewer numbers of children in care. With a greater sense of urgency for permanency, foster care will be viewed as a temporary intervention, rather than as a long-term living arrangement for a child. With an emphasis on trauma education for staff and service providers, there will be improved assessment of the needs of birth parents, children, and substitute care providers and resources to meet those needs can be developed.

Illinois recognizes the critical role of supervisors in building the capacity and skill level of direct service staff. In order to support supervisors in this role, Illinois is developing a foundation

training for new supervisors. This foundation training is intended to be an initial introduction to supervisory skill building. All direct service supervisors are currently required to complete the Model of Supervisory Practice training, which provides more extensive information about the four functions of supervision (developmental, administrative, clinical, and supportive). As of June 2020, 31.8% of DCFS and POS CWS supervisors have completed the four modules, which includes 59.5% of immersion site supervisors and 27.8% of non-immersion site supervisors. For ongoing training opportunities, the Office of Learning and Professional Development is offering ongoing skill labs for supervisors with the prerequisite that they have already completed the MoSP series. A recent reorganization of DCFS provides a greater level of support for each division with frequent divisional and cross-divisional meetings to enhance communication and collaboration in the interest of practice improvements. Executive leadership at DCFS is intentionally promoting a learning culture and supporting staff to learn and grow from mistakes.

Illinois DCFS has noted an increase in the maltreatment in care rate that is of concern, especially within the past four years. To better understand what is contributing to the increase, data analysis and case reviews have been conducted by and for DCFS. From the information learned, several factors seem to be correlated with a higher risk of maltreatment in care. Within this PIP there are some specific key activities that are intended to decrease the rates of maltreatment in care and result in safer placements for our youth in care. One of the focus areas related to maltreatment in care is to increase licensure of relative and fictive kin providers as the data indicates maltreatment in one of these types of unlicensed homes increased the risk of maltreatment in care by 1.5 times compared to placement in a traditional licensed foster home. Children with mental health needs were also found to be at greater risk of maltreatment in care. To better address the mental health needs of children in care, especially children with mental health needs placed in unlicensed homes, DCFS included key activities to better assess needs for youth and their caregivers at the time of placement and to ensure follow up and follow through by workers through focused supervision to ensure the needs are being met.

Illinois is in the process of drafting a Prevention Plan for the Family First Prevention Services Act. The Prevention Plan has not yet been finalized, but the draft includes expansion of a number of Evidence-Based Interventions, including Motivational Interviewing as a casework practice across investigations, intact, and permanency teams. The concepts of Motivational Interviewing are consistent with the Core Practice Model; widespread use of this casework model is intended to support implementation of the nine identified core practices. The Prevention Plan also includes an emphasis on building strong child and family teams to support children and their families from the very beginning of their involvement with child welfare and continuing throughout the life of each case. Child and family teams are consistent with the Core Practice Model and are a method of care coordination and teamwork in serving families.

Illinois CFSR 3 and PIP Development

During the week of May 14 through 18, 2018, Illinois participated in a federally-led traditional Child and Family Services Review (CFSR). The results of the onsite review determined that Illinois did not pass any of the outcomes or associated items. Five of the seven Systemic Factors were identified as needing improvement. The Statewide Information System and Agency Responsiveness to the Community were found to be in substantial conformity.

The federal reviewers presented their formal CFSR findings at an Exit Conference on November 14-15, 2018. Invited to the Exit Conference were leadership from DCFS and POS agencies, front line workers and supervisors, judges, attorneys for the child, attorneys for the parent, CASA advocates, community providers, university partners, youth in care, birth parents and foster parents.

Beginning at the conference and continuing in multiple follow up meetings, DCFS engaged in conversations with stakeholders to identify the root causes driving performance and potential strategies to impact practice. In November and December 2018, DCFS worked with the Capacity Building Center for Courts (CBCC), Court Improvement Program personnel, members of the judiciary, parent attorneys, prosecutors and GALs to specifically examine the role of the courts in meeting child welfare outcomes. Multiple stakeholder groups were also convened, including Youth Advisory and Foster Parent Advisory groups, to provide input.

After drafts of the CFSR 3 PIP were submitted and feedback was received from the Children's Bureau, revisions were made to the plan. In March 2020, Illinois met with representatives from the Children's Bureau and had substantive conversations about revisions needed to improve the draft for resubmission. This meeting was followed by a written summary of the feedback on March 27, 2020 and within this feedback the Children's Bureau identified three promising strategic approaches to build upon in further development of the draft PIP: 1) strengthening and scaling up implementation of the Core Practice Model; 2) legal/judicial practices and strategies aimed at promoting timely permanency – as well as child safety and well-being outcomes; and 3) strengthening service array and continuous quality improvement systems. In April 2020, new work groups again consisting of a broad array of stakeholders began meeting to continue revisions to the draft PIP in response to the feedback from the Children's Bureau. At different stages of the process, the larger group separated into smaller topic-specific work groups and reported back with revised drafts to the larger group. The smaller work groups held substantive discussions to review the data related to each problem and identify root causes and potential strategies to address the root causes identified for each problem. After extensive work to the draft plan, each work group completed a crosswalk of the strategies identified to match them to the items and outcomes intended to be impacted to ensure all relevant outcomes and items are addressed. As gaps were identified through the crosswalk process, group leaders reached out to subject matter experts in leadership to get input on the plans to address the remaining outcomes and items.The final crosswalk is included as Appendix E.

A draft of the PIP was submitted on July 13, 2020 and feedback on the draft was received from the Children's Bureau. This final version of the PIP is responsive to the feedback provided and includes more clarity and detail in three specific areas of the PIP. Illinois DCFS and its partners in the child welfare system have drafted this plan as a thoughtful and collaborative approach to improving the quality of child welfare services in Illinois.

Goal 1

Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate. (Safety 1; Safety 2; Permanency 1; Permanency 2; Well-Being 1; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Item 1: Timeliness of initiating investigations.
Baseline: 81.3% PIP Goal: 90%

Item 2: Services to protect children at home and prevent removal or re-entry.
Baseline: 76.9% PIP Goal: 86%

Item 3: Risk and safety assessment management.
Baseline: 63.1% PIP Goal: 67%

Goal 2

Ensuring stability, family connections, and timely permanency for children. (Permanency 1; Permanency 2; Well-Being 1; Case Review System; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Item 4: Stability of foster care placement.
Baseline: 72.5% PIP Goal: 78%

Item 5: Permanency goal for child.
Baseline: 32.5% PIP Goal: 38%

Item 6: Achieving permanency for child.
Baseline: 20.0% PIP Goal: 25%

Goal 3

Ensuring the well-being needs of children and families to include educational needs and physical/mental health needs of children in foster care and in-home cases are met and families have enhanced capacity to meet the needs of their children. (Well-Being 1; Well-Being 2; Well-Being 3; Case Review System; Staff and Provider Training)

Item 12: Needs and services of child, parents, and foster parents.
Baseline: 49.2% PIP Goal: 54%

Item 13: Child and family involvement in case planning.
Baseline: 46.7% PIP Goal: 51%

Item 14: Caseworker visits with child.
Baseline: 73.8% PIP Goal: 78%

Item 15: Caseworker visits with parents.
Baseline: 39.3% PIP Goal: 44%

Goal 4

Strengthening an accessible service array needed by children and families, continuous quality improvement, and foster/adoption recruitment and retention systems. (Well-Being 1; Service Array and Resource Development; Quality Assurance System; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

(1) Strategy/Intervention: Safety

Goal 1

Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate. (Safety 1; Safety 2; Permanency 1; Permanency 2; Well-Being 1; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS has three strategies to improve the practices and conditions that support safety of children in care and at risk of child welfare involvement. Safety science guides the implementation of strategies designed to promote a "safety culture" among Illinois DCFS and POS staff. Using safety science as the foundation, workers and supervisors for investigations, intact services, and placement services will be supported within a safe and engaged workplace and will be provided with tools and resources to build critical thinking skills to build on successes and plan to prevent problems.

The three strategies focus upon:

1. Improving the use of safety/risk assessment information
2. Implementing rigorous processes for intact case closure
3. Delivering robust support to substitute caregivers, especially relative and fictive kin providers, through the practices of teaming and care coordination.

Strategy 1.1:

Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers.

Problem Exploration: In Illinois, there is an overall high level of compliance with procedural requirements to initiate investigations within the required timeframes (Safety Item 1) and the 2018 CFSR Final Report indicated the Safety Outcome 1 was substantially achieved in 93% of applicable cases reviewed. Given that this outcome requires achievement at or above 95%, Illinois was not in substantial conformity with this outcome. Of concern is when the investigation initiation results in a "good faith attempt" to see reported child victims, improvement is needed to ensure all children are seen and assessed for safety. Illinois policy requires good faith attempts to be followed up with additional attempts to see all child victims every 24 hours until all child victims have been seen and assessed for safety, unless a waiver is granted by the child protection supervisor.

As reported in the 2018 CFSR Final Report, CFSR case reviews identified challenges with accurately assessing risk and safety concerns (Safety Item 3) and in providing appropriate immediate safety-related services to prevent children from coming into foster care, remaining safely in their own home or returning home safely (Safety Item 2). Survey information collected by the Office of Learning and Professional Development in the form of pre-training and post-training surveys of Safety Reboot participants assessed that some staff are not appropriately utilizing all components of the Child Endangerment Risk Assessment Protocol (CERAP), leading

to incomplete or inaccurate determinations of safety and risk. There have been 3,107 staff who have completed the training as of 6/23/20.

- 1,040 of these have been placement, adoptions, or licensing staff.
- 1,063 of these have been DCP or intact staff.

The breakdown of surveys are as follows:

Placement

- Pre survey – 835 participants
- Post survey – 789 participants

Intact and DCP

- Pre survey – 949
- Post survey – 920

Licensing

- Pre survey – 177
- Post survey – 140

There were approximately 20 questions. Some examples from the 2/20/20 analysis of surveys completed up to that date included:

Placement

- There was an 11% increase in staff understanding that the Six Steps of Critical Thinking are part of policy
- There was a 15% increase in staff understanding that a family's culture should be considered when implementing a CERAP
- There was a 25% increase in staff correctly identifying what is or what is not a safety threat on a specific skills scenario.

Intact and DCP

- There was a 6% increase in staff understanding that the Six Steps of Critical Thinking are part of policy
- There was an 11% increase in staff understanding that a family's culture should be considered when implementing a CERAP
- There was a 12% increase in staff correctly identifying what is or what is not a safety threat on a specific skills scenario.

Licensing

- There was a 28% increase in staff correctly identifying what is or what is not a safety threat on a specific skills scenario.

Root Cause Analysis: The root cause of inconsistent scoring of safety assessments and lack of coordination in using safety/risk assessment to guide service planning with families stems from structural (line of authority within organization), procedural (lack of clarity and consistency),

and cultural limitations (reluctance to refer cases to court) in the current process (Weiner & Cull, 2019). Historically, supervisory practice has not reinforced ongoing collaboration between investigators and intact case managers to support better use of historical case information and thorough assessment to inform current case management decisions. Child protection administration has historically focused on reinforcement of compliance, such as with checklists, rather than assessing quality practice in meaningful ways. Compliance-oriented casework practice is difficult to change, without robust supervisory coaching and ongoing training to simultaneously support lean management and collaborative problem-solving between families and caseworkers. Supervisors, caseworkers, and investigators need additional reinforcement to utilize CERAP with implementation fidelity.

Operations deputy directors identified out-of-date and disjointed policies around assessing safety, which are believed to contribute to inconsistent application of the protocol in the field. Chapin Hall Center for Children conducted an independent review of intact family services at the request of the Illinois governor in response to child deaths in the context of intact services (Weiner & Cull, 2019)[1]. This review affirmed problems with accurate and complete scoring of safety assessments, as well as communication of safety assessment information to all staff working with the family.

Rationale for Selection of Intervention: Based on the identified root causes contributing to the problem of effective safety assessments, three interventions guide implementation of this strategy: 1) supervisory support for investigators and intact workers; 2) peer support among investigators and intact workers; and 3) ongoing refresher training (e.g., Safety Reboot series) for all front-line workers and supervisors that includes content on use of the CERAP, critical thinking, and other factors that must be considered to effectively assess safety. The theory is that these key activities will not only improve the effectiveness of safety assessments, but will also result in increased worker retention for investigators and intact caseworkers by providing better support to them in the course of their job duties. As a result of recent hiring for investigations, the balance of new investigators to seasoned investigators has shifted to a much less experienced field overall. The need for supervisors to ensure support, coaching, and mentoring to investigators is paramount under these circumstances. One organizational change that is underway to address this need involves implementation of a training team in every region for investigators and investigations supervisors. New child protection supervisors and new child protection staff would be targeted, as well as veteran staff in need of additional training. Training teams will allow an environment more conducive to mentoring and on the job training following traditional foundations training.

Proposed interventions to support and reinforce consistent and effective safety assessments stem from Illinois DCFS' partnership with Chapin Hall after the 2019 review of intact services. Illinois DCFS has worked to implement recommendations from Weiner and Cull (2019), including workforce development and supervisory changes to "reduce the redundancy and improve the efficiency, reliability, and accuracy of assessments across all points in care (i.e., screening, intake, service planning, and care transitions)," (p. 18). Illinois DCFS is in the development phase of adding supports to the field in the form of regional support teams. Each region will have a team

[1] Weiner, D. & Cull, M. (2019). Systemic review of critical incidents in Intact Family Services. Chicago, IL: Chapin Hall Center for Children.

(generally four or five staff and one supervisor) dedicated to providing technical assistance and support to DCFS and POS teams in the region. The interventions of the regional support teams will be focused on agencies (POS and DCFS) in response to information provided through agency monitoring. Referrals to regional support teams from agency monitoring teams will be focused on seven categories of practice and performance in the field, in addition to current dashboard measures. Regional support teams will assist agencies in identifying root causes of problems identified and with developing solutions that address root causes. Regional support teams and the agencies they are working with will evaluate the implemented solutions using the Plan-Do-Study-Act (PDSA) cycle for improvement efforts. From a safety standpoint, debriefing of critical incidents may result in a referral to regional support teams. Regional support teams may be used to implement case-specific recommendations stemming from child death reviews (Crisis Intervention Team reviews, Child Death Review Teams, or Office of Inspector General reviews), for the purpose of improved practice based on lessons learned.

Investigations supervisors have begun tracking five key practices for safety, some of which are highlighted in key activities below. The identified priorities for tracking are initial safety assessment documented in SACWIS, initial supervision documented in SACWIS, five-day re-assessment of families with unsafe assessments, SACWIS note addressing safety, and SACWIS note reflecting all child victims have been seen and assessed for safety. Since tracking of these five priorities began in October of 2019, the data up to May 2020 reflects improvement on all five practices based on 6,176 cases reviewed. The completion of a note reflecting the initial safety assessment went from 72% to 90%, documentation of initial supervision went from 86% to 93%, completion of a note addressing safety went from 65% to 81%, documentation of five-day reassessments went from 31% to 78%, and the completion of a note reflecting all children have been seen went from 83% to 93%.

The Praed Foundation (2019)[2] framework for building a "safety culture" emphasizes the pivotal role of supervisors. Through weekly monitoring and peer support, supervisors are able to encourage these six habits below (Cull & Lindsey, 2019):

1. Spend time identifying what could go wrong. (Plan Forward)
2. Talk about mistakes and ways to learn from them. (Reflect Back)
3. Test change in everyday work activities. (Test Change)
4. Develop an understanding of "who knows what" and communicate clearly. (Communicate Clearly)
5. Appreciate colleagues and their unique skills. (Appreciate)
6. Make candor and respect a precondition to teamwork. (Manage Professionalism)

DCFS leadership has expressed interest in cultivating a safety culture as described in the TeamFirst field guide referenced above. The intention is to implement some or all of the six habits throughout the child welfare system, although statewide implementation cannot be accomplished successfully within the timeframe of the PIP. Given the high priority to ensure safety of children from our first point of contact, DCFS will initially focus implementation within

[2] Cull, M. & Lindsey, T. (2019). TeamFirst: A field guide for safe, reliable, and effective child welfare teams. Lexington, KY: Praed Foundation.

the child protection teams with an emphasis on planning forward. One technique described in the TeamFirst field guide is referred to as a huddle, which is a short team meeting to prepare for important meetings with client families, such as initiation of a new investigation. It creates an intentional habit of planning for the client contact and anticipating any needs or challenges that might present during the contact, so the worker is better prepared to respond to such challenges. Doing huddles as a team allows an opportunity for supervisors to support their team and for team members to support each other in ongoing improvement efforts.

1.1 Key Activities:

- **Key Activity 1.1.1:** Supervisors will utilize the tools and resources from the Model of Supervisory Practice (MoSP) to coach, mentor and support investigators and intact workers in the Core Practice Model and CERAP to assess the safety of all children in the home. (For example, the self-reflection handout, which can be used in supervision with workers to change the culture toward more inclusiveness with families.)

  Projected Completion Date: Quarter 3, pilot MoSP tool in the four original immersion sites with investigations and intact teams; Quarter 5 and ongoing, expand to rest of state

  Comments: Second level supervisors (area administrators, program managers, etc.) will discuss in supervision with front line supervisors as to utilization of the resources and observed impact on practice.

- **Key Activity 1.1.2:** Investigators will be mentored to enhance proficiency in initial and ongoing safety assessment, for peer-to-peer support, and critical thinking that includes family history of involvement with the Department (gathering and assessing information) in real time in the field. The introduction of training teams will provide mentoring opportunities, in addition to ongoing supervisory mentoring for investigators.

  Projected Completion Date: Quarter 2 and ongoing, statewide

  Comments:

- **Key Activity 1.1.3:** Supervisors will "virtually" accompany new investigators in the field at least twice a month in the investigator's first three months in the role, while completing the CERAP in the home to provide developmental, supportive or clinical supervision. Supervisor should document the consultation in SACWIS during each initial CERAP and when a worker is identifying an unsafe CERAP.

  Projected Completion Date: Quarter 1, pilot in Southern with investigation teams; Quarter 3 expand to Central with investigation teams; Quarter 5 and ongoing expand to rest of state investigation teams

  Comments: Area administrators will discuss in supervision with front line supervisors as to implementation of this activity and observed impact on the quality of safety assessments.

- **Key Activity 1.1.4:** Investigators will follow up good faith attempts with additional efforts until all alleged child victims are seen and a note will be entered to document when all alleged child victims have been seen and assessed for safety.

  Projected Completion Date: Completed and ongoing

Comments: Random sample case note audits by the area administrator will be done to verify and assess the impact of this activity.

- **Key Activity 1.1.5:** Investigators and investigation supervisors will ensure quality contacts and weekly monitoring of all safety plans to assess ongoing safety concerns, coordinate care, link to supports and advocate for the child and family.

  Projected Completion Date: Completed and ongoing

  Comments: Random sample case note audits by the area administrator will be done to verify and assess the impact of this activity.

- **Key Activity 1.1.6:** Supervisors for investigations will begin using huddles (Cull & Lindsey, 2019) with investigators to plan their approach to each family based on information known and anticipating what could go wrong as part of the planning process. (Plan Forward)

  Projected Completion Date: Quarter 2, pilot with the Aurora Field Office investigation teams; Quarter 5, expand to additional investigation teams in Elgin Field Office, based on lessons learned from the pilot.

- **Key Activity 1.1.7:** Regional support teams will work with agencies to support quality contacts with intact families and their children at least once monthly, using data reports on quality caseworker contacts for tracking. For agencies not achieving benchmarks for quality contacts, regional support teams will explore barriers and root causes with agencies to conduct small tests of change until improvements are sustained for at least two quarters.

  Projected Completion Date: Quarter 3 and ongoing statewide for intact teams

  Comments: Contact reports can be generated from SACWIS documented contacts for compliance and ACR data will generate ratings as to the quality of caseworker contacts.

- **Key Activity 1.1.8:** DCFS and POS agency leaders will promote skill development through front line staff participation in safety-related trainings offered through the Office of Learning and Professional Development. Selection of training topics is in response to debriefing of critical events and trends noted in case reviews.

  Projected Completion Date: Quarter 3 and ongoing statewide for investigations, intact, and placement teams

  Comments: Attendance tracking reports provided by OLDP can be used to assess levels of participation.

Strategy 1.2:

Ensure continued safety in voluntary Intact services through improved criteria for case closure and to increase the number of jurisdictions who hear requests for orders of protective supervision and continuance under supervision.

Problem Exploration: Item 2 (Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care) was rated as a strength in 0% of the nine applicable in-home services cases that were reviewed during the 2018 CFSR round 3 review. The CFSR measure for recurrence of maltreatment has shown an increase over the last few years and is higher in Illinois than the observed national performance. Over the past year, to address recurrence of maltreatment concerns, leaders in Intact Family Services (IFS) have worked to implement recommendations from Weiner and Cull (2019) regarding risks associated with processes for high-risk case closures. (DCFS has an internal classification of High Risk Intact cases, which is not the reference made here. Chapin Hall is using high-risk to describe cases that are closed prior to successful completion of recommended services, such as when families disengage from intact family services. To reduce confusion around this terminology for internal staff, the term "unsuccessful case closures" will be used to describe the cases to be targeted with the identified strategies.)

The analysis by Chapin Hall Center for Children used several data sources to inform understanding of the problems associated with unsuccessful case closures: 1) analysis of OIG reports from 2014-2018; 2) systems analysis of child deaths; 3) document review; and 4) stakeholder interviews. Participation in intact family services is voluntary, and the targeted duration of IFS service delivery is six months, with no additional follow-up. While IFS providers may request an extension when there is documented need for continued services, sufficient protective procedures for closing unsuccessful cases had not been developed and implemented. When families decline to participate voluntarily in Intact Family Services and circumstances do not suggest urgent and immediate necessity to remove the child(ren), DCFS or POS intact workers must close the case unless the local court jurisdiction is willing to consider using orders of protective supervision or continuance under supervision. Chapin Hall identified inconsistency across jurisdictions and reluctance to bring intact cases to the attention of judges and state's attorneys where court oversight may be appropriate given the circumstances of the case. Children living in their home of origin can be at risk of additional abuse or neglect, which may or may not be severe enough to warrant removal of the child from the home. However, court intervention provides a potential option to keep children safely at home rather than case closure with no follow-up when families elect to voluntarily withdraw from services. Without court intervention, case closure is the only remaining course of action and may result in a higher risk of subsequent reports of abuse or neglect pertaining to those families. Further analysis from the CPDC Project may be able to support this theory and be used as a basis to establish clearer guidelines and improved criteria for case closure and improved criteria for referrals to juvenile court.

Root Cause Analysis: The root causes of inadequate procedures for unsuccessful case closure relate to structural policies, norms of organizational practice, and performance monitoring practices

used by Illinois DCFS. Weiner and Cull (2019) used a process called Accimap to model the organizational context in which unwanted performance variability occurs among several cases with critical incidents of child death. Illinois child welfare practitioners surmised that organizational barriers to having rigorous processes and procedures for case closure included: a) prior Illinois DCFS performance focus on closing intact cases within six months; b) decrease in pay rate to provider agencies after six months and 12 months; and c) additional procedures to extend the initial six-month rate of pay. Since participation in intact family services is voluntary without court intervention, caseworkers often encounter resistance from high-risk families to continue service, and caseworkers experience differing practice regarding the use of protective supervision (705 ILCS 405/2-24) or continuance under supervision (705 ILCS 405/2-20(5) across jurisdictions.

The Court Improvement Programs' Child Protection Data Courts (CPDC) project collects court performance measures in addition to case demographic information on closed cases in 10 counties across the state. Coders capture the status of the case when it entered the system, including intact family or child removed from the home. In addition, the reason for case closure is also coded, therefore indicating if a family remained intact or if a removal occurred while the case was open. For 2017, in the 10 CPDC project sites, the range of cases that came into the system as Intact ranged from 0% to 46%. In three of the 10 sites 12% or less of the case load consisted of cases that came in as Intact. Currently, DCFS cannot capture which Intact cases are being court monitored.

Field level workgroups, focused on Subsequent Oral Reports (SOR) and court involvement, were held in each region with DCFS investigations and DCFS/POS intact and foster care staff. Results have been shared with leadership and our legal team to help identify high risk cases, prior investigations and other safety factors, such as family's willingness to cooperate and engage in previous services. This input guides us toward consistency in cases referred to the state's attorney's office across the state, as well as to develop support from our legal team in counties where it has been more difficult to gain court involvement.

Rationale for Selection of Intervention: The initial intervention is to improve criteria for intact case closures. A secondary intervention is to increase the number of jurisdictions willing to hear cases of protective supervision and continuance under supervision for relevant intact cases, which can be implemented at any relevant point in an intact case and may be an intervention to delay closure until risk is reduced. By assessing, developing and implementing a procedure for case closure and statewide use of orders of protective supervision and continuance under supervision, children living in their home of origin would have increased likelihood of remaining safe from subsequent abuse and/or neglect. Illinois DCFS will follow the principles and recommendations from Cull and Lindsey (2019), which emphasize the importance of using a data-informed and collaborative approach to transforming safety practices, such as those associated with unsuccessful case closures. DCFS is implementing a collaborative approach in the form of file reviews and multi-disciplinary staffings prior to closure of unsuccessful intact cases to assess level of risk and review available options to address identified risks.

Improving policies and practices for closure of intact cases is intended to increase the numbers of children that are able to safely remain in the home and to reduce recurrence of maltreatment for children remaining in the home.

For clarification, DCFS is not advocating multi-disciplinary reviews or referrals to juvenile court on all intact family cases. The preference, whenever possible, is to provide services to intact families on a voluntary basis with mutually agreed upon case plans and interventions. For families that are actively engaged in interventions intended to strengthen protective factors and reduce risk to children, intact family services workers will continue to support the efforts of the family until successful case closure is appropriate.

1.2 Key Activities:

- **Key Activity 1.2.1:** All intact cases set for unsuccessful closure require a file review by the intact utilization unit, followed by a staffing, if required, based on review of the file to provide feedback and recommendations to the agency before the case may close.

  Projected Completion Date: Completed and ongoing

  Comments:

- **Key Activity 1.2.2:** Newly hired staff in the Intact Utilization Unit will be trained to conduct file reviews and to facilitate case closure staffings, as needed.

  Projected Completion Date: Quarter 1

- **Key Activity 1.2.3:** Data collected July 1, 2019 to July 1, 2020 from case reviews prior to unsuccessful closures will be analyzed for themes and trends by the Intact Utilization Unit with support from Chapin Hall.

  Projected Completion Date: Quarter 2

- **Key Activity 1.2.4:** Intact Utilization, Monitoring, and Chapin Hall will share the results of data analysis (Key Activity 1.2.3) with agencies to reflect any patterns or trends identified specific to the relevant agency and also aggregated data to share on a broader basis to inform system changes.

  Projected Completion Date: Quarter 3

- **Key Activity 1.2.5:** Efforts to improve the quality of services to intact families will be initiated and informed by data shared in Key Activity 1.2.4 through our CQI channels and processes (regional support teams, CWAC, and strategic planning steering committee structure).

  Projected Completion Date: Quarter 3

- **Key Activity 1.2.6:** Data from case reviews prior to unsuccessful closures will continue to be collected and analyzed by the Intact Utilization Unit with support from Chapin Hall in order to determine the impact of this strategy.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 1.2.7:** DCFS will modify data collection fields to be able to capture data on which intact family cases are court involved.

  Projected Completion Date: Quarter 2

- **Key Activity 1.2.8:** Survey juvenile court judges concerning the use of orders of continuance under supervision, orders of protective supervision, and orders of protection to monitor relevant Intact cases.

  Projected Completion Date: Quarter 1 statewide

- **Key Activity 1.2.9:** Analyze the results of the surveys to determine which counties are using orders of continuance under supervision, orders of protective supervision, and orders of protection to monitor relevant Intact cases.

  Projected Completion Date: Quarter 2

- **Key Activity 1.2.10:** Assemble a multidisciplinary team, including DCFS, CIP, assistant state's attorneys, judges, parent's attorneys, and public defenders/GALs to analyze survey results and provide feedback about identified areas of concern, barriers, and strengths.

  Projected Completion Date: Quarter 2

- **Key Activity 1.2.11:** Identify two to three jurisdictions for early adoption of a process for court monitoring of relevant Intact cases based on survey results.

  Projected Completion Date: Quarter 2

- **Key Activity 1.2.12:** Data will be collected on the numbers of cases and case outcomes by AOIC.

  Projected Completion Date: Quarter 2-4

- **Key Activity 1.2.13:** Develop written guidance for judges, assistant state's attorneys, Intact case workers, parent's attorneys, and public defenders/GALs to encourage the use of orders of continuance under supervision, orders of protective supervision, and orders of protection as tools to effectively monitor relevant intact cases.

  Projected Completion Date: Quarter 3

- **Key Activity 1.2.14:** Initiate a multidisciplinary training with state's attorneys, guardian's ad litem, parent attorneys and services providers in those counties not currently using orders of protective supervision or continuance under supervision in any Intact cases. Trainers and facilitators will include court stakeholders who are currently court monitoring relevant Intact cases, therefore allowing participants the opportunity to ask questions, etc. to overcome initial reluctance to use rules of orders of protective supervision or continuance under supervision.

  Projected Completion Date: Quarter 3 and 4

- **Key Activity 1.2.15:** Conduct a follow-up survey with judges and other court stakeholders and collect data in the 10 Court Improvement Programs' Child Protection Data (CPCD) counties to determine if any adaptive changes have occurred.

  Projected Completion Date: Quarter 5 and 8

Strategy 1.3:

Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination.

Problem Exploration: Illinois' rates of maltreatment in substitute care have increased by more than 40% from federal fiscal year (FFY) 2017 to FFY2019 (i.e., 12.6 to 17.9 substantiated reports). The total number of children in paid substitute care has also risen from 16,780 in FFY17 to 18,549 in FFY19, although this increase alone does not explain the increase of maltreatment in care. A study of cases from state fiscal years 2014 through the third quarter of state fiscal year 2019 by the Child and Family Research Center (CFRC) found 16 factors that correlated with maltreatment in care. Placement in an unlicensed home of relative was identified as one of the factors, increasing the risk for indicated reports of abuse or neglect for children/youth in substitute care. Other risk factors, identified in this study, included a lack of contacts by the caseworker in the prior 30 days with the child, a lack of worker contacts with the caregiver in the prior 30 days, and children diagnosed with mental health conditions. An in-depth case review by the University of Illinois' Foster Care Utilization Review Program (FCURP) of a sample of 2019 maltreatment in care incidents reported that parents are the primary perpetrator (44% of 214 cases reviewed), which is a consistent finding with prior reviews. Incidents perpetrated by parents fell primarily within two categories: 1) children in the home of parent while still under state guardianship (49% of the 94 parent perpetrator reports); and 2) during unauthorized contact with their child placed in the home of a relative (HMR) or home of fictive kin (HFK) (43% of HMR placements; 31% of HFK placements). Based on preliminary results from the FCURP study, 75% of the sample cases reviewed involved maltreatment for children placed in the home of a parent, home of a relative, or home of fictive kin. Illinois statute currently requires fictive kin foster caregivers to apply for licensure within six months of placement of a youth in care into the home. The statute also prohibits DCFS from removing the youth in care from the placement on the basis that the family failed to become licensed or failed to meet licensing standards. Illinois DCFS is in the beginning stages of advocating for legislative changes that allow options for enforcement in the interest of safety.

Illinois DCFS does not have a consistent practice of referring unlicensed homes to licensing specialists, and following through to increase foster care home licensing. Illinois DCFS' performance metrics have not focused on performance benchmarks of increasing foster care licensing for HMR and HFK homes, and overcoming barriers to doing so. The POS agencies tend to license a higher percentage of relatives than DCFS, although the trend has shown a decrease from 63% in May 2017 to 44% in May 2020. DCFS relative licensure rates have remained stable at 24% in May 2017 to 23% in May 2020. Within DCFS, the rates of relative licensure vary by region from 13% in Northern Region to 28% in Southern Region. Private agency rates range across agencies from 0% (two relative homes, neither licensed) to 88% (16 out of 18 homes).

Root Cause Analysis: Illinois data indicates that about 40% of relative and fictive kin homes are licensed. In the FCURP sample that included only cases with substantiated/indicated maltreatment in care, only 16% of the relative caregivers in the sample were licensed. This data suggests that unlicensed caregivers are disproportionately represented among the living arrangements within which substantiated maltreatment in care is reported. The CFRC study referenced above also saw the correlation between unlicensed relative caregivers' higher risk of maltreatment in care. The specific reasons why licensed relative caregivers present a lower risk of maltreatment in care than unlicensed relative caregivers is not known, although Illinois DCFS continues to gather information to understand this issue. The primary differences between the two categories include required training, more comprehensive background checks, more comprehensive home studies, and higher rates of financial support for licensed caregivers compared to unlicensed caregivers.

For placement with unlicensed relatives, Illinois has a Placement Clearance Desk approval process that includes background checks based on name and date of birth information for adult household members. For licensure, there is an abbreviated version of the licensing process for relatives to be licensed for specific related children as compared to traditional licensure for unrelated foster parents. The licensure process requires a fingerprint-based background check for all adult household members. (Our procedures require the fingerprint-based background check within 30 days of placement, whether or not the relative goes on to get licensed, although our system does not have a good process for tracking and monitoring compliance with these procedures.) In recent years there has not been consistent follow up with workers by supervisors or support by workers with caregivers to encourage fingerprinting, training, licensing, or formal services.

A representative from the DCFS licensing unit presented some typical reasons that relatives do not get licensed. Some relatives object to the perception of additional intrusion into their home by yet another worker, some do not want a full home study and/or background checks, some have Child Abuse/Neglect Tracking System (CANTS) history that prevents licensure, some have criminal backgrounds that bar licensure, and some relatives have a criminal record that can be waived but the assessment process for the waiver results in a denial of the application due to findings of the assessment.

Rationale for Selection of Intervention: By implementing a support plan for relative and fictive kin caregivers, Illinois DCFS anticipates a reduction in incidents of maltreatment in care. Illinois plans to distribute reports of unlicensed caregivers for tracking to ensure completion of fingerprint-based background checks, as required in procedures. DCFS has implemented short-term projects over the years to decrease the number of unlicensed homes. These projects tend to be successful during the duration of the project, however, systemic changes have not been implemented to maintain these efforts on an ongoing basis. Relevant stakeholder groups will be engaged in discussions to identify procedural changes that could be made to facilitate licensing for relatives and fictive kin, considering lessons learned from prior short-term efforts. While streamlining the process of licensing for HMR and HFK homes is recommended, analysts

have not recommended rushing home assessments and vetting processes which may ultimately compromise the safety and well-being of children and youth (Pollack, 2019)[3].

Based on case reviews conducted by FCURP, a number of maltreatment in care incidents were related to unauthorized contact by a parent while the child was in relative or fictive kin care. Permanency workers will be supported through supervision and peer support/mentoring to implement more consistent utilization of child and family team meetings or other teaming interventions to develop visitation plans in collaboration with family members and caregivers with the objective of decreasing the frequency of incidents that involve unapproved contacts. Stronger planning and monitoring practices through collaborative family engagement offers an effective approach associated with indicated allegations for youth in care (Pecora, 2017)[4]. In order to develop relationships with relative caregivers, Illinois DCFS and POS caseworkers will provide behavior support, linkage, advocacy, trauma-focused education, and culturally competent coordinated care. Although intended to reduce incidents of maltreatment in care, providing this type of direct support is also likely to have the added benefit of increased placement stability and emotional well-being for youth in care. By identifying the support needs of the youth and of the caregiver and engaging in intentional planning to meet the identified needs with support from all members of the child and family team, caregivers will likely be better able to maintain youth safely in their homes, whether the caregivers are related or unrelated to the youth. The Office of Learning and Professional Development has online on demand training, Caring for Children Who Experience Trauma, that is intended for caregivers to increase their understanding of children with trauma exposure. Foster parents, especially unlicensed relatives and fictive kin caregivers, will be encouraged through targeted efforts to complete this training.

DCFS will develop a procedure for the child welfare specialists, supervisors and/or the foster parent support specialists to provide additional support and oversight to unlicensed homes. Research on systems of support for improving quality contacts between children and family members will be used to strengthen supervision and peer support among caseworkers to promote "quality contacts" (Capacity Building Center for States, 2018)[5]. Consistent with the Model of Supervisory Practice, supervisors are expected to follow up and follow through to ensure workers are addressing identified needs for youth in care and their caregivers, based on insight and understanding of maltreatment in care data.

[3] Pollack, D. (2019). Don't rush expedited home studies for kinship care. Legal Notes, p. 22 and p. 29. Retrieved from *http://129.98.180.24:8080/bitstream/handle/20.500.12202/4829/Pollack%20Dec2019%20art%20APHSA%20Dont%20rush%20expedited%20home%20studies%20for%20kinship%20care.pdf?sequence=1&isAllowed=y*

4 Pecora, P. (2017). Evidence-based and promising interventions for preventing child fatalities and severe child injuries related to child maltreatment. Austin, TX: Upbring, Inc. Retrieved from *https://www.upbring.org/wp-content/uploads/2017/04/Evidence_based_and_Promising_042617.pdf*

[5] Capacity Building Center for States (2018). Defining quality contacts. Washington, DC: Author. Retrieved from *https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/113403.pdf?w=NATIVE%28%27SIMPLE_SRCH+ph+is+%27%27Defining+Quality+Contacts%27%27%27%29&upp=0&order=native%28%27year%2FDescend%27%29&rpp=25&r=1&m=1*

1.3 Key Activities:

- **Key Activity 1.3.1:** The Office of Child and Family Policy will review and update relevant forms for relative/fictive kin placement packets used by the placing worker.

  Projected Completion Date: Quarter 1, which will have statewide impact

  Comments: Review of Procedures 301.80, including the checklist for relative placement forms.

- **Key Activity 1.3.2:** Refer unlicensed homes to licensing specialists to develop a relationship of support upon placement. This includes providing a licensing packet (CFS 597-A, CFS 604, CFS 718-A, Relative Caregiver Brochure, and contact number for fingerprint vender) to the caregiver at the time of placement and emphasizing fingerprint requirements for all adult household members. This also includes reviewing in detail with the caregiver the relative placement forms (CFS 454-1, CFS 454-A, CFS 454, CFS 458, and CFS 458-A), leaving one copy with the caregiver and keeping one completed copy for the file.

  Projected Completion Date: Quarter 2 in southern region, quarter 3 in central region, quarter 4 and ongoing statewide

  Comments:

- **Key Activity 1.3.3:** After placing a youth in care with an unlicensed relative or fictive kin caregiver, the placing worker will ensure that the caregiver has contact information for the worker, the worker's supervisor, the Advocacy Office, the hotline, the local lead foster parent support specialist, and the crisis line for SASS. The placing worker will provide answers to any questions the caregiver has prior to leaving the child at the home for placement. Worker shall document in a contact note that the contact information identified here was provided to the caregiver.

  Projected Completion Date: Quarter 2 in southern region; Quarter 3 in central region; Quarter 4 and ongoing statewide

- **Key Activity 1.3.4:** After placing a youth in care with an unlicensed relative or fictive kin caregiver, the placing worker or placing worker's supervisor shall contact the caregiver by phone or in person within 72 hours of the placement to inquire as to any questions or concerns the relative may have and to remind the caregiver of fingerprinting requirements for all adult household members. This contact shall be documented in the contact notes.

  Projected Completion Date: Quarter 2 in southern region; Quarter 3 in central region; Quarter 4 and ongoing statewide

- **Key Activity 1.3.5:** Quality Enhancement team will be provided with a monthly list of new unlicensed home of relative or home of fictive kin placements (DCFS and POS) and will use this list to coordinate follow up phone calls to a sample of caregivers by Foster Parent Support Specialists to inquire as to any questions or concerns the caregiver may have and to ensure that the caregiver was provided with the licensing packet and caregiver forms outlined in 1.3.2.

  Projected Completion Date: Quarter 2 in southern region; Quarter 3 in central region; Quarter 4 and ongoing statewide

- **Key Activity 1.3.6:** Ensure distribution to licensing teams and foster parent support specialists of data reports to identify unlicensed caregivers immediately following placement of the child in the home. These reports will initiate communication between the assigned caseworker and the licensing worker to ensure care coordination as support needs are identified for the child and caregiver.

  Projected Completion Date: Quarter 2 and ongoing statewide

- **Key Activity 1.3.7:** Within 48 hours of receiving notification of an unlicensed relative or fictive kin placement, the foster parent support specialist will contact the home to offer support, review paperwork, answer questions, and provide a list of parent peer support group meetings. They will be provided a brochure and contact information for the program.

  Projected Completion Date: Quarter 2 in southern region; quarter 3 in central region; quarter 4 and ongoing statewide, based on lessons learned

- **Key Activity 1.3.8:** Ensure family meetings (CFTM, CIPP, Wraparound, etc.) include on the agenda the topics of agreeing upon a visitation plan for the children with their parents and other positive supports; identifying needs of the child and a plan to meet those needs; and identifying needs of the caregivers and a plan to meet those needs.

  Projected Completion Date: (placement teams) Quarter 1 in immersion sites; Quarter 3 in central region; Quarter 4 in northern region; Quarter 5 and ongoing entire state, including Cook region.

  Comments: Case note reviews on a random sample of cases can assess progress on this activity. Monitoring data on maltreatment in care can evaluate effectiveness of this activity.

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

  Projected Completion Date: Quarter 1 in southern region immersion site teams; Quarter 3 in central region and remaining southern region teams; Quarter 4 in northern region; Quarter 5 and ongoing entire state, including Cook region.

- **Key Activity 1.3.10:** DCFS clinical specialist to provide support and consultation to the worker to assist in identifying supports and/or services needed for the child and caregivers.

  Projected Completion Date: Quarter 3 in central region; Quarter 5 in southern region; Quarter 7 and ongoing statewide

- **Key Activity 1.3.11:** Foster Parent Support Specialists will expand their support groups as they continue to engage caregivers using technology to conduct virtual support group meetings. Unlicensed relatives or fictive kin will have the opportunity to participate in these meetings regardless of placement location or region.

  Projected Completion Date: Quarter 5 in southern region; Quarter 6 in central region; Quarter 7 in northern region; Quarter 8 and ongoing expand to Cook.

- **Key Activity 1.3.12:** Develop specific guidelines (decision tree) for investigators when unauthorized parent/child contacts are called into the child abuse/neglect hotline to critically assess which situations meet the procedural definitions of abuse and neglect.

  Projected Completion Date: Quarter 3, (Operations leadership, SPE leadership, Office of Legal Services, and Clinical Services)

  Comments:

- **Key Activity 1.3.13:** Revise administrative case review process to review for worker collaboration with members of the child and family team on visitation planning, supports to the youth in care, and supports to the substitute caregiver to reinforce these practices in the field.

  Projected Completion Date: Quarter 3 pilot in southern region 4A sub-region, Quarter 4 expand to all regions based on lessons learned in pilot site

  Comments: ACR data will include ratings of quality practice around caseworker contacts with families and child and family team meetings.

- **Key Activity 1.3.14:** Regional support teams to follow up on ACR reports and aggregated data on CFTM quality to reinforce these practices with DCFS and POS placement teams.

  Projected Completion Date: Quarter 3 and ongoing, statewide

  Comments: ACR data will include ratings of quality practice around caseworker contacts with families and child and family team meetings.

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

  Projected Completion Date: Quarter 3 and ongoing statewide for placement teams

  Comments: ACR data provided to monitoring will include ratings of quality practice around caseworker contacts with families.

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

  Projected Completion Date: Quarter 3 and ongoing statewide for placement teams

  Comments:

- **Key Activity 1.3.17:** Supervisors for placement teams at both DCFS and POS agencies will use supervisory conferences with workers to reinforce the importance of attention to risk factors for repeat maltreatment, including maltreatment in care, by discussing worker efforts and progress at meeting identified needs for safety, permanency, and well-being for children returned to the care of their parents and those residing in a substitute care environment.

  Projected Completion Date: Quarter 3 and ongoing

  Comments: Reviews of supervision notes will be used to assess progress in building this skills across supervisors and coaching and/or skill labs will be implemented to the extent possible as needs are identified.

(2) Strategy/Intervention: Permanency

Goal 2

Ensuring stability, family connections, and timely permanency for children. (Permanency 1; Permanency 2; Well-Being 1; Case Review System; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS has four strategies to improve the stability, family connections, and timely permanency for children. The four strategies focus upon: 1) supporting full implementation of the Core Practice Model with an emphasis on a sense of urgency for timely permanency; 2) shortening the timespan for finalizing adoptions; 3) increasing the use of guardianship as a permanency strategy when reunification cannot be achieved, and adoption is not in the child's best interest; and 4) implementing a quality hearing project to establish a culture of urgency through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearing, timely and appropriate permanency goals in furtherance of reunification or timely filing of TPR to support adoption.

Strategy 2.1:

Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.

Problem Exploration: CFSR case reviews highlighted several challenges in casework practice that present barriers to achieving better permanency outcomes. Based on case review data summarized in the 2018 Final CFSR Report, many Child and Family Team Meetings (CFTM) facilitated by Illinois DCFS and POS caseworkers are not conducted in a family-centered manner. Additionally, family group conferencing practices may not address the goals and needs of families, such that parents are aware of the importance of time frames and concurrent goals. Based on CFSR reviews and case note audits by immersion site directors, the case plan is typically not developed with the family within the context of a CFTM, which sometimes results

in a case plan that the family does not believe in or have the capacity to complete. Court hearings and Administrative Case Reviews (ACR) are conducted frequently, but often do not result in a focus on permanency that results in progress on the case. Once reunification has been ruled out, there is often not a viable concurrent goal established, which results in delays for the child. In addition, subsidy packets for adoption and guardianship are cumbersome and POS agencies often do not have the resources to complete these packets in a timely manner. In addition, completion of subsidy packets is a specialized skill that is difficult to develop with high turnover on placement teams.

Root Cause Analysis: Due to the complex demands of child welfare casework and high caseworker turnover rates, supervisors in the child welfare system play a critical role in supporting a continuous quality of casework with families (Blome & Steib, 2014)[6]. For new and experienced caseworkers alike, supervisors are on call for troubleshooting, problem-solving, and filling gaps in knowledge based on specialized expertise in casework policies, practices, and strategies. The complexities of supervision also require support, consistent leadership, and performance monitoring for supervisors themselves. Leadership turnover within Illinois DCFS and POS agencies can negatively contribute to supervisor effectiveness. Illinois' work to expand and strengthen supervisory training is pivotal to Illinois' program improvement strategy, in the context of caseworker training on child and family teaming, Motivational Interviewing, comprehensive assessment, family finding, etc. Supervisory training and support alone is insufficient to transform caseworker practice across DCFS and POS permanency teams. Historically, Illinois DCFS has not had sufficient organizational resources and support for concurrent goal planning, streamlining the adoption subsidy process, and incentivizing timely adoption through performance-based contracting and close coordination with the court system.

Rationale for Selection of Intervention: The Illinois Child Welfare Core Practice Model consists of the following training and implementation components: Family-centered, Trauma-informed and Strengths-based practice (FTS); Child and Family Team Meetings (CFTMs) and the Model of Supervisory Practice (MoSP). Each component of the practice model provides foundational support to supervisors and caseworkers to assist them in providing efficient, effective and impactful services. The FTS Model emphasizes nine core practices, which are described in greater detail in Appendix A. These nine core practices are integrated throughout many of the strategies and key activities in this PIP. They are emphasized in this strategy for the intended impact on improvements in timely permanency. Elsewhere, Core Practice Model components are highlighted for intended impacts on ensuring child well-being. These nine core child welfare practices are:

- Serve as an agent of change (Agent of Change)
- Form a helping relationship with the child and his/her family (Relationships)
- Conduct initial and ongoing assessment (Assessment)
- Provide information about the impact of trauma on the child and family (Trauma-focused Education)
- Advocate for the child and family (Advocacy)

[6] Blome, W. W. & Steib, S. D. (2014). The organizational structure of child welfare: Staff are working hard, but it is hardly working. Children and Youth Services Review, 44, 181-188.

- Provide behavioral support (Behavioral Support)
- Linkage to appropriate services (Linkage)
- Coordinate all child and family services (Teamwork and Coordinated Care)
- Demonstrate cultural competence (Cultural Competence)

Utilizing the core practices, including CFTM, will result in better family engagement in case planning. When families are engaged in the planning process, they tend to be more engaged in the resulting interventions and actions in the plan. Implementation of new case plan templates will also reinforce the importance of family voice in the planning process to promote family-centered planning built on family strengths. The agency's core practice model provides the foundational anchor to blend the organizational vision, mission, and values, which in turn inform role-specified competencies for caseworkers. Competencies reflect a combination of knowledge, skills, and effort in realizing the desired outcomes with families. As workers throughout the child welfare system collaboratively develop, implement, evaluate, and refine competency-based tools and assessments, proficient organizational cultures are strengthened (Brittain & Bernotovicz, 2015)[7]. Through its work with immersion sites to model supervisory and peer support practices associated with effective teaming and permanency planning, Illinois DCFS and POS permanency workers will transform organizational culture to achieve timely permanency through several key activities.

By using the Model of Supervisory Practice (MoSP) training and organizational supports, supervisors will have additional resources to enhance the quality of supervision provided to front line staff and can better focus on family engagement and barriers to permanency. Multiple studies have demonstrated that adequate, supportive supervision is a critical factor associated with positive work-related outcomes among child welfare staff[8]. MoSP was initially implemented within immersion sites and continues to be expanded to direct service supervisors statewide. Since implementation of this model, the Field Implementation Support Program (FISP) has collected some examples of "success stories" from the field. One MoSP training participant described a situation in which he was able to refer to information from the Supportive module to assist a worker with developing a plan for the worker to better engage with a client that had triggered personal feelings in the worker. A placement supervisor in one of the MoSP training cohorts was covering two work sites and was skeptical of adding the training to her already taxing schedule of traveling between the two work sites; she ultimately found the material to be useful and practical, which assisted her in supporting excellence in her direct reports. A veteran manager that initially held a dismissive attitude regarding the training later reported being energized by the training material and began using the resources with his team members. He credited MoSP as a "boost" for him to further develop the team in which he already felt were strong professionals. A placement supervisor reported that she has been including more reflective and clinical questions in her supervision as a result of participating in MoSP. She has encouraged her team to engage in more critical thinking and shared that she has learned a lot from the training and has implemented ideas from the content.

[7] Brittain, C. & Bernotavicz, F. (2015). *Competency-based workforce development: A synthesis of current approaches.* Albany, NY: National Child Welfare Workforce Institute.

[8] Mor Barak, M., Levin, A., Nissly, J., & Lane, C. (2006). Why do they leave? Modeling child welfare workers' turnover intentions. Children and Youth Services Review, 28, 548-577.

Many child welfare systems in states and counties utilize a principle-driven core practice model to guide child welfare operations and service delivery (Frey et al., 2012)[9]. A case study of implementation of the Casey Family Services (CFS) permanency practice model in seven states illustrates the transformative effects achieved through intensive implementation of a principle-driven model (Frey et al., 2012). As with the CFS supervisory model, efforts to strengthen transformational leadership and supervision in Illinois require Illinois DCFS to implement a robust system of support for its own Core Practice Model and Model of Supervisory Practice (MOSP). During the two-year PIP period, Illinois will continue to expand FTS and MoSP training to all direct service teams statewide with the goal of maintaining at least a 51% training rate across investigations, intact, and placement teams (both DCFS and POS) for FTS with workers and FTS and MoSP with supervisors. A specific CFTM model developed by the Child Welfare Policy Practice Group (CWPPG) is being trained specifically in 60 DCFS and POS placement teams identified as Immersion Sites. The remaining placement teams and all Cook intact teams (both POS and DCFS) will be participating in a basic CFTM training to increase the core practices of teaming and care coordination with families. Based on lessons learned during the PIP period, CFTM will continue to expand to the remaining intact teams statewide. The CQI process outlined in Strategy 4.1 is focused on reinforcing the Core Practice Model and reviewing for fidelity to core practices of the model.

2.1 Key Activities:

- **Key Activity 2.1.1:** During quarterly supervision, the permanency goal will be reviewed by the supervisor and case manager on placement cases in preparation for quarterly child and family team meetings. If the current permanency goal appears unlikely to be achieved timely, the CFTM agenda will need to address changing focus to work toward the concurrent plan for permanency.

  Projected Completion Date: Quarter 3 in Cook Region due to lower permanency rates compared to the rest of the state; Quarter 5 and ongoing expand to rest of state based on lessons learned in Cook.

  Comments: CFTM preparation is included in the new ACR review model as a factor in the CFTM quality rating.

- **Key Activity 2.1.2:** At quarterly CFTM on placement cases the child and family team will review the family's natural supports, review placement with siblings, and review the permanency goal, making adjustments to the case plan, if necessary, including recommending permanency goal change.

  Projected Completion Date: Quarter 2 in immersion sites, quarter 3 expand to Cook, and quarter 5 expand to rest of state.

  Comments: Revised ACR process will provide data collection on quality CFTMs on all youth in placement.

9 Frey, L, LeBeau, M., Kindler, D., Behan, C., Morales, I. M., & Freundlich, M. (2012). The pivotal role of child welfare supervisors in implementing an agency's practice model. Child and Youth Services Review, 34, 1273-1282.

- **Key Activity 2.1.3:** Placement supervisors will be provided with data from dashboards, ACR, and other available reports to support quality supervision based on the Model of Supervisory Practice. Examples of data that supervisors can use in supervision include, length of time since adjudication, frequency of parent/child visitation, and length of time since a permanency goal change.

  Projected Completion Date: Quarter 1 with DCFS Central Region placement teams, Quarter 3 with remaining DCFS placement teams, Quarter 5 and ongoing, with POS placement teams statewide based on lessons learned from DCFS teams.

  Comments: Support for implementation will be provided by regional support teams, regional QE specialists, POS QE specialists, and DCFS data stewards. DCFS is attempting to give POS partners access to their own data through PowerBI and Sequoia.

- **Key Activity 2.1.4:** Placement supervisors will use team and worker data to identify and address barriers to permanency, such as resource needs, court delays, etc.

  Projected Completion Date: Quarter 2 with DCFS central region placement teams, Quarter 3 with remaining DCFS placement teams, Quarter 5 and ongoing, with POS placement teams statewide based on lessons learned from DCFS teams.

  Comments: Support for implementation will be provided by regional support teams, regional QE specialists, POS QE specialists, and DCFS data stewards. DCFS is attempting to give POS partners access to their own data through PowerBI and Sequoia.

- **Key Activity 2.1.5:** Regional support teams will assist regional placement teams (DCFS and POS) to build relationships with local stakeholders and court system personnel to improve community linkages in jurisdictions where problems have been identified. Problem areas will be identified based on data, such as court findings of no reasonable efforts.

  Projected Completion Date: Quarter 4 and ongoing, statewide

  Comments: Some court jurisdictions have quarterly meetings with DCFS and POS. Immersion sites have monthly, bi-monthly, or quarterly stakeholder meetings to build the community continuum of care. 360 Meetings are also occurring in some areas of the state.

- **Key Activity 2.1.6:** The revised ACR process will identify cases in which fathers have not been engaged in permanency planning for their child(ren) and/or invited to participate in CFTMs.

  Projected Completion Date: Quarter 2 in the southern region 4A sub-region, Quarter 3 and ongoing statewide

  Comments:

- **Key Activity 2.1.7:** The revised ACR process will identify cases in which fathers have not been supported around visitation with the youth to encourage strong, positive relationships.

  Projected Completion Date: Quarter 2 in the southern region 4A sub-region, Quarter 3 and ongoing statewide

  Comments:

- **Key Activity 2.1.8:** The regional support teams will be engaged to assist agencies in improving the practice of engagement with fathers based on trends/patterns in agency-level data.

  Projected Completion Date: Quarter 4 and ongoing statewide

  Comments: The regional support teams will collaborate with agencies to identify and address root causes.

- **Key Activity 2.1.9:** Improve documentation of family finding efforts by integrating it within documentation of CFT members.

  Projected Completion Date: Quarter 5 and ongoing

  Comments: Supervisors to emphasize importance of maintaining family connections for youth and how this impacts permanency.

- **Key Activity 2.1.10:** The revised ACR process will identify cases in which the worker conducted a CFTM prep meeting to assist the family to identify and invite the father, maternal and paternal relatives, and other supports identified by the family and will consider this in the quality rating of the CFTM section of the review to reinforce this practice.

  Projected Completion Date: Quarter 2 in the southern region 4A sub-region, Quarter 3 and ongoing statewide

  Comments:

Strategy 2.2:

Decrease length of stay for children that achieve permanency through adoption through implementation of lessons learned from the permanency task force.

Problem Exploration: The 2018 CFSR review showed that only 3% of foster care cases reviewed were rated as a strength for permanency. Data from the DCFS Executive Scorecard dated January 17, 2020 shows that 16% of children who entered foster care from July through September 2018 achieved permanency to reunification, adoption, guardianship, or relative placement within one year of entry, with regional rates ranging from 9% in Cook region to 20% in northern region. None of these permanencies were through adoption. The same Executive Scorecard shows that 58% of children who entered care from July through September 2016 achieved permanency within three years of entry, with regional rates ranging from 38% in Cook region to 67% in northern region. Only 20% of these permanencies were through adoption. In the cases where family reunification is not viable through concurrent planning for reunification/adoption, caseworkers require additional system supports to decrease length of time for adoptions. Placement cases assigned to DCFS workers that are moving toward permanency through adoption or subsidized guardianship receive assistance with subsidy writing from the DCFS adoption unit. Placement cases assigned to POS workers that are moving toward permanency through adoption or subsidized guardianship do not receive this additional support, which has resulted in extreme delays in subsidy completion. A permanency task force was initiated in October 2018 with the intention of clearing some of this backlog of

cases in need of subsidy work. The task force consists of DCFS workers completing subsidy work during overtime hours (nights and weekends). For the period of October 2018 to May 1, 2020, the permanency task force helped 3,723 children achieve permanency through adoption or subsidized guardianship. Based on lessons learned from the permanency task force over the past two years, POS agencies have not demonstrated that they have the capacity and knowledge to efficiently complete the subsidies and legal screening packets for adoption cases without assistance from subsidy specialists. Additionally, the DCFS permanency task force does not have the capacity to process all outstanding adoptions within POS agencies statewide (i.e., 2,645 children identified on October 1, 2018 and the 2,741 children identified on July 1, 2019).

Root Cause Analysis: The system in general is slow to change the permanency goal from reunification to any other goal, which contributes to permanency delays when reunification cannot be achieved. The process to obtain an approved goal change to adoption from the court is cumbersome for a permanency caseworker and must be supported through quality documentation of unsatisfactory service plans for at least nine months. The process to complete the subsidy and get the subsidy approved has too many individuals involved and lack of accountability with necessary time frames. Agency Performance Team (APT) and Administrative Case Review (ACR) do not work closely enough together to effectuate change among DCFS and POS workers completing the adoption subsidies. Statewide data on timeframes from termination of parental rights to adoption finalization illustrate extreme delays in the process. (For the period from October 2019 to December 2019, the average length of time from termination of parental rights to adoption finalization was 434 days.)

Rationale for Selection of Intervention: The Child Welfare Advisory Committee (CWAC) is intended to be the venue through which private agency leaders bring recommendations to DCFS for improvements in practice or systemic changes to improve outcomes for families. The ITASC group, which is a sub-group of CWAC, has recommended a formal, structured change management process for vetting of recommendations for practice or policy changes to ensure they are consistent with the values and practices of the Core Practice Model. (The change management process is described in more detail in Appendix A.) The permanency task force project manager has improved upon task force practices over time through lessons learned along the way and can provide insight regarding proposals to address the need for support to private agencies for subsidy completion. To better streamline and coordinate adoption processes, Illinois DCFS will utilize agency monitors and regional support teams to support agencies with reviewing cases that might be appropriate for legal adoption screening, such as when cases are approaching nine months post-adjudication. The DCFS adoption unit and DCFS Office of Legal Services will provide support and consultation to placement teams through adoption labs offered in each region throughout the state.

2.2 Key Activities:

- **Key Activity 2.2.1:** The Strategic Planning Steering Committee will request recommendations from the CWAC Foster Care sub-committee, the CWAC ITASC sub-committee, and the DCFS permanency task force administrator for systemic changes that will provide necessary resources for private agencies to complete adoption subsidies in a timely manner.

Projected Completion Date: Quarter 2

Comments: Upon identifying the most appropriate option for systemic changes from among the recommendations, planning for this change will move forward under the Strategic Planning Steering Committee Change Management Process. (This activity also pertains to Strategy 2.3.)

- **Key Activity 2.2.2:** The permanency task force project will end upon implementation of the recommendations from Key Activity 2.2.1.

  Projected Completion Date: Quarter 2

  Comments:

- **Key Activity 2.2.3:** Provide each agency with data reports on cases approaching six months, nine months, and twelve months since entry to care.

  Projected Completion Date: Quarter 2 and ongoing statewide

  Comments:

- **Key Activity 2.2.4:** The placement supervisors will review the report of cases approaching six months since entry to care for the purpose of confirming that service referrals were made, the case plan is updated and appropriate, and to recommend a permanency goal to the court.

  Projected Completion Date: Quarter 2

  Comments: Supervisors will document these reviews as a component of the quarterly supervision.

- **Key Activity 2.2.5:** The placement supervisors will review the report of cases approaching nine months since entry to care for the purpose of assessing progress by the parents in reunification services, consistent participation by parents in visitation, and to recommend to the court as to findings for reasonable efforts.

  Projected Completion Date: Quarter 2

  Comments: Supervisors will document these reviews as a component of the quarterly supervision.

- **Key Activity 2.2.6:** The placement supervisors will review the report of cases approaching twelve months since entry to care for the purpose of progress in reunification services and, if reunification appears unlikely, the worker will refer the case for legal screening to pursue permanency through the identified concurrent plan.

  Projected Completion Date: Quarter 2

  Comments: Supervisors will document these reviews as a component of the quarterly supervision.

- **Key Activity 2.2.7:** Regional support teams will provide technical assistance to agencies when patterns of systemic barriers have been identified that delay adoption permanencies. Regional support teams will collaborate with agencies to identify and address the root causes of adoptions delays.

  Projected Completion Date: Quarter 4 and ongoing statewide

  Comments:

- **Key Activity 2.2.8:** Regional adoption teams will schedule and hold adoption labs in each region, with support from the DCFS Office of Legal Services, to provide case-specific support to private agency workers in completion of adoption subsidies.

  Projected Completion Date: Quarter 2 and ongoing statewide

  Comments: Some adoption labs have been conducted, although have not been consistently scheduled in all regions with messaging to increase participation levels. (This activity also pertains to Strategy 2.3.)

Strategy 2.3:

Increase use of guardianship as a permanency strategy when reunification cannot be achieved and adoption is not in the child's best interest.

Problem Exploration: Pursuing a permanency goal of guardianship for a child requires that reunification and adoption have been ruled out prior to recommending the goal of guardianship, per Illinois statute. Among permanency caseworkers, there is inconsistency around the interpretation of what is necessary to rule out adoption. For example, there are many relatives that are committed to the child, although they are not comfortable with pursuing adoption, as it changes their legal relationship and requires termination of the parents' rights. In some families, it is more acceptable to provide permanency through guardianship rather than adoption. Some placement workers and/or their supervisors interpret the rule out language to mean they must pursue adoption with other resources and move the child to a new caregiver in order to achieve permanency through adoption rather than guardianship. The rule out language was not intended to pursue adoption over guardianship if the child's best interests are better met through guardianship. The permanency option of adoption needs to be discussed with the permanency resource. If the resource expresses their preference for guardianship instead of adoption and the reasons for this decision do not in any way indicate that the resource is not committed to permanency for the child, having the conversation and documenting the resource's decision is sufficient to rule out adoption.

Once a goal of guardianship is being considered, the legal screening process for approval to recommend a permanency goal change is cumbersome and requires completion of parts of the subsidy in order to take the case to the screening process. If the case does not pass the legal screening, the subsidy work that was done to prepare for the screening is considered a waste of the worker's time. The subsidy process is complicated, similar to the concerns raised previously as to adoption subsidies. For efficiency, the child welfare system needs to identify changes in the

process and organization that can ensure sufficient personnel with this specialized skill to meet the needs of the field.

Root Cause Analysis: Given a lack of sustained policy emphasis on using Illinois DCFS' guardianship provisions, DCFS and POS caseworkers and supervisors have not worked to promote guardianship as a viable permanency option with systematic and thorough family engagement strategies. As a result, clarification around the permanency goal of guardianship needs to be communicated to the field, to our courts and to the families we serve. One of the contributing factors that interferes with guardianship as a timely permanency option is confusion around the meaning of having to rule out reunification and adoption before selecting a guardianship permanency goal. Guidelines for selection of the permanency goal, and engaging families in achieving this goal, may result in more frequent use of this permanency option when it is in a child's best interest.

Rationale for Selection of Intervention: In a review of quantitative research conducted on child outcomes associated with foster and kinship care from 2007-2014, Bell and Romano (2017) found that across 54 studies, "children in kinship care experienced greater permanency in terms of lower rates of reentry, greater placement stability, and more guardianship placements compared to children living with foster families," (p. 268). Increased use of guardianship as a permanency option will likely decrease the length of stay for youth that achieve permanency through guardianship as it does not require termination of parental rights.

2.3 Key Activities:

- **Key Activity 2.3.1:** DCFS will have a campaign communicating the value of guardianship as a permanency option with a tag line such as, "Adoption is not always the answer; Guardianship can mean permanency for our youth."

  Projected Completion Date: Quarter 1 statewide

  Comments: Increased understanding of eligibility for guardianship subsidies is likely to largely benefit relative caregivers in providing permanency.

- **Key Activity 2.3.2:** The Office of Strategy and Performance Execution will convene collaborative meetings with DCFS adoption staff, DCFS and POS permanency staff, and DCFS Office of Legal Services to review the legal screening process for guardianship to streamline and simplify to reduce delays in the screening process.

  Projected Completion Date: Quarter 3, statewide

  Comments:

- **Key Activity 2.3.3:** Recommendations from collaborative meetings in 2.3.2 will be implemented in the following quarters, dependent on the resources needed to accomplish all recommendations.

  Projected Completion Date: Quarters 4-8 in Central Region

  Comments:

- **Key Activity 2.3.4:** Office of Learning and Professional Development will review rule out language versus appropriateness of the guardianship goal with trainers for adoption and guardianship to ensure consistent messaging for guardianship as a permanency option and clarify for consistency.

  Projected Completion Date: Quarter 3, statewide

  Comments:

- **Key Activity 2.3.5:** Supervisors who lead implementation teams will participate in monthly supervisory forums with at least one forum focused on guardianship as a permanency option.

  Projected Completion Date: Quarter 2, immersion sites

  Comments:

Strategy 2.4:

Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.

Problem Exploration: Illinois lags behind other states in timely permanency, as reported over time by various data sources, including a 2016 Child Welfare Outcomes Report to Congress[10], which indicated Illinois was last in the country for reunifications within 12 months of entry into foster care. Illinois ranked 51 out of 52 states and territories on number of children in care more than 12 but less than 24 months achieving permanency through adoption. Permanency delay can occur for many reasons (see Root Cause), but early family engagement by both the court system and the child welfare agency can assist in mitigating those delays. Having families attend court hearings and being engaged in conversation underscores that the family is of utmost importance and instills a sense of urgency. Holding high quality, meaningful hearings are critical to the child welfare process and can impact timely permanency. In the Exploring the Relationship between Hearing Quality and Case Outcomes in New York, New York State Unified Court System Child Welfare Court Improvement Project, Alicia Summers, PHD, Data Savvy Consulting, November 2017, the research found that engaging parents through quality hearing practices, rooted in procedural fairness principles, are related to timelier permanency for youth. For example, judges engaging families by: speaking directly to the parties; addressing parties by name; explaining the hearing process; explaining legal timelines; and asking if parties have questions are all components of quality hearing practice and procedural fairness. In the New York study, findings suggest that hearing quality is related to outcomes on cases. Improving timeliness of case processing, ensuring parties are present and engaged, and holding meaningful discussion in the hearing are most related to improved outcomes.

[10] *https://www.acf.hhs.gov/cb/resource/cwo-2016*

The Court Improvement Program Child Protection Data Courts Project (CPDC) in collaboration with DCFS and POS, collects closed case data in 10 counties. Additional analysis of the data in the CPDC Project sites show that counties struggle with delay on the front end of the case, between the temporary custody hearing and adjudication. CPDC data also show that delay in time to major court events have a statistically significant impact on the time for case closure. Specifically, the findings for 2014-2018 show that the shorter the time to adjudication, the shorter time is to case closure. As the case progresses through the court system, delay in the front end of the case impacts the case as it moves through the system and, ultimately, time to permanent placement. For cases in which reunification cannot be achieved, petitions for termination of parental rights are not filed timely, resulting in additional delays on the back end of cases.

Root Cause Analysis: In the Illinois child welfare system, there is not a strong practice of effectively engaging children and families through the lens of permanency which contributes to delays in timely permanency. Delay has become an accepted part of the child welfare court process. Contributing factors to these delays include:

- Lack of engagement, particularly early engagement, with children and families.
- Difficulty with service (finding parties)
- A lack of a sense of urgency related to permanency timelines
- The child welfare system (both caseworkers and courts) maintain a goal of "return home" for long periods, even when there is a lack of progress by parents.
- Petitions for termination of parental rights are not filed timely.
- Illinois statute related to adjudication timelines does not reflect best practice (705 ILC 405/2-14(d)), some counties waive adjudication timelines.
- The court does not set expectations for parents and caseworkers on the record.

Rationale for Selection of Intervention: The AOIC has identified four counties (Lake, Sangamon, Madison and Marion) and one Cook County courtroom to implement a quality hearing practice with an emphasis on family engagement leading to timely adjudication and timely permanency. Additionally, at the time of the permanency hearing, a thorough exploration will be made as to the appropriateness of the proposed permanency goal and, in appropriate cases, TPR petitions recommended to be filed. Counties were identified based on geography (different areas of the state), size (urban and rural) and a mix between counties participating in the CPDC Project and counties that have not participated in the Project.

The intention of this strategy is to conduct juvenile court hearings in a way that better engages family members in the hearing process. General efforts to improve engagement with families by child welfare staff are addressed in Strategy 3.2.

2.4 Key Activities:

- **Key Activity 2.4.1:** Administer a modified version of the Quality Permanency Hearing Self-Assessment to participating judges and key stakeholders in the courtroom.

  Projected Completion Date: Quarter 1

  Comments:

- **Key Activity 2.4.2:** Collect data on timelines for counties not involved in the CPDC Project and hearing observations for all counties.

  Projected Completion Date: Quarter 3

  Comments:

- **Key Activity 2.4.3:** Share data collection and self-assessment results with each county.

  Projected Completion Date: Quarter 1

  Comments

- **Key Activity 2.4.4:** Development of script and modification of the Child Protection Bench cards.

  Projected Completion Date: Quarter 2

  Comments:

- **Key Activity 2.4.5:** Provide county specific training and support for judges and court stakeholders on quality hearings, project expectations and new tool to support those hearings.

  Projected Completion Date: Quarter 2

  Comments:

- **Key Activity 2.4.6:** Judges will begin using new engagement techniques, asking new questions in accordance with the script and bench-card, addressing appropriateness of permanency goals and, where necessary, recommending filing petitions to terminate parental rights.

  Projected Completion Date: Quarter 3-8

  Comments:

- **Key Activity 2.4.7:** Provide on-going coaching and technical assistance.

  Projected Completion Date: Quarter 3-8

  Comments:

- **Key Activity 2.4.8:** Bring sites together to discuss learning's and any possible/needed adjustments.

  Projected Completion Date: Quarter 5

  Comments:

- **Key Activity 2.4.9:** Collect data on timelines for all project counties and round two of hearing observations.

  Projected Completion Date: Quarter 7

  Comments:

- **Key Activity 2.4.10:** Evaluation completed and hold all site meeting to share results and develop method for roll-out to other counties.

  Projected Completion Date: Quarter 8

  Comments:

- **Key Activity 2.4.11:** DCFS to survey a sample of families served in project counties to assess their perception of feeling engaged, included, and heard in court hearings in order to gain insight for future improvements.

  Projected Completion Date: Quarter 8

  Comments:

(3) Strategy/Intervention: Well-Being

Goal 3:

Ensuring the educational needs and physical/mental health needs of children in foster care and in-home cases are met and families have enhanced capacity to meet the needs of their children. (Well-Being 1; Well-Being 2; Well-Being 3; Case Review System; Staff and Provider Training)

Illinois has four strategies to accelerate progress and achieve performance targets for meeting the educational and physical/mental health needs of children/youth in care and in intact family services. These strategies are: 1) using statewide change management to implement the Core Practice Model statewide; 2) increase family and youth/child engagement through care coordination and enhanced implementation of child and family team meetings; 3) utilizing a multi-tiered system of support (MTSS) to provide appropriate evidence-based academic support programming to children/youth behind grade level; and 4) find solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.

Strategy 3.1:

Implementing Core Practice Model (CPM) by using the Change Management Process statewide to improve investigator and caseworker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice.

Problem Exploration: CFSR case reviews revealed inconsistent practice across both foster care and in-home cases when it came to ensuring ongoing contact with children and families (Well-Being Item 14), especially during early phases of case opening. During this phase, relationship building through active engagement of the family through assessment and identifying needs (Well-Being Item 12) is critical to meeting the needs of families through individualized family-centered planning for permanency and intact. DCFS and POS caseworkers have a wide range of priorities and practical demands which present challenges to fully attending to the educational

and physical/mental health needs of children and youth in care. High caseworker turnover, large caseloads, and compliance-oriented culture are barriers to proficient caseworker-client relationships that adequately address education and health needs of children, while also managing safety risks and permanency goals.

- Based on the 2018 CFSR (Well-Being Item 16), 83% of the 40 applicable cases reviewed indicated that children received appropriate services to meet their educational needs. Among in-home services cases, only 57% of the applicable cases indicated that children received appropriate services to meet their educational needs.
- The 2018 CFSR (Well-Being Item 17) reported that only 63% of the 51 applicable cases reviewed indicated that children received appropriate services to meet their physical health needs (includes dental health). Among in-home services cases, only 55% of the applicable cases indicated that children received appropriate services to meet their physical health needs.
- Similarly on Well-Being Item 18, only 66% of the 38 applicable cases reviewed indicated that children received appropriate services to meet their mental health needs. Among in-home services cases, only 31% of the applicable cases indicated that children received appropriate services to meet their mental health needs.

Root Cause Analysis: Although the Illinois Core Practice Model was developed several years ago, implementation of the model has not been a sustained focus for implementation across the system to achieve integration, alignment, and full implementation throughout the operational systems of the department. The Illinois system has reinforced compliance measures to the detriment of quality FTS practices. This emphasis on compliance activities can be particularly problematic in the early phases of the case, as helping relationships need to be developed, needs of the family must be identified, and individualized plans are to be established. In addition, system barriers related to process requirements detract from the quality engagement and impact timely documentation of the status of the youth's medical and mental health status and services. Because Illinois has a low rate of placement per capita, the cases that are eligible for and receive intact family services are often complex and high risk. These cases bring greater challenges to collaborative voluntary case planning to address myriad individual educational, mental/behavioral health, and physical health needs.

Rationale for Selection of Intervention: Illinois DCFS is working with the National Implementation Research Network (NIRN) to scale up statewide implementation of the Core Practice Model using implementation science. NIRN is supporting the Illinois child welfare system to build the capacity of the system so that teams, individuals, and the organizations within the system can use evidence to innovate and advocate for changes that make a positive difference. DCFS believes the nine core practices of the Core Practice Model are foundational to the vision of strengthening and supporting families, although full implementation has been a struggle. With implementation support and alignment from NIRN and sustained focus through regional monitoring and the supervisor supports, Illinois DCFS will strengthen its capacity to reinforce Core Practice model implementation among DCFS and POS caseworkers. With supervisors and peers modeling effective practices for better family engagement, culturally proficient and responsive communication and care coordination, caseworkers will strengthen the foundation for meeting

each child's educational, mental/behavioral, and physical health needs. Motivational Interviewing as an evidence-based practice for caseworkers is consistent with the core practices of the Core Practice Model and will provide caseworkers with specific engagement skills in their work with families. Use of Motivational Interviewing will reinforce the shift from compliance-based activities toward quality family-centered contacts to support behavioral changes that reduce risk to children. Other family-centered approaches targeted for expansion include Wraparound and Intensive Placement Stabilization (IPS), which also support caseworkers in meeting the needs of families in a manner that is supportive and engaging.

Scaling up proficient implementation of the Illinois DCFS Core Practice Model requires a shift in organizational culture and transformational leadership to support broad change. In an analysis of a U.S. nationwide survey of 2,380 youth in 73 child welfare systems, Williams and Glisson (2014)[11] demonstrated significant association between organizational culture, organizational climate, and youth outcomes. Compared to organizational cultures characterized by resistance to new ideas and innovations, they found that organizational cultures that promote caseworker proficiency and efficacy have greater positive association with higher functioning, more engaged, and less stressful organizational climates. Subsequently, child welfare systems with more proficient organizational cultures and positive organizational climates were associated with better youth outcomes (i.e., fewer youth problem behaviors, substantiated child maltreatment, and caseworker assessments of harm to children). Therefore, change management processes will be developed to improve statewide investigator and caseworker capacity to engage with families in trauma-informed, family-focused, and culturally proficient ways.

3.1 Key Activities:

- **Key Activity 3.1.1:** Distribute data to DCFS and POS leadership that shows each component of the Core Practice Model (FTS, MoSP, and CWPPG model of CFTM), percentages of staff trained by RSF, and where the component is in use.

  Projected Completion Date: Quarter 1 and ongoing

  Comments: See attachment B for a map that demonstrates implementation.

- **Key Activity 3.1.2:** The supervisors from the immersion site implementation teams will provide updates on CPM training data to the CWAC at their quarterly meetings.

  Projected Completion Date: Quarter 1 and ongoing

  Comments:

- **Key Activity 3.1.3:** The immersion site directors will provide updates on CPM training data to DCFS regional leadership at quarterly regional leadership meetings.

  Projected Completion Date: Quarter 1 and ongoing

  Comments:

- **Key Activity 3.1.4:** The supervisors on the immersion site implementation teams will use data,

[11] Williams, N. J. & Glisson (2014). Reducing turnover is not enough: The need for proficient organizational cultures to support positive youth outcomes in child welfare. *Children and Youth Services Review,* 35, 1871-1877.

training reinforcement, and implementation activities with their teams to advance CPM and use peer support to increase cross site learning to address critical barriers.

Projected Completion Date: Quarter 2 and ongoing in immersion site teams

Comments: NIRN is providing support for these efforts.

- **Key Activity 3.1.5:** Motivational Interviewing will be adopted to support Family First efforts and increased engagement across the system.

  Projected Completion Date: Quarters 3-6 to begin roll out and continue until all direct service staff have completed training

  Comments:

- **Key Activity 3.1.6:** Monitor utilization of Wraparound to ensure that families are getting individualized services that mitigate safety concerns, enhance well-being, and enhance the capacity of adult caregivers.

  Projected Completion Date: Quarter 1 and ongoing in immersion sites, pertains to intact and placement cases

  Comments: Each of these interventions has an evaluation component to assess impacts of interventions.

- **Key Activity 3.1.7:** The Wraptrack/Wrapstat data collection program from the National Wraparound Evaluation and Research Team will be utilized by all Wraparound sites beginning July of 2020.

  Projected Completion Date: Quarter 1 and ongoing, pertains to intact and placement cases

  Comments:

- **Key Activity 3.1.8:** Referral criteria will be standardized across Wraparound programs utilizing CANS scores as a means to identify significant emotional and behavioral concerns.

  Projected Completion Date: Quarter 1 and ongoing, pertains to intact and placement cases

  Comments:

- **Key Activity 3.1.9:** Utilization and fidelity will be monitored and utilized in the quality enhancement process quarterly.

  Projected Completion Date: Quarter 1 and ongoing, pertains to intact and placement cases

  Comments:

- **Key Activity 3.1.10:** Monitor the expanded service array of Evidence-Based interventions through Family First and Intensive Placement Stabilization (IPS) providers.

  Projected Completion Date: Quarter 1 and ongoing, pertains to intact and placement cases

  Comments: Each of these interventions has an evaluation component to assess impacts of interventions.

- **Key Activity 3.1.11:** Supervisors on the immersion site implementation teams will identify administrative and process changes that can be made to ease workload and facilitate worker and supervisor engagement in core practices of CPM.

  Projected Completion Date: Quarter 2 and ongoing, process changes can be initiated on behalf of investigations, intact, or placement teams

  Comments:

- **Key Activity 3.1.12:** Supervisors on the immersion site implementation teams will advocate for change through the change management process proposed by ITASC for process changes identified through Key Activity 3.1.11.

  Projected Completion Date: Quarter 2 and ongoing, process changes can be initiated on behalf of investigations, intact, or placement teams

  Comments:

- **Key Activity 3.1.13:** For new placement cases, increase the number of quality family meetings after integrated assessment (IA) completion (approximately at day 40) that include the integrated assessment screener to support initial identification of needs for family members and caregivers.

  Projected Completion Date: Quarter 5 and ongoing in immersion site teams

  Comments:

- **Key Activity 3.1.14:** For cases in which the IA screener participated in the CFTM at day 40 (Key Activity 3.1.13), use aggregated data from ACR to assess the quality of the resulting case plans for participating families.

  Projected Completion Date: Quarter 5 and ongoing in immersion site teams

  Comments:

- **Key Activity 3.1.15:** Report data from 3.1.14 to CWAC to inform CQI efforts moving forward and expansion if IA participation results in better quality case plans.

  Projected Completion Date: Quarter 5 and ongoing

  Comments:

- **Key Activity 3.1.16:** For youth in residential treatment, update discharge protocols to include CFTM throughout every step of the discharge process, starting at admission.

  Projected Completion Date: Quarter 5 and ongoing

  Comments:

- **Key Activity 3.1.17:** Based on Key Activity 3.1.16, use data collection on CFTM quality from ACR for youth in residential treatment to analyze for impacts on well-being indicators (CANS) and length of stay.

  Projected Completion Date: Quarter 5 and ongoing

  Comments:

Strategy 3.2:

Increase family and youth/child engagement through care coordination and enhanced implementation of child and family team meetings.

Problem Exploration: CFSR reviews illustrated casework challenges associated with contacting and engaging parents (Well-Being Item 15) across both foster care and in-home cases. In particular, CFSR sampled cases revealed that caseworkers did not routinely engage fathers in safety/risk assessments and did not retain fathers through case planning processes and interventions, even when their whereabouts were known. Lack of programming, data, organizational culture, and limited understanding of gender-focused approaches contribute to this outcome. Illinois received an overall rating of Area Needing Improvement for Item 13 (Child and Family Involvement in Case Planning) because only 35% of the 63 applicable cases were rated as a strength. Child and family involvement in case planning was rated as a strength in 45% of 38 applicable foster care cases, and only in 20% of 25 in-home services cases. In 48% of the 42 applicable cases, the agency made concerted efforts to involve child(ren) in case planning. In 55% of the 47 applicable cases, the agency made concerted efforts to involve mothers in case planning. In 23% of the 35 applicable cases, the agency made concerted efforts to involve fathers in case planning. Lack of programming, data-informed decision making, insufficient problem-solving focus in organizational culture, and limited understanding of gender-focused approaches contribute to these poor engagement outcomes.

Root Cause Analysis: The skills of mediation and the value of parents, particularly fathers' involvement, along with facilitation and planning, are taught in the CFTM training and must be supported through Developmental and Supportive Supervision. Enhanced implementation of and fidelity support for CFTMs are needed to support accountability for this component of the CPM. Illinois has struggled with full implementation of CFTM, as advance preparation with families and professional team members for CFTMs is time-intensive. As with most transformative change initiatives, many staff are resistant to change as CFTMs require skillful facilitation, organizing, and documentation through shared power and navigating conflict, resistance, and complex needs of children and family members. The CWPPG model of CFTM has been initiated in immersion sites with placement teams. To date, no intact teams have completed the intensive training process for certification in the CWPPG model. DCFS procedures require CFT meetings for all families served by either intact or placement services, although the practice has not been supported and reinforced systematically, which is especially true for intact services. Current intact procedures only require an initial CFTM to develop the case plan and do not require additional CFT meetings.

Rationale for Selection of Intervention: One of the core practices highlighted in the Core Practice Model is coordinated care/teamwork. DCFS recognizes that communication and coordination between professionals and members of the family system is critical to achieving high quality outcomes in complex families. In a review of 39 studies on child welfare system efforts to engage fathers in services, Gordon and colleagues (2012)[12] identified top recommendations for better engagement with fathers in the child welfare system. These recommendations included specialized training to contact and work

[12] Gordon, D. M., Oliveros, A., Hawes, S. W., Iwamoto, D. K., & Rayford, B. S. (2012). Engaging fathers in child protection services: A review of factors and strategies across ecological systems. *Children and Youth Services Review*, 34, 1399-1417.

with fathers, centralization of information to support ongoing contact with fathers, and coordinated communication across systems of care in which fathers may be involved (e.g., welfare, housing, or employment programs; mental health or substance use services; involvement in the justice system, etc.). These are features of Illinois' proposed work in this area.

There are various tools and approaches to achieve coordination of care within family systems. Illinois has experienced success with interventions that include Wraparound, Clinical Intervention to Preserve Placement (CIPP), quarterly and discharge staffing for children in congregate care settings, Early Childhood Court Teams, and Child and Family Team Meetings (CFTM). Additional implementation and fidelity support are needed to increase accountability for the CFTM component. Again, with support from NIRN, Illinois is working to achieve full implementation of the Core Practice Model, including the core practice of coordinated care. This approach will have specific emphasis on engagement of fathers in the coordination of care for children. Studies have illustrated the importance of caseworkers building rapport with fathers to support them in understanding case plans and completion of tasks in case plans, even amidst their own beliefs about their capacity to provide concrete, positive supports (Campbell et al., 2015; Coakley et al, 2018)[13].

To enhance services to intact families with children that are prenatal through age three, DCFS has developed a policy that requires intact staff to notify the home visiting program of mothers that disclose pregnancy in order to engage and link these families to home visiting services during the prenatal period. DCFS will employ home visiting specialists to serve each region of the state and link with intact providers and other early childhood staff to support targeted engagement and linkage with caseworkers and the families that they serve to home visiting programs for identified families with children zero to three. Home visiting specialists will continue to track family engagement for at least six months after the referral and will provide consultation, as needed, to the home visiting providers in order to sustain engagement.

The Illinois Early Childhood Court Team (ECCT program) is designed to support families that have infants or toddlers under the age of 4 and are currently involved in child welfare services in Illinois. The focus on this important age group is based on the neuroscience evidence that the ages of zero through 3 years period is the most critical window to support the development of a healthy brain. During this time infants and toddlers are most in need of safe, nurturing and predictable environments to develop skills that will last a lifetime. Illinois has piloted Early Childhood Court Teams with two juvenile court judges and two private agencies in Cook County. A status report from January 2020 indicated that 86% of the parents in the program were actively engaged in child and family team meetings, court hearings, and services. Efforts are under way to expand the ECCT program to additional locations.

Consistent with the Core Practice Model, procedure for CFT meetings with intact families will be reviewed and revised to increase use of CFT meetings to improve engagement and collaboration efforts with intact families. Additional CFT meetings will be conducted beyond the initial 45-day meeting based on the preferences of the family with efforts for a second meeting to be held between 90 days and six months after case opening. The increased frequency of CFTMs will initially be targeted for Cook county intact teams, as 25% of statewide intact cases are within

[13] Campbell, C. A., Howard, D., Rayford, B. S. & Gordon, D. M. (2015). Fathers matter: Involving and engaging fathers in the child welfare system process. *Children and Youth Services Review*, 53, 84-91.

Coakley, T. M., Washington, T., & Gruber, K. (2018). Assessing child welfare agency practices and attitudes that affect father engagement. *Journal of Social Service Research*, 44(3), 365-374.

Cook county. Cook county also has existing programs that are consistent with the philosophy of CFTM, such as Early Childhood Court Teams, from which to build upon.

3.2 Key Activities:

- **Key Activity 3.2.1:** Chapin Hall has completed latent class analysis and predictive analytics and a report with recommendations will be provided to DCFS in July of 2020.

  Projected Completion Date: Quarter 1

- **Key Activity 3.2.2:** DCFS will collaborate with Chapin Hall and CWAC to draft a process for enhanced use of CFT meetings for intact families using the work of Chapin Hall referenced in 3.2.1.

  Projected Completion Date: Quarter 1-2

- **Key Activity 3.2.3:** The process drafted in 3.2.2 will be implemented with families served by intact family services to compare engagement assessed by surveys.

  Projected Completion Date: Quarter 3 in all Cook DCFS intact teams; quarter 4 expand to 6 Cook POS intact teams; quarter 5 expand to an additional 6 Cook POS intact teams; quarter 6 and ongoing expand to all remaining Cook POS intact teams;

  Comments: Evaluate quality CFTM practice in Cook using targeted intact case reviews and client surveys.

- **Key Activity 3.2.4:** Intact and placement caseworkers, intact and placement supervisors, second level intact and placement supervisors/managers at DCFS and POS, Intact and placement monitors, regional support teams, and intact utilization team will complete the on demand online CFTM training through the virtual training center as a refresher to CFTM policy expectations.

  Projected Completion Date: Quarter 2-4 statewide

  Comments:

- **Key Activity 3.2.5:** QE, intact utilization, and agency monitoring will develop a case review tool consistent with the ACR tool used on placement cases to rate intact cases according to indicators of quality practice.

  Projected Completion Date: Quarter 2

  Comments:

- **Key Activity 3.2.6:** Intact case file reviews will be conducted to review case note documentation to assess for evidence of quality child and family team meetings using the tool developed in 3.2.5. The sample will include a minimum of 30% of intact cases in the implementation areas identified below.

  Projected Completion Date: Quarter 3 in all Cook DCFS intact teams; quarter 4 expand to 6 Cook

POS intact teams; quarter 5 expand to an additional 6 Cook POS intact teams; quarter 6 and ongoing expand to all remaining Cook POS intact teams

- **Key Activity 3.2.7:** Resulting data from file reviews in 3.2.6 will be provided to the respective workers/supervisors for the cases reviewed, as well as agency monitoring to inform ongoing CQI efforts and fidelity to CFTM policies.

  Projected Completion Date: Quarter 3 in all Cook DCFS intact teams; quarter 4 expand to 6 Cook POS intact teams; quarter 5 expand to an additional 6 Cook POS intact teams; quarter 6 and ongoing expand to all remaining Cook POS intact teams

- **Key Activity 3.2.8:** Supervisors from immersion site implementation teams will coordinate with the Office of Learning and Professional Development, QE, and Operations to support implementation efforts for CPM beyond immersion sites.

  Projected Completion Date: Quarter 5 and ongoing

  Comments: Immersion site directors currently collaborate with these various units to coach child welfare and child protection teams in CPM implementation.

- **Key Activity 3.2.9:** Enhance collaboration of services with the DCFS Home Visiting program and intact family service providers, including joint initiation of services to families involved in child welfare that include children ages prenatal to 3.

  Projected Completion Date: Quarter 1 and ongoing with intact teams

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

  Projected Completion Date: Quarter 5 and ongoing

  Comments: Efforts toward this expansion were initiated and then were put on hold due to the impacts of the COVID-19 pandemic on court processes. The timeframe for this may need adjustment depending on pandemic-related changing conditions.

- **Key Activity 3.2.11:** Identify 2-3 service providers to develop modified program plans with targeted approaches to engage fathers and meet the specific service needs of fathers.

  Projected Completion Date: Quarter 3

- **Key Activity 3.2.12:** Develop evaluation measures to assess effectiveness of 3.2.11 on increased participation in services by fathers.
  - Projected Completion Date: Quarter 3

Strategy 3.3:

Provide additional support and resources to youth in care at risk of not graduating high school.

Problem Exploration: Due to insufficient and/or inadequate educational supports, less than 50% of youth in care graduate high school in four years. Illinois DCFS data sharing agreement with the Illinois

State Board of Education (ISBE) and our participation in the Illinois Longitudinal Data System has enabled us to gather historical information on the educational outcomes of youth in care. Placement instability, disproportionate placement in special education, stigma associated with child welfare involvement, and inadequate school-based resources correlate with adverse educational outcomes through K-12 education (Stone et al., 2006)[14].

Root Cause Analysis: Evidence-based academic support programs for struggling youth in care have not yet been implemented. To best meet the education needs of children and youth in care, DCFS/POS caseworkers must partner with educators, caregivers, and community program staff to support adequate, annual academic progress.[15] DCFS/POS caseworkers cannot meet educational needs of children/youth without these partnerships. Challenges to partnerships between schools, school districts, and caseworkers include difficulties in coordinating information, inadequate protections for educational rights of children and youth in care, and resources and information to support trauma-informed, effective practices for serving youth in care. Competing priorities for DCFS/POS caseworkers have resulted in more emphasis on safety and permanency to the detriment of well-being, especially regarding academic success and achievement supports.

Rationale for Selection of Intervention: Through increased communication with the 852 school districts, and focused and measurable interventions provided by our Northern Illinois University Education Advisors for our most "at-risk" students, DCFS will provide supports needed for our youth to be successful academically. Increased use of educational data through our partnership with the Illinois State Board of Education and the 852 public school districts will allow DCFS to monitor and track pre-K-12th grade student performance. All youth in care enrolled in a public educational setting will be tracked in the multi-tiered system of support. All academic information is uploaded into Illinois DCFS system from ISBE. Caseworkers will be supported to use this information to develop an individualized student academic profile. Evidence-based interventions for academic support will be targeted to increase four-year high school graduation rates for youth in care utilizing a multi-tiered system of support (MTSS)[16]. Illinois DCFS will use a three-tiered system of support described below.

By grouping our youth in care into the MTSS system, students will be tracked in the following categories:

Tier 1: These students are "on-track" to graduate. These youth are not having any academic difficulty and attendance is exemplary.

Tier 2: These students are "on-track" to graduate and are making satisfactory progress in core subjects. These students have satisfactory attendance, missing less than 10% of calendar school days.

Tier 3: These students have a combination of three or more Ds or Fs in core, academic subjects. These students have chronic truancy issues, which means they miss 10% or more of school for unexcused purposes. This Tier is "at-risk" of not graduating.

All youth tracked in the Tier 3 category will be referred to our Northern Illinois University Educational Access Program. These NIU education advisors will use evidence-based interventions to move these

[14] Stone, S., D'Andrade, A., & Austin, M. (2006). Educational services for children in foster care. *Journal of Public Child Welfare*, 1(2), 53-70.

[15] Garstka, T. A., Lieberman, A., Biggs, J., Thompson, B., & Levy, M. M. (2014). Barriers to cross-systems collaboration in child welfare, education, and the courts: Supporting educational wellbeing of youth in care through systems change. *Journal of Public Child Welfare*, 8, 190-211.

[16] Stoiber, K. C. & Gettinger, M. (2015). Multi-tiered systems of support and evidence-based practices. In S. Jimerson, M. Burns, & A. VanDerHeyden (Eds)., *Handbook of Response to Intervention*, pp. 121-141. Boston, MA: Springer.

youth out of the Tier 3 track. For students who continue to fall behind after intensive interventions, a Best-Interest Determination (BID) meeting will be conducted to ensure the youth is getting the services needed within the school to achieve academic success.

IL-Empower is a statewide system of differentiated supports and accountability to improve student learning. Thorough review of the educational tracking data will enable social emotional supports/ curriculum to be provided through IL Empower to students in need. This educational data is submitted through the Illinois School Report Card. Foster care is a recognized subgroup, in which all school districts need to provide a plan of improvement for "underperforming" or "lowest performing" schools.

3.3 Key Activities:

- **Key Activity 3.3.1:** The regional DCFS education specialist will communicate monthly with the school district appointed foster care liaison (legislatively mandated role) to monitor the grades and attendance of youth in care in all public school districts in Illinois.

  Projected Completion Date: Quarter 1 and ongoing

- **Key Activity 3.3.2:** For intact families, the assigned worker will provide support, monitoring, and advocacy for the educational needs of youth receiving intact family services, including recording education information using the new case plan templates.

  Projected Completion Date: Quarter 4 and ongoing

- **Key Activity 3.3.3:** DCFS education specialists will review and refer Tier 3 cases (youth in care) to Northern Illinois University Education Advisors for interventions to remediate academic or attendance issues.

  Projected Completion Date: Quarter 1 and ongoing

- **Key Activity 3.3.4:** DCFS education specialists will provide educational support to workers by providing training on educational documentation provided by the Illinois State Board of Education and training on multi-tiered system of support (MTSS).

  Projected Completion Date: Quarter 1 and ongoing

Strategy 3.4:

Find solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.

Problem Exploration: The 2018 CFSR Final Report identified the need for improvement in addressing the physical and dental health needs of children in foster care and children in intact family service cases. The same finding applied to addressing the mental/behavioral health needs of children in foster care and children in intact family services cases. There is much room for improvement in ensuring that mental, behavioral, medical, and dental health needs are appropriately assessed and addressed for children and older youth, particularly in in-home cases.

The Child Welfare Advisory Committee (CWAC) was created with the general purpose of advising the

Department of Children and Family Services on matters concerning the provision and purchasing of public child welfare services and providing a forum to jointly identify and address emerging program and policy issues. There are several sub-committees and workgroups that report back to the larger CWAC leaders. One such sub-committee is the Child Well-Being sub-committee of CWAC. The CWAC Child Well-Being (CWB) sub-committee provides oversight and analysis of data needs and system performance outcomes for indicators of youth well-being across levels of care/treatment to include but not limited to: specific developmentally sensitive indicators for 0-3 early childhood pre-school/school readiness, elementary age, middle school-age, high-school age and young adult/youths in transition. Indicators for outcomes for these developmental/age groups should follow the ACYF well-being framework for outcome domains:

1. Cognitive / Educational Functioning
2. Physical Health
3. Emotional / Behavioral Functioning
4. Social Functioning

The CWB sub-committee looks at multiple indicators of child well-being at case opening that include data from Child Adolescent Needs and Strengths (CANS) assessments, data on youth in care that experience one or more psychiatric hospital admissions, administrative data, and data from three standardized measures that are completed by someone other than the assigned caseworker, such as the caregiver. The standardized measures adopted include: the Devereux Early Childhood Assessment (DECA), the Strengths and Difficulties Questionnaire (SDQ), and the Social Support Network Questionnaire (SSNQ). CANS assessments include information about the strengths and needs of youth in care, their parents, and their foster caregivers. Previously CANS assessments were completed in a separate system (IL Outcomes) for placement cases and on a paper version for intact family service cases. The CANS has now been incorporated into the SACWIS system and is the primary assessment of child well-being used in Illinois child welfare, along with the integrated assessment completed upon entry into foster care, and ongoing safety assessments at various milestones. The ability to integrate the CANs into everyday operations will enhance the functionality of the tool as a meaningful guide to case planning.

Root Cause Analysis: There is inconsistent data entry in SACWIS of educational, physical health, and mental health information for children in care and significant gaps in such data for children served through intact family services cases. Anecdotal information from the field suggests that intact and placement caseworkers have competing priorities and tend to prioritize activities related to safety and permanency over data entry of well-being data. For youth in care, physical health services provided generally populate into the youth's Health Passport in SACWIS based on Medicaid billing for services. Medicaid-covered mental health services for youth in care may also populate the Health Passport. Services provided through contracts with service providers must be manually entered into SACWIS. For children served through intact family services, they are not covered by a DCFS Medicaid card, so their medical services do not populate into SACWIS. The caseworker must seek signed consents from the parents for records to be released to the agency. The agency then must send a consent to

each provider to request the records. Once records are received, the information would need to be manually entered into the person management screens for the child. These data entry concerns impact availability of specific well-being data points, such as the date of a child's most recent dental exam.

The CANS is intended to provide a guide for child well-being status, such as whether a child under age 5 had prenatal exposure to drugs or alcohol. Identification of areas of needs should lead to action steps to address the identified needs. Strengths should be supported and may be used to address areas of risk. There have been concerns about the reliability of CANS scoring by caseworkers, as indicated by data reports that compare CANS assessments completed by IA screeners with CANS assessments completed by caseworkers and there have been patterns identified with caseworkers rating no CANS items for child needs or child strengths. The CANS assessment includes 139 items to be scored with some items pertaining to the child and other items pertaining to the child's parents and/or caregivers. Items rated as 0 or 1 do not require a narrative comment and indicate no need for immediate action. Items rated as 2 or 3 require a narrative comment and indicate some action needed to address those items. This scoring system can have the unintended consequence of incentivizing less severe ratings on each item to allow the worker to complete the assessment with less effort. The data from CANS assessments has mostly been used in ways that are not apparent to the caseworkers completing the assessments. For some caseworkers, completion of the CANS is a lengthy and time-consuming process that seems more like a compliance activity to check off a list rather than a meaningful assessment activity that yields useful information to the worker. As a part of the certification process that accompanied the integration of the CANs into SACWIS, staff also received updated training on the "meaningful use" of CANs data.

Rationale for Selection of Intervention: There is currently tension between the need for reliable data on well-being indicators and the need for the entry of this data to be streamlined and simple for caseworkers to record. Attention to this issue is clearly necessary and the CWB sub-committee has been outlining some steps to provide a more complete understanding of child well-being indicators in Illinois child welfare cases. As previously mentioned, the 'meaningful use' training was a step toward re-establishing the value of CANs data for the workforce. As a part of this process, supervisors receive data reports that help them to guide staff on scoring and improving validity. The CWB committee used the CANs and other measures obtained from the IA staff. These measures were considered independent of case carrying staff. For the past three years, the CWB team, led by evaluators from the Juvenile Protection Association and Northwestern University have analyzed this independent data on youth at all developmental stages. This data has informed trainings of staff and will be used to inform practice reforms aimed at well-being. One such effort is a "Clinical Integration" committee which is convened with members of the CWB team, the immersion site directors and leadership of the clinical division. The goal of this committee is to establish early indicators that may place a youth at substantial risk of adverse outcomes i.e. psychiatric hospitalization or placement moves. Identifying an appropriate clinical staff member and incorporating them into the child and family team early in the case will support effective interventions and promote placement stabilization.

3.4 Key Activities:

- **Key Activity 3.4.1:** The CWAC CWB committee will provide monthly data to the Department, the BH panel and the immersion sites to inform training, practice improvements and policy.

  Projected Completion Date: Completed and ongoing

  Comments: In process

- **Key Activity 3.4.2:** The CWB data will be used to develop protocols for early identification of significant emotional/behavioral needs that require the support of key members of the DCFS clinical division.

  Projected Completion Date: Q2 and ongoing

  Comments:

- **Key Activity 3.4.3:** The appropriate clinical division staff will participate in CFTMs for the youth identified in 3.4.2 as in need of enhanced supports due to significant emotional/behavioral needs.

  Projected Completion Date: Q2 and ongoing

- **Key Activity 3.4.4:** The CWB data will inform the training curriculum for Family First and other curricula TBD, for example, data related to identified needs of youth and parental capacity will be used to target referral to a specific evidence-based intervention.

  Projected Completion Date: Q2 and ongoing

(4) Strategy/Intervention: Systemic Factors

Goal 4:

Strengthening an accessible service array needed by children and families, continuous quality improvement, and foster/adoption recruitment and retention systems. (Well-Being 1; Service Array and Resource Development; Quality Assurance System; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS will employ three primary strategies to strengthen its service array for children and families participating in intact services and those in substitute care placements. These strategies are: 1) coordination and expansion of Continuous Quality Improvement (CQI) such that DCFS/POS caseworkers/supervisors use case review data to improve service delivery with families; 2) implementation of a strong, coordinated statewide POS/DCFS foster/adoption recruitment, retention, and training program; and 3) partnerships with POS agencies and community organizations to expand delivery of evidence-based and trauma-informed services to address safety and mental/behavioral health needs of children, youth, and families.

Strategy 4.1:

Develop a consistent Continuous Quality Improvement (CQI) process that is inclusive of change management techniques across DCFS service providers.

Problem Exploration: Historically, DCFS has had multiple types of case reviews, but has not dedicated specific resources to support teams/agencies in their CQI efforts using data from the reviews in a coordinated and collaborative way. Data collected in the case review processes is not always collected in ways that make the information meaningful and useful. Qualitative information is important, but is difficult to aggregate unless the qualitative data can be quantified, such as with a rating scale. CQI meetings have become an informational process and do not effectively incorporate a CQI cycle of Plan-Do-Study-Act, strategic decision making, or tactics to improve the overall outcomes of children and families. Following case reviews, a separate unit is needed to carry out the responsibility of following up with specific teams/agencies on trends or patterns identified through aggregated review data.

The Partnering with Parents (PWP) program has collaborated with Be Strong Families to develop virtual support groups and training forums to address the barriers and stress of life in the child welfare system. These virtual meetings provide structured activities and address the protective factors leading to improved peer support and engagement. Birth parents have the opportunity to participate in these meetings statewide. This is a relatively new support to birth parents and does not currently include a component to survey willing participating parents as to their experience in the child welfare system and to provide any suggestions that would improve the experience for other parents moving forward.

Root Cause Analysis: It is critical to align the monitoring bodies (QE, ACR, Monitoring) that complete case reviews and other quantitative and qualitive data collection so that reviewers are consistently observing, defining and collecting information and data in the same manner with minimal redundancy. Alignment of all case review processes around identified practice priorities will provide some consistent reinforcement of those priority practices. Research has articulated the importance of having shared principles, language, and structure for coordinating CQI processes in child welfare systems to support change management.[17] DCFS has not fully realized a "CQI system" with its POS and court improvement partners. According to leading authorities in CQI process in child welfare, "A CQI system is a coherent set of structures, functions, policies, and procedures that facilitate the CQI processes. It is the interactive collection of agency departments, oversight procedures, data collection and analytic tools, reporting protocols, feedback mechanisms, and overarching agency culture that enable staff in various roles to conduct CQI activities," (Wulczyn et al., 2014, p. 2). DCFS' CQI structure needs to be aligned to build this robust CQI system of support.

Rationale for Selection of Intervention: The focus on identified practice priorities, such as quality supervision and quality CFTMs, is expected to improve quality practice and expand continuous quality improvement efforts beyond just aiming for compliance targets. Illinois is receiving technical assistance from the Capacity Building Center for States to set up a structure and framework to streamline the Annual Program Services Review (APSR) with the intention that the structure and framework can be

[17] Wulczyn, F., Alpert, L., Orlebeke, B., & Haight, J. (2014). *Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare.* Chicago, IL: Chapin Hall Center for Children.

generalized to provide consistency and follow through on other CQI activities. Part of the process of developing the framework includes ensuring the availability of quality data to inform the CQI efforts. Our data collection system consists of administrative data, which is mostly quantitative data, and case review processes, which provide qualitative data. The Office of Strategy and Performance Execution is establishing a data team that will provide Operations and Quality Enhancement with relevant data to support practice improvement activities. Access to quantitative and qualitative data will be provided to supervisors at a worker level and at a team level for measures most relevant to quality casework practices. Access to aggregated data reports that are able to be filtered and sorted will be provided to agency monitoring, agency leadership (DCFS and POS) at all levels, and to Quality Enhancement specialists (DCFS and POS). Agency monitoring, with support from QE, will be using localized data in their day-to-day work with the teams/agencies that they monitor. DCFS is creating a regional support team in each region of the state that will be responsible for providing support and technical assistance to DCFS or POS teams that are identified by agency monitoring as being in need of improvement in one or more areas of practice that are directly impacting outcomes for families. Access to aggregated data reports will also be provided to the Child Welfare Advisory Committee (CWAC) for the purpose of researching the problem areas or implementation of efforts to replicate positive practices. CWAC and sub-committees of CWAC, with support from DCFS and POS QE specialists, will be tasked with identifying recommended improvements to service delivery. External stakeholders will collaborate with relevant CWAC members in the process of drafting proposed system improvement activities. External stakeholders include birth parents, youth in care, foster and adoptive caregivers, court personnel, other state agencies and departments, and community providers (contracted and non-contracted). The strategic planning steering committee structure will include communication pathways across all stakeholder groups at a statewide and localized level with guidance and oversight from a project management perspective. Particular attention will be given to input from birth parents about their experience with agency involvement and engagement efforts by the agency, such as through creation of a CWAC sub-committee focused on birth parents.

The SPE data team will be providing data governance to continuously improve data quality and reliability. Case review data collected by Administrative Case Reviews (ACR), Quality Service Reviews (QSR, which is only immersion site cases), OER plus reviews, and other targeted review processes will be validated by a secondary review or validation sample, as relevant, to ensure the reliability and validity of the data produced in these reviews. The ACR, QSR, and OER plus reviews all include an interview component and strive to consistently collect information about the quality of services provided to children and families. Providing access to this qualitative data to all relevant stakeholders is intended to provide a more consistent method of integrating the data into the day-to-day practices in the field. The ACR review tool is being modified to rate each case on the quality of services provided to the family in priority practice categories, such as child and family team meetings and supervision. Use of a four-point rating scale for each category will allow quality information to be quantified in a meaningful way to support intervention efforts with agencies to improve quality practice behaviors and habits.

Practice improvement efforts for statewide practice or systemic changes will be monitored through a consistent change management process, as developed by the ITASC group. For jurisdictional or local practice improvement efforts, regional support teams will work with specific teams or agencies (DCFS and POS) to address areas in need of improvement with solution-focused plans. For example, a team or agency that is not performing well on CFTM expectations based on qualitative and quantitative data from case reviews and administrative data would be referred to the regional support team. The regional support team would work with program director, staff, and the agency's QE staff to identify why and develop a plan around that (i.e. new staff, supervision lacking) and bring experts, mentors, coaches to the team based on methods that are successful for other agencies or teams.

4.1 Key Activities:

- **Key Activity 4.1.1:** QA entities will finalize a written protocol that includes guidance on an effective review process to standardize and align case reviews among QE and ACR.

  Projected Completion Date: Quarter 1

  Comments: Work has already started on the written protocol and is nearly finalized.

- **Key Activity 4.1.2:** QE and ACR staff will have joint meetings on an annual basis to discuss the review process and clarify any concerns with inconsistent use of the review tools or inconsistent review practices to improve reliability of case review results.

  Projected Completion Date: Quarter 5 and ongoing

  Comments: These meetings will serve as a type of refresher training on the review protocol.

- **Key Activity 4.1.3:** Establish a written protocol for special case reviews across agency monitoring, QE and ACR to assess the quality of casework practice in high need areas of practice, such as intact services, permanency planning, engagement of fathers, supervision, and safety, to establish consistency across reviews.

  Projected Completion Date: Quarter 1 and ongoing

- **Key Activity 4.1.4:** QE will aggregate data from the PIP baseline and measurement reviews, as well as OER+ reviews, and provide this data to relevant teams (caseworkers and supervisors assigned to the cases reviewed).

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.1.5:** DCFS and POS staff at all levels will be provided with training content on CQI and peer support to integrate CQI steps and actions into their daily work.

  Projected Completion Date: Quarter 2-8

- **Key Activity 4.1.6:** CFSR data will be broken down by region and other relevant data reports will be used to inform statewide and regional CQI discussions. This data will also be available to monitoring and regional support teams to support their work with assigned teams.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.1.7:** DCFS and POS teams will have access to CFSR data that pertains to their own agency to support decision-making and to inform their individual CQI efforts.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.1.8:** Data workgroup will finalize data warehouse to display data in a user-friendly format that is easy to filter and manage for DCFS and POS teams, agency monitors, and regional support teams.

  Projected Completion Date: Quarter 2

- **Key Activity 4.1.9:** Agency monitoring and QE will share quarterly data warehouse updates with the provider community and will report outcomes annually.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.1.10:** Combined progress reports of administrative data, dashboards, and case reviews will be provided at the agency/team levels for performance and improvement monitoring at state and regional provider/stakeholder meetings for DCFS and POS, including CWAC committees and sub-committees.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.1.11:** Each active Partnering with Parents chapter will identify a birth parent to be a member of a steering committee that will meet quarterly. This committee will work to plan and implement an ongoing statewide structure to provide birth parent input into the larger child welfare CQI system.

  Projected Completion Date: Quarter 2

- **Key Activity 4.1.12:** The birth parent steering committee established in 4.1.11 will coordinate a focus group to be conducted including each of the five active birth parent groups, with support from the Office of Parent and Caregiver Support and Quality Enhancement. The purpose of the focus group(s) is to gather information from parents about their experiences with the child welfare system and any proposed improvements that would improve the experience for birth parents.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.1.13:** The focus groups in 4.1.12 will allow for jurisdictional (local) specific and statewide protocols to assess practices and system performance through structured input from birth parents. While review findings will, by design, reflect practice issues and needs in local teams, agencies, field operations and communities, those issues determined to have systemic policy and/or practice implications will be processed into the larger child welfare CQI system and CWAC change management process.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.1.14:** Birth parent steering committee will submit a change management proposal to the CWAC ITASC group for consideration and implementation support.

  Projected Completion Date: Quarter 4

- **Key Activity 4.1.15:** Consistent with the ITASC change management process, if approved, the proposed change will be piloted in one area in order to inform decisions about expanding the change statewide.

  Projected Completion Date: Quarter 5-6

- **Key Activity 4.1.16:** Solution-focused action plans that drive improvement will be utilized, as needed, using a change management model for consistency. These action plans may be team specific, agency specific, regional, or statewide depending on the nature of the problem being addressed and can be generated from any system stakeholders.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.1.17:** The strategic planning steering committee and/or designated sub-committees that include diverse stakeholders will meet monthly to assess implementation of action plans and make recommendations for revisions, if warranted. The committee level and roles of stakeholders will be dependent on the level of the action plan being implemented.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.1.18:** Communicate statewide quality practice goals with direct service staff in order to support their role as agents of change with families, repeating these goals at all divisional and inter-agency regional meetings.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.1.19:** Regional support teams will work specifically with agencies on areas of performance in need of improvement identified by the performance monitoring unit.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.1.20:** Regional support teams will go to agency and work with program director staff and their QE to identify the root causes of an identified issue and develop a plan (i.e. agency has been removed from cases by the court, therefore, training on court reporting, testifying and other areas related to court performance would be provided). If the court is viewed as a barrier or if the court is deemed problematic, the RST would engage DCFS legal staff and Operations leadership to intervene.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.1.21:** Once plan completed, DCFS Support teams will provide follow up in the form of case consultation (if due to specific case issues), training (if related to staff skills), brainstorm ideas on recruitment efforts (if staffing issues), and so on.

  Projected Completion Date: Quarter 3 and ongoing

Strategy 4.2:

Implement a strong coordinated POS/DCFS foster/adoption recruitment, retention, and training program statewide.

Problem Exploration: The CFSR identified the following challenges pertaining to the Illinois DCFS/POS foster care system: 1) foster homes do not meet the diverse needs of children coming into care; 2) racial disparities are not addressed adequately and a disproportionate number of African American youth are placed in more restrictive placement settings; 3) youth in care are not effectively matched with foster homes that focus on the youth's strengths; and 4) existing pool of foster parents lack support and resources for youth with behavioral health needs and there is shortage of therapeutic foster homes in some areas of the state. As of 05/21/2020, DCFS has 8,457 foster homes statewide with an average bed capacity of 2.65, and DCFS/POS are working with 6,502 youth in those homes. While 2,000 available spots are not utilized, many youth have specialized needs that prospective caregivers are not willing to take on. Some prospective caregivers may be willing to care for children and youth with specialized needs, if provided with greater levels of support. While placement stability rates have improved over time, African American children experience less placement stability (4.4 moves per 1,000 days in 2018) compared to White children (3.2 moves per 1,000 days) and Hispanic children (3.4 moves per 1,000 days). The placement moves per 1,000 days for both African American and Hispanic children have been slowly decreasing since 2012, however.[18] Additionally, while the average proportion of youth who run away from placements was 18.2% in 2017-18, about one-fourth of African American youth ran away from their placement in 2017-18.[19]

Root Cause Analysis: Focus group data from the 2018 CFSR highlighted several root causes to the limitations of matching children and youth needing permanent placement with the existing pool of foster homes, within the existing system of support for substitute caregivers. System challenges include: 1) insufficient resources devoted to helping prospective caregivers broaden their willingness and capacity to care for youth with specialized needs, 2) insufficient supports for substitute caregivers to work through challenges (e.g. disruptive behavior) to sustain placements, particularly for African American youth; and 3) a relatively low proportion of foster homes with sufficient knowledge and skill in providing trauma-informed, culturally proficient, and strengths-based approaches in their parenting style and behaviors. Hanna and colleagues (2017) highlighted challenges in engaging prospective caregivers from African American and Latino communities due to historical mistrust of the child welfare system among communities of color. These challenges are reflected in Illinois.

Rationale for Selection of Intervention: This strategy builds upon the success of similar strategies employed in New York's "Parent for Every Child" initiative. Chapin Hall Center for Children conducted a randomized controlled trial on the effects of New York's "Parent for Every Child" initiative, which focused on recruiting foster parents for youth residing in congregate care settings (Feldman et al., 2016).[20] This foster parent recruitment intervention included family search and engagement

[18] Children and Family Research Center (2019). Conditions of children in or at risk of foster care in Illinois. Urbana, IL: Author. Retrieved from *https://www.cfrc.illinois.edu/pubs/rp_20191008_ConditionsofChildreninoratRiskofFosterCareinIllinoisFY2019MonitoringReportoftheBHConsentDecree.pdf*

[19] Ibid.

[20] Feldman, S. W., Price, K. M., & Ruppel, J. (2016). Not too late: Effects of a diligent recruitment program for hard to place youth. *Children and Youth Services Review*, 65, 26-31.

strategies, posting of personalized child videos on the "Adoption Chronicles" website, online photo listings, targeted outreach to individuals working with special needs youth, networking meetings among caseworkers in different regions, and use of social and mass media. Program participants also engaged in individualized casework with a permanency specialist to help youth overcome resistance to permanency, facilitate youth relationships with prospective caregivers, provide prospective caregivers with specialized training, and assist families with the foster/adoptive certification process. Permanency specialists received about 20 hours of additional training focused on foster parent recruitment, casework skills related to hard-to-place youth, and use of the program database. After 12 months, this recruitment program showed positive, significant intervention effects for youth attainment of any permanency.

4.2 Key Activities:

- **Key Activity 4.2.1:** Coordinate monthly statewide recruitment campaigns targeting specific segments of the community to include diverse ethnic groups, sibling groups, older youth, and LGBTQI youth.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.2.2:** Implement enhanced child-specific recruitment strategies that focus on children in Illinois who are awaiting forever families, as well as youth with a goal of guardianship.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.2.3:** A standardized training curriculum for DCFS/POS staff on foster home recruitment and retention will be used to reinforce a shared vision, language, and understanding.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.2.4:** Implement frequent and regularly scheduled foster parent support group meetings, trainings, and mentoring options to provide a forum for new and experienced foster parents to build connections, using video conferencing to reduce barriers to participation, such as travel time and child care needs.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.2.5:** DCFS will partner with CWAC to facilitate joint DCFS/POS foster parent support meetings, trainings, and mentoring opportunities.

  Projected Completion Date: Quarter 3 and ongoing

- **Key Activity 4.2.6:** Work with DCFS Communications to enhance the recruitment website interface to be more user friendly, based on feedback from foster parents.

  Projected Completion Date: Quarter 2 and ongoing

- **Key Activity 4.2.7:** Post foster parent recruitment marketing campaign via social media platforms.

  Projected Completion Date: Quarter 2 and ongoing

Strategy 4.3:

DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families.

Problem Exploration: There is a lack of mental health, substance abuse, and safety-related services available to families who interact with the DCFS system. Focus group data from the 2018 CFSR final report identified shortages of providers for various mental and behavioral health needs, as well as physical and dental health needs, to serve families involved in the child welfare system. Supports and training to family members to alleviate critical safety risks are central to children and youth achieving better well-being outcomes. Additionally, an Illinois Task Force on the Illinois Behavioral Health Workforce assessed severe shortages of mental and behavioral health providers in Illinois, as well as needs for training and support in evidence-based service delivery among existing providers and new providers.[21] Most children and youth involved in the child welfare system are Medicaid-eligible. Based on capacity, many providers do not accept or limit the number of Medicaid-eligible clients. Among children and youth who are able to access needed services, they often may not receive services that are found to be evidence-based from well-conducted and reviewed research.

Root Cause Analysis: Children and youth in care do not receive the mental and behavioral health services they need due to a variety of factors. Based on focus group data, Antonio Garcia and colleagues (2015) found that developing providers for effective practice strategies in proximity to locations where services are needed is a most important strategy at the macro level.[22] Caseworkers need training and job support to facilitate informed referral to evidence-based and trauma-informed services once they are available (Garcia et al., 2015). Children, youth, and families need culturally competent and trauma-informed approaches in order to overcome resistance to participating in services, and motivational support to make the extra effort (Garcia et al., 2015).

In some areas of the state, individuals may have to travel long distances (e.g. 1 hour or more) to access mental health or behavioral health service providers. In some severe behavioral and psychiatric cases, youth have to be placed out-of-state for these services. Families often need help to find appropriate providers in their area, options for telehealth appointments in remote locations, and assistance in understanding complex insurance requirements and rules. Another barrier is DCFS/POS caseworkers overcoming resistance to participating in services, even when they are available. Providers need additional funding and support to implement evidence-based and trauma-informed mental health services to serve children and youth involved in child protective services.

Rationale for Selection of Intervention: To improve access to needed services to families referred to in-home care and foster care placement, Illinois DCFS will expand its funding for, and delivery of, evidence-based and trauma-informed services, including in areas with historical shortages. These services will primarily be expanded for the following target populations: intact families to prevent children from entering foster care, pregnant and parenting youth in care to prevent entry of their children into foster care, children recently reunified with parents to prevent re-entry to foster care, and

[21] Post, S. (2019). Behavioral health workforce education center task force report to the Illinois General Assembly. [Response to Illinois House Bill 5111 (PA 100-0767)]. Springfield, IL: Optum. Retrieved from *http://www.ilga.gov/reports/ReportsSubmitted/693RSGAEmail1488RSGAAttachBH%20Workforce%20Task%20Force%20Report%2027DEC2019%20FINAL.pdf*

[22] Garcia, A. R., Circo, E., DeNard, C., & Hernandez, N. (2015). Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system. *Children and Youth Services Review*, 52, 110-122.

children who have achieved permanency through adoption or subsidized guardianship to prevent re-entry to foster care.

To address the mental/behavioral health needs of children and families, DCFS/POS caseworkers will be trained to skillfully refer children and youth to available behavior management interventions and supports. These mental and behavioral health interventions to youth and families are geared to reduce barriers to permanency and reunification, as well as provide solution-focused strategies to increase safety conditions in child living arrangements (in-home or foster care). In the area of mental health, DCFS will be expanding service delivery of: 1) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); 2) Child-Parent Psychotherapy (CPP); 3) Attachment, Regulation, and Competency (ARC); 4) Wraparound services; and 5) Multi-Systemic Therapy (MST). In cases where specialty services are needed for families with substance abuse challenges, DCFS/POS will expand and enhance service engagement through Motivational Interviewing. DCFS will also expand service delivery of Seeking Safety. To address safety in families, DCFS will expand community services through programming that empowers parents and families and builds on the family's strengths. In situations where additional interventions for safety are necessary, DCFS will implement enhanced services to ensure the safety of children and youth, including the Nurturing Parenting Program (NPP), Solution-Based Casework (SBC), Healthy Families America (HFA), Parents as Teachers (PAT), and Triple P.

The expansion of service delivery of these evidence-based interventions will be accompanied by intensive training and coaching supports to help DCFS/POS caseworkers be knowledgeable about services that are available, and help them effectively coordinate with providers to better meet the needs of children and youth in Illinois state care. Appendix C provides additional information about the expansion of evidence-based interventions, including a map of expanded service availability.

4.3 Key Activities:

- **Key Activity 4.3.1:** DCFS will host training for EBI providers in NPP, Triple-P, and CPP.

  Projected Completion Date: Quarter 1

- **Key Activity 4.3.2:** DCFS will provide training to all staff that serve the identified target populations on the FFPSA law and the DCFS plan for prevention.

  Projected Completion Date: Quarter 1-2

- **Key Activity 4.3.3:** DCFS will employ four FFPSA implementation specialists to serve each region of the state (1 per region) and link with EBI providers and intact agency staff to support targeted engagement and linkage with caseworkers and the families that they serve for evidence-based interventions.

  Projected Completion Date: Quarter 3

- **Key Activity 4.3.4:** FFPSA implementation specialists will provide post-training consultation to FFPSA providers serving target populations on assessment of families for appropriate referrals to EBIs.

  Projected Completion Date: Quarter 4

- **Key Activity 4.3.5:** FFPSA implementation specialists will monitor monthly utilization data by EBI providers for CQI.

  Projected Completion Date: Quarter 5 and ongoing

- **Key Activity 4.3.6:** FFPSA staff will monitor EBI provider agencies for credentialing and ongoing fidelity to identified models.

  Projected Completion Date: Quarter 5 and ongoing

- **Key Activity 4.3.7:** DCFS will enhance evidence-based services for families with mental health needs through expanded contracts for Trauma-focused Cognitive Behavioral Therapy (TF-CBT); Child-Parent Psychotherapy (CPP); Attachment, Regulation, and Competency (ARC); Wraparound; and Multi-Systemic Therapy (MST).

  Projected Completion Date: Quarter 5 and ongoing

- **Key Activity 4.3.8:** DCFS will enhance evidence-based services for families with substance abuse issues through expanded contracts for Motivational Interviewing (MI) and Seeking Safety.

  Projected Completion Date: Quarter 5 and ongoing

- **Key Activity 4.3.9:** DCFS will enhance evidence-based services for families with child safety concerns through expanded contracts for Nurturing Parenting Program (NPP); Solution-Based Casework (SBC); Health Families America (HFA); Parents as Teachers (PAT); and Triple P.

  Projected Completion Date: Quarter 5 and ongoing

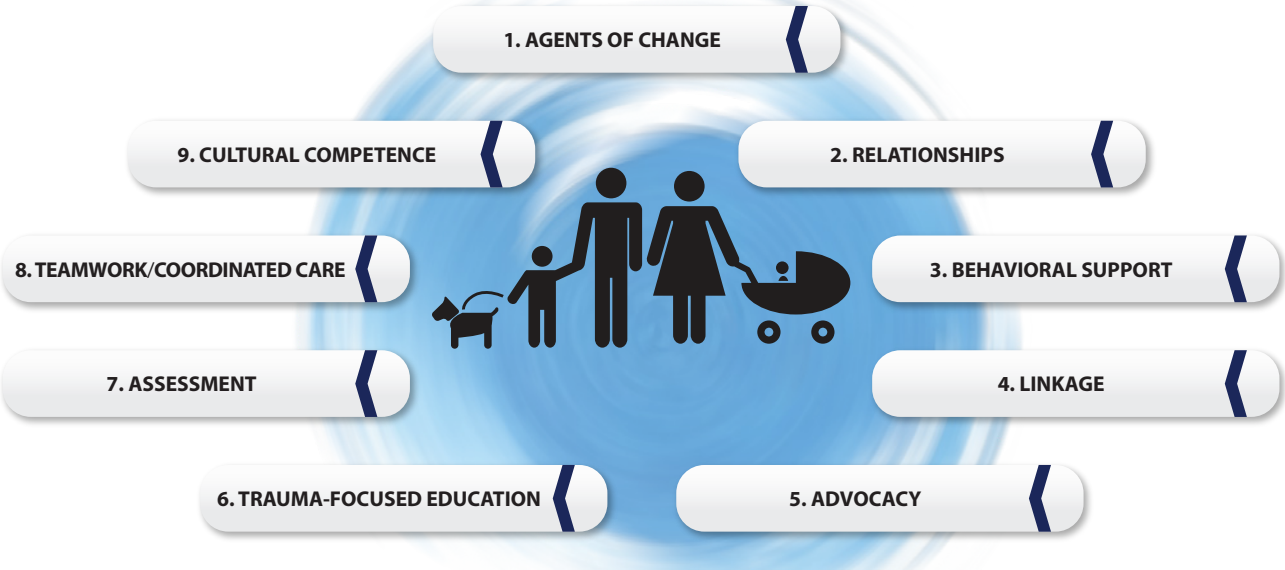
Core Practice Model

The Illinois Child Welfare Core Practice Model consists of the following training and implementation strategies: Family-Centered, Trauma-Informed and Strengths-Based Practice (FTS); Child and Family Team Meetings (CFTMs) and the Model of Supervisory Practice (MoSP). Each strategy of the practice model provides foundational support to supervisors and caseworkers to assist them in providing efficient, effective and impactful services. The values and principles of the Core Practice Model support safety, permanency and well-being outcomes, as outlined in the Performance Improvement Plan (PIP). The PIP performance measures and outcomes were taken into consideration in the three workgroups as they utilize ideas and strategic interventions that could be integrated into the 2018 Performance Improvement Plan (PIP) revision. The following sections provide a brief overview of the DCFS Core Practice Model.

Family-Centered, Trauma-Informed and Strength-Base Practice

The following Key Child Welfare Practices are identified in the FTS Practice Model:

- **(Agent of Change)** Serve as an agent of change
- **(Relationships)** Form a helping relationship with the child and his/her family
- **(Assessment)** Conduct initial and ongoing assessment
- **(Trauma-Focused Education)** Provide information about the impact of trauma on the child and family
- **(Advocacy)** Advocate the child and family
- **(Behavioral Support)** Provide behavioral support to families
- **(Linkage)** Linkage to appropriate and where possible evidence-based interventions and services
- **(Teamwork and Coordinated Care)** Coodinate all child and family services
- **(Cultural Competence)** Demonstrate cultural competence



The foundational values and principles of the Department of Children and Family services (DCFS) are encapsulated in the aforementioned Key Child Welfare Practices; and they set the stage for high quality work that focuses on safety, permanency and well-being. The FTS foundational structure is reinforced through quality assessments; supervision; building strong relationships with families and providers; identifying family's needs; determining goals early; having descriptive documentation and educating families on services, interventions and processes.

Child and Family Teams

The Child and Family Team (CFTM) Framework is designed to allow families to have a voice in the care that they receive and to invite supportive family, friends and community partners to their team. CFTMs allow parents/caregivers and youth a leadership role that is supported by the caseworker as the family moves through the DCFS system. Families are provided with an opportunity to identify their strengths, needs, challenges and alternative solutions as they determine their overall outcomes. The CFTM key casework practice elements are as follows:

- Provides ongoing assessments of risk, strengths and emerging needs of families
- Strengthens the relationship between the worker/family
- Allows the caseworker to explore the initial IA, CERAP and/or CANS with the team or individual family members
- Develop achievable goals
- Build relationships with family members and team members who support the family
- Ask questions that might lead to the location of a un-identified or not yet participating parent
- Educate team members on available community interventions, linkages and supports with courts, mental health providers, domestic violence providers
- Building relationships that support changed behavior and environmental conditions to reach goals
- Advocating with the courts and interventions to meet the family's needs
- Providing linkages to interventions and supports

The CFTM framework supports the protection of children, permanency, stability, relationship building, educating families, identifying needs and implement a change management process with families. The CFTM environment is a rich source of case level data which is collected by the case worker. It is beneficial for the case worker to capture quantitative and qualitative data during this meeting that relates to case progression; supports; concurrent plans; family voice and identifying needs, goals and challenges faced by families. This data can be captured in the SACWIS system as a CFTM note.

Illinois Department of Children & Family Services
Core Practice Model

Model of Supervisory Practice

The Model of Supervisory Practice (MoSP) is a training and coaching process that supports and respects the supervisor's role. MoSP trains and provides coaching to supervisors on the following four elements of supervision: administrative, developmental, supportive and clinical supervision. Each training component strongly supports the accomplishment of the following:

- **Utilize Administrative Supervision to**
  - Gather data to inform practice
  - Implement key performance measures for each caseworker and family
  - Identify trends
  - Use a CQI model to make changes
  - Determine the completeness of documentation
- **Utilize Developmental Supervision to**
  - Develop family engagement strategies with the caseworker
  - Review and address family progress
- **Utilize Supportive Supervision to**
  - Determine which core competencies are a strength or opportunity for improvement for the caseworker
  - Identify caseworkers' strengths, opportunities for improvement, ability to manage conflict, biases and culture
  - Identify trauma-related responses in the caseworker and how their response impacts cases
- **Utilize Clinical Supervision to**
  - Identify highly complex cases and develop a strategy to identify priority clinical challenges
  - Utilize assessments and assessment tools to inform practice
  - Offer opportunities for psycho-education
  - Work with the caseworker to provide assessment throughout the life of the case
  - Identify challenges that surround effective parenting, child safety and family well-being

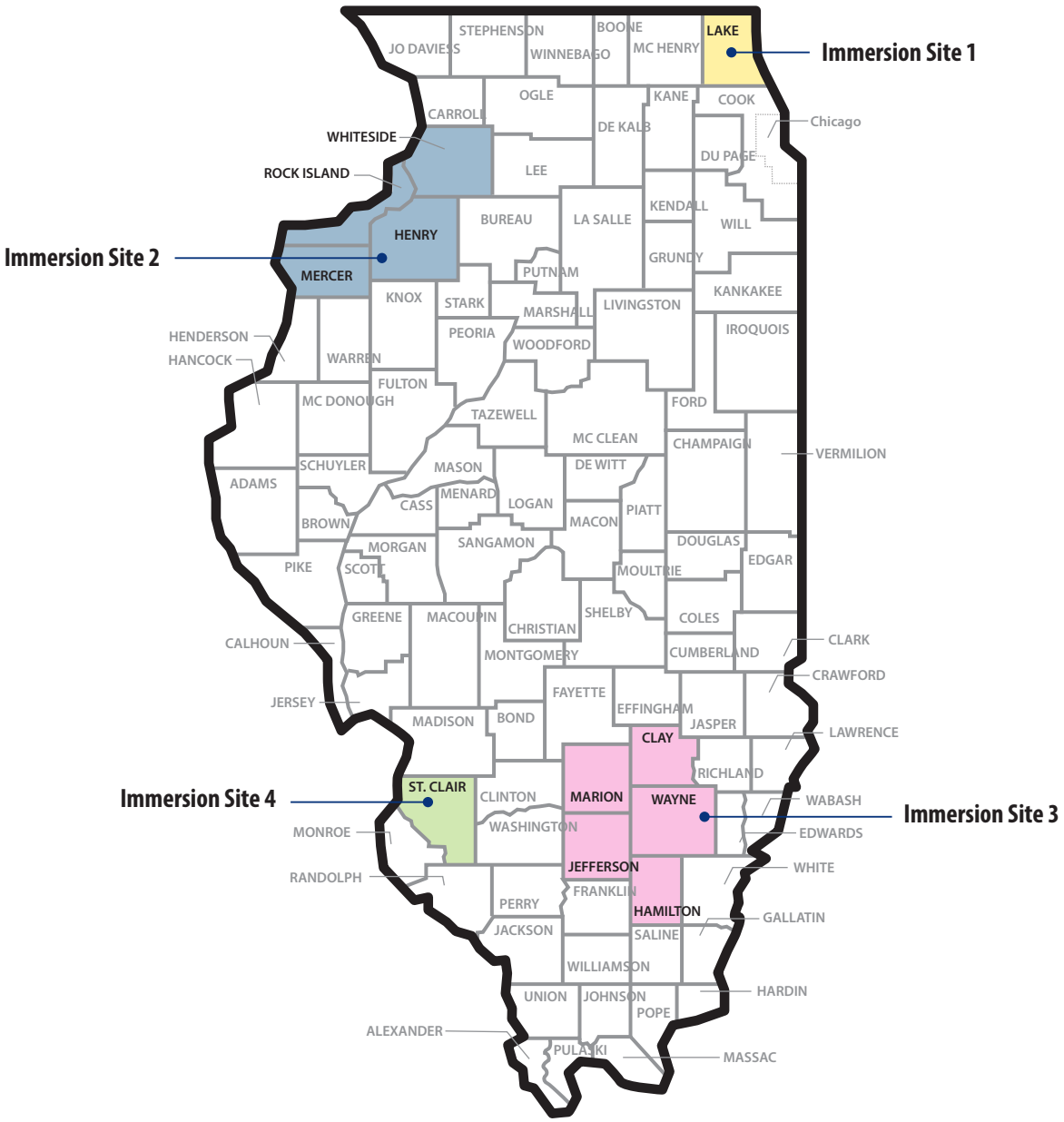
Change Management

In order to move practice forward and to achieve quality through achieving outcomes, DCFS is adopting a change management process to resolve system-level challenges in support of the full implementation of the DCFS Core Practice Model. From the inception of the immersion sites, there was an identified need to identify redundant, time intensive, and ineffective procedures and policies that inhibit the child welfare professional's ability to provide quality time and focus while intervening in complex cases. The change management process consists of the following:

- Identify a Need for Change
- Propose a Change that will Address the Need
- Plan, Implement and Evaluate the Change
- Make a decision to Adopt, Adapt, or Abandon the Change

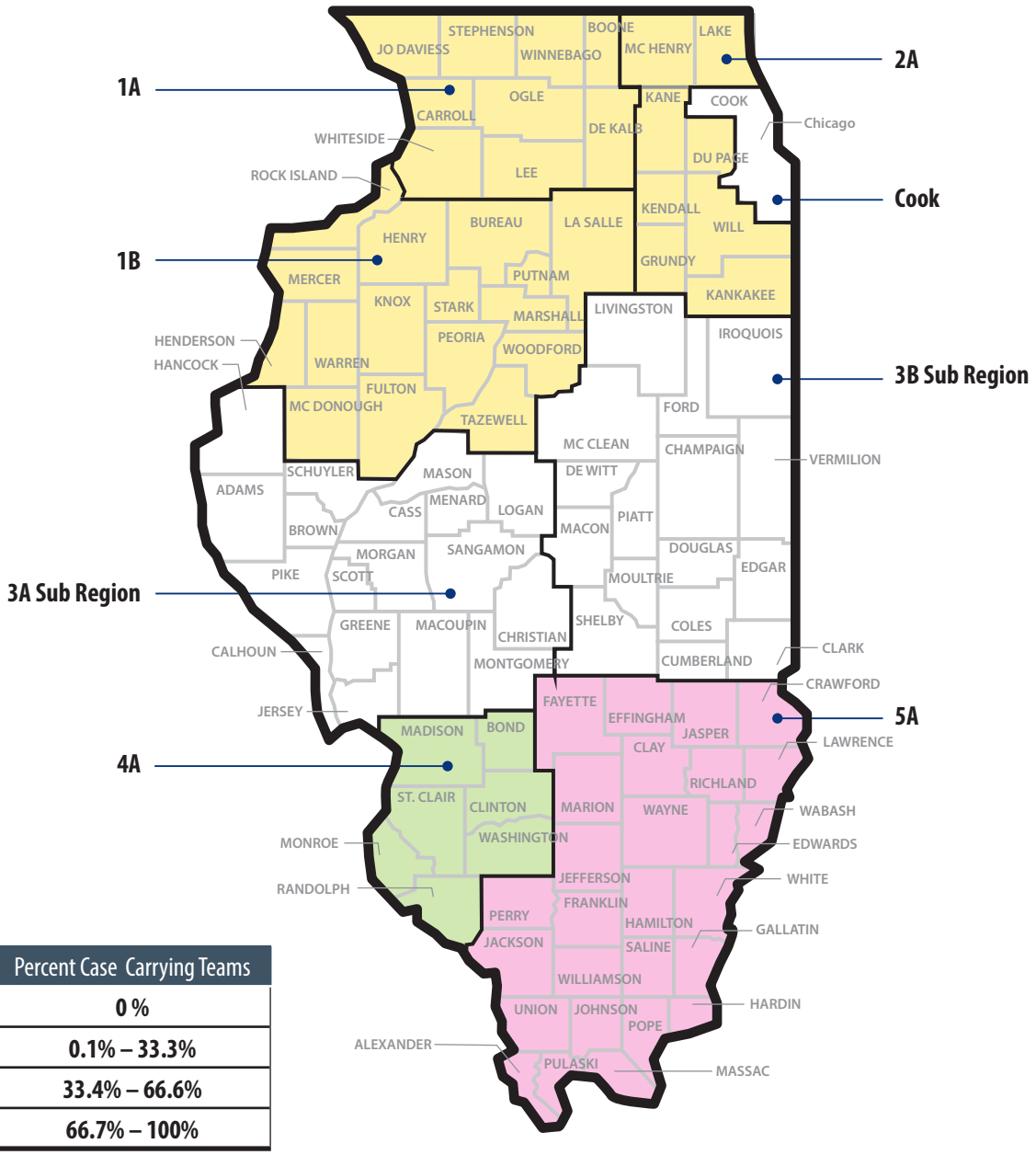
First 4 Immersion Sites

The map (below) show the original immersion sites established in 2016. The Northern Region site (1) consisted of Lake County. The Central Region site (2) consisted of Rock Island and surrounding counties of Whiteside, Mercer, and Henry. The Southern Region sites were (3) Jefferson and surrounding counties of Clay, Hamilton, Marion, and Wayne and (4) St. Clair County.



Immersion Site and Non-Immersion Site Teams by Sub-Region

Since the creation of the immersion sites, two components of the Core Practice Model (FTS and MoSP) have been expanded statewide. The CFTM practice specific to the Child Welfare Policy and Practice Group (CWPPG or CWG) has been expanded beyond the original immersion sites as shown on the above map. The map shows the % of case-carrying teams in each sub-region that are targeted to receive all three components (e.g., FTS, MoSP, and CFTM) of the Core Practice Model. As can be seen, more than two-thirds of the teams in the 4A sub-region, *(contd)*



Color Key	Percent Case Carrying Teams
(no color)	0 %
	0.1% – 33.3%
	33.4% – 66.6%
	66.7% – 100%

one-third to two-thirds of the teams in the 5A sub-region, and less than one-third of the teams in the 1A, 1B, and 2A sub-regions are targeted to receive all three components. None of the teams in the 3A, 3B, or Cook County sub-regions are targeted to receive all three components. Teams not targeted to receive all three components of the Core Practice Model are targeted to receive the FTS and MoSP.

As of April 2020, there were 359 case-carrying placement teams statewide and the department estimates that the 60 placement teams that are currently targeted to receive all three components of the Core Practice Model comprise a little more than 15% of all case-carrying teams statewide and that these teams include about 20% of case-carrying placement staff and active child cases statewide. The percentage of case-carrying staff and their supervisors on these teams who have already been trained in the three components of the Core Practice Model ranges from a low of 0% for newly targeted teams and/or teams with high staff turnover to 50-60% for more stable teams that have been targeted to receive all three components of the Core Practice Model for a longer period of time.

If and when the department achieves full implementation among the teams targeted to receive all components of the Core Practice Model and there is evidence that child cases with case management assigned to staff on teams targeted to receive all components of the Core Practice Model are more likely to achieve positive outcomes than child cases assigned to teams only targeted to receive two of the components of the Core Practice Model, then the department will begin expanding the list of teams targeted to receive all three components of the Core Practice Model.

APPENDIX
C

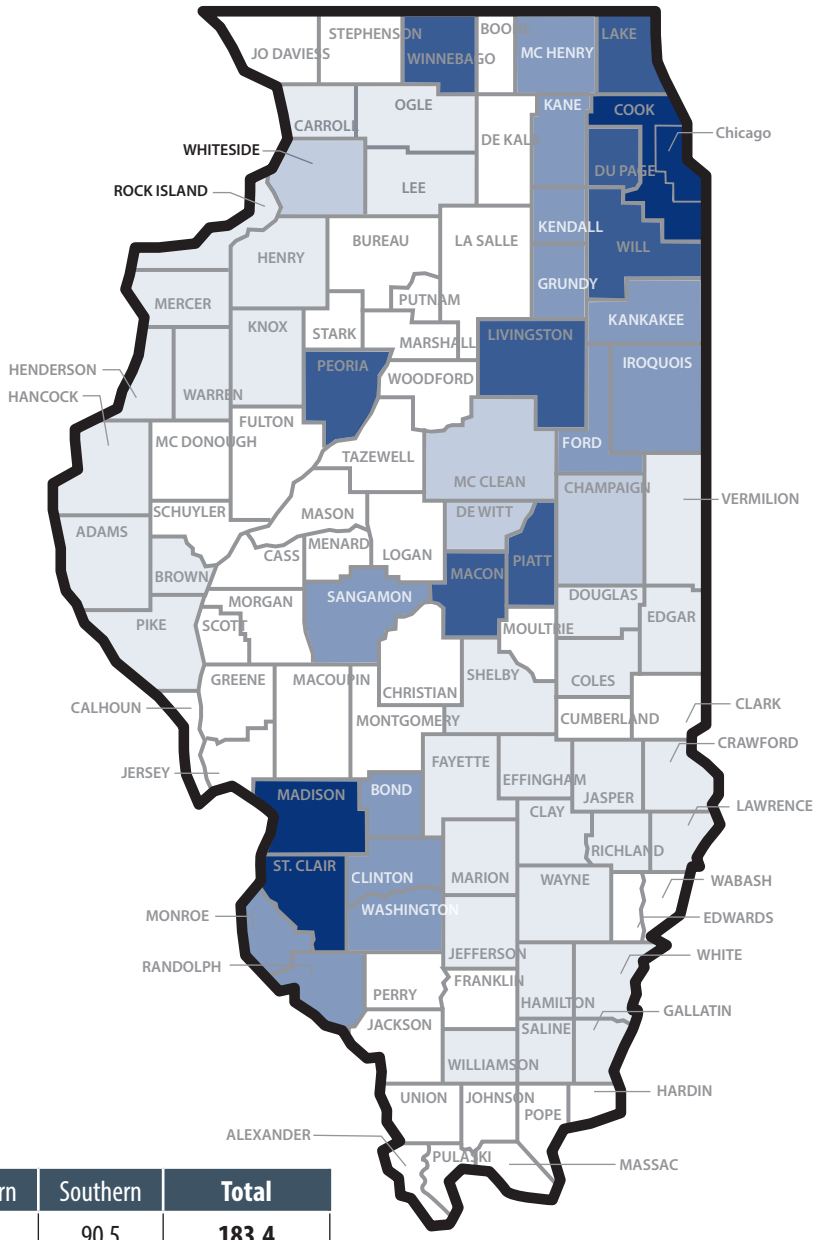
Illinois Department of Children & Family Services
Evidence-Based Interventions in the Family First Plan

Intervention Name	Intervention Type	FFPSA Plan or Larger Prevention Strategy	IV-E Clearinghouse Rating	FFPSA Evaluation or CQI Plan	Brief Description
Multi-Systemic Theramp (MST)	Mental Health, Substance Use	FFPSA	Well-Supported	FFPSA CQI Plan	Multisystemic Therapy (MST) is a family and community-based treatment program for children and adolescents with anti-social behaviors or juvenile justice involvement who are at risk of out-of-home placement. MST aims to reduce the frequency and severity of youth behaviors, provide skills and resources to parents, and empower youth with improved coping skills.
Healthy Families America (HFA)	Parenting	FFPSA	Well-Supported	FFPSA CQI Plan	HFA is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence
Parents as Teachers (PAT)	Parenting	FFPSA	Well-Supported	FFPSA CQI Plan	The PAT model is designed to serve families throughout pregnancy through kindergarten entry. Families can enroll at any point along this continuum. Curriculum materials provide resources to continue services through the kindergarten year if an affiliate wants to do so.
Triple P	Parenting	FFPSA	Not Yet Rated	FFPSA Evaluation and Systemic Review	Triple P is intended for caregivers of children and adolescents from birth to 12 years old with moderate to severe behavioral and/or emotional difficulties or for parents that are motivated to gain a more in-depth understanding of positive parenting
Motivational Interviewing (MI)	Substance Use	FFPSA	Well-Supported	FFPSA CQI Plan	Client-centered, directive method. Pre-treatment or during treatment in combination with other treatments to enhance client motivation
Trauma-focused Cognitive Behavioral Therapy (TF-CBT)	Mental Health	FFPSA	Promising	FFPSA Evaluation	The goal of TF-CBT is to help address the biopsychosocial needs of children with Post Traumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers.

APPENDIX
C

Illinois Department of Children & Family Services
Proposed Illinois DCFS Family First Models FY21

Color Key	Capacity Levels by County
	100 +
	70 – 90
	45 – 69
	20 – 44
	0 – 19



Model	Capacity
CPP	183.4
MST	140
NPP	699.1
TF-CBT	232
Triple P	315
Total	**1569.5**

Region	Capacity
Central	487.2
Cook	107.1
Northern	457.2
Southern	518
Total	**1569.5**

Model	Central	Cook	Northern	Southern	**Total**
CPP	67.8	-	25.1	90.5	**183.4**
MST	-	3.6	14.4	122.1	**140**
NPP	279.7	21.3	187.7	210.5	**699.1**
TF-CBT	32.5	50	69.5	80	**232**
Triple P	107.3	32.3	160.6	15	**315**
Total	**487.2**	**107.1**	**457.2**	**518**	**1569.5**

Capacity reflects annual capacity for number of individuals served with parenting services.
Each providers's reported capacity is divided evenly amongst all the counties included in their service range.
Source: Courtesy of **Northwestern Feinberg School of Medicine.**

APPENDIX **D**

Illinois Department of Children & Family Services
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Continued

APPENDIX **D**

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APPENDIX
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SAFETY 1 (Goal 1)		
CFSR Outcome	**Strategy**	**References**
Safety outcome 1: Children are, first and foremost, protected from abuse and neglect. Recurrence of Maltreatment: Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of the initial victimization? Maltreatment in Care: Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?	**Strategy 1.1:** Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers. **Strategy 1.2:** Ensure continued safety in voluntary Intact services through improved criteria for case closure and to increase the number of jurisdictions who hear requests for orders of protective supervision and continuance under supervision. **Strategy 1.3:** Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination.	**Safety 1.1** **Safety 1.2** **Strategy 1.3**
Item 1: Timeliness of investigations (initiation)	**Strategy 1.1:** Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers.	**Strategy 1.1**

SAFETY 2 (Goal 1)		
CFSR Outcome	**Strategy**	**References**
Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	**Strategy 1.2:** Ensure continued safety in voluntary Intact services through improved criteria for case closure and to increase the number of jurisdictions who hear requests for orders of protective supervision and continuance under supervision.	**Strategy 1.2**
Item 2: Services to protect child(ren) in home and prevent removal or re-entry into foster care	**Strategy 1.1:** Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers. **Strategy 1.2:** Ensure continued safety in voluntary Intact services through improved criteria for case closure and to increase the number of jurisdictions who hear requests for orders of protective supervision and continuance under supervision.	**Strategy 1.1** **Strategy 1.2**
Item 3: Risk and safety assessment and management	**Strategy 1.1:** Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers.	**Strategy 1.1**

PERMANENCY 1 (Goal 1, 2)		
CFSR Outcome	**Strategy**	**References**
Permanency outcome 1: Children have permanency and stability in their living situations.	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**
Item 4: Stability of foster care placement Placement Stability: Of all children who enter care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**Strategy 1.3:** Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination.	**Strategy 1.3**
Item 5: Permanency goal for child	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency. **Strategy 2.2:** Decrease length of stay for children that achieve permanency through adoption through implementation of lessons learned from the Permanency Task Force. **Strategy 2.3:** Increase use of guardianship as a permanency strategy when reunification cannot be achieved and adoption is not in the child's best interest. **Strategy 2.4:** Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.	**Strategy 2.1** **Strategy 2.2** **Strategy 2.3** **Strategy 2.4**
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency. **Strategy 2.2:** Decrease length of stay for children that achieve permanency through adoption through implementation of lessons learned from the Permanency Task Force. **Strategy 2.3:** Increase use of guardianship as a permanency strategy when reunification cannot be achieved and adoption is not in the child's best interest. **Strategy 2.4:** Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.	**Strategy 2.1** **Strategy 2.2** **Strategy 2.3** **Strategy 2.4**

PERMANENCY 2 (Goal 2)		
CFSR Outcome	**Strategy**	**References**
Permanency outcome 2: The continuity of family relationships and connections is preserved for children.	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**
Item 7: Placement with siblings	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**
Item 8: Visiting with parents and siblings in foster care	**Strategy 1.3:** Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination. **Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 1.3** **Strategy 2.1**
Item 9: Preserving connections	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**
Item 10: Relative placement	**Strategy 1.3:** Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination. **Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 1.3** **Strategy 2.1**
Item 11: Relationship of child in care with parents	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**

WELL-BEING 1 (Goal 1, 2, 3, 4)		
CFSR Outcome	**Strategy**	**References**
Well-Being outcome 1: Families have enhanced capacity to provide for their children's needs.	**Strategy 3.1:** Implementing Core Practice Model by using the change management process statewide to improve investigator and caseworker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice. **Strategy 3.2:** Increase family and youth/child engagement through care coordination and enhanced implementation of child and family team meetings. **Strategy 4.3:** DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families.	**Strategy 3.1** **Strategy 3.2** **Strategy 4.3**

WELL-BEING 1 (Goal 1, 2, 3, 4) continued		
CFSR Outcome	**Strategy**	**References**
Item 12: Needs and services of child, parents, and foster parents	**Strategy 3.1:** Implementing Core Practice Model by using the change management process statewide to improve investigator and case-worker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice. **Strategy 3.2:** Increase family and youth/child involvement through a caseworker's active engagement of the family through coordinated care and teamwork. **Strategy 3.3:** Provide additional support and resources to youth in care at risk of not graduating high school. **Strategy 4.3:** DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families..	**Strategy 3.1** **Strategy 3.2** **Strategy 3.3** **Strategy 4.3**
Item 12A: Needs assessment and services to children	**Strategy 3.1:** Implementing Core Practice Model by using the change management process statewide to improve investigator and case-worker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice. **Strategy 3.2:** Increase family and youth/child involvement through a caseworker's active engagement of the family through coordinated care and teamwork. **Strategy 3.3:** Provide additional support and resources to youth in care at risk of not graduating high school. **Strategy 4.3:** DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families.	**Strategy 3.1** **Strategy 3.2** **Strategy 3.3** **Strategy 4.3**
Item 12B: Needs assessment and services to parents	**Strategy 3.1:** Implementing Core Practice Model by using the change management process statewide to improve investigator and caseworker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice. **Strategy 3.2:** Increase family and youth/child involvement through a caseworker's active engagement of the family through coordinated care and teamwork. **Strategy 4.3:** DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families..	**Strategy 3.1** **Strategy 3.2** **Strategy 4.3**
Item 12C: Needs assessment and services to foster parents	**Strategy 1.3:** Increase supports and information available to substi-tute caregivers, especially relative and fictive kin providers, through teaming and care coordination..	**Strategy 1.3**
Item 13: Child and family involvement in case planning	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**

WELL-BEING 1 (Goal 1, 2, 3, 4) continued		
CFSR Outcome	**Strategy**	**References**
Item 14: Caseworker visits with child	**Strategy 1.1:** Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers. **Strategy 1.3:** Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination.	**Strategy 1.1** **Strategy 1.3**
Item 15: Caseworker visits with parents	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**

WELL-BEING 2 (Goal 3)		
CFSR Outcome	**Strategy**	**References**
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	**Strategy 3.3:** Provide additional support and resources to youth in care at risk of not graduating high school.	**Strategy 3.3**
Item 16: Educational needs of the child	**Strategy 3.3:** Provide additional support and resources to youth in care at risk of not graduating high school.	**Strategy 3.3**

WELL-BEING 3 (Goal 3)		
CFSR Outcome	**Strategy**	**References**
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	**Strategy 3.4:** Identify solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.	**Strategy 3.4**
Item 17: Physical health of the child	**Strategy 3.4:** Identify solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.	**Strategy 3.4**
Item 18: Mental/behavioral health of the child	**Strategy 3.4:** Identify solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.	**Strategy 3.4**

SYSTEMIC FACTORS 1 (Case Review System Goal 2, 3)		
CFSR Outcome	**Strategy**	**References**
Item 20: How well is the case review system functioning to ensure each child has a written case plan developed jointly with the child's parents?	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency. **Strategy 3.1:** Implementing Core Practice Model by using the change management process statewide to improve investigator and case-worker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice.	**Strategy 2.1** **Strategy 3.1**
Item 21: How well is the case review system functioning statewide to ensure periodic review for each child at least every 6 months?	**Strategy 2.4:** Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.	**Strategy 2.4**
Item 23: How well is the case review system functioning to ensure that filing of TPR proceedings occurs per requirements?	**Strategy 2.1:** Strategy 2.2: Decrease length of stay for children that achieve permanency through adoption through implementation of lessons learned from the Permanency Task Force. **Strategy 2.4:** Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.	**Strategy 2.2** **Strategy 2.4**

QUALITY ASSURANCE SYSTEM (Goal 4)		
CFSR Outcome	**Strategy**	**References**
Item 25: How well is the quality assurance system functioning statewide?	**Strategy 4.1:** Develop a consistent Continuous Quality Improvement (CQI) process that is inclusive of change management techniques across DCFS service providers.	**Strategy 4.1**

STAFF AND PROVIDER TRAINING (Goal 1, 2, 3)		
CFSR Outcome	**Strategy**	**References**
Item 26: How well is staff and provider training functioning to ensure initial training to staff includes basic skills/knowledge required?	**Strategy 1.3:** Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination. **Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 1.3** **Strategy 2.1**
Item 27: How well is staff and provider training functioning to ensure ongoing training to staff that addresses skills and knowledge needed to carry out their duties?	**Strategy 1.1:** Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers. **Strategy 2.3:** Increase use of guardianship as a permanency strategy when reunification cannot be achieved and adoption is not in the child's best interest. Strategy 3.1: Implementing Core Practice Model by using the change management process statewide to improve investigator and caseworker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice.	**Strategy 1.1** **Strategy 2.3** **Strategy 3.1**

SERVICE ARRAY AND RESOURCE DEVELOPMENT (Goal 4)		
CFSR Outcome	**Strategy**	**References**
Item 29: How well is the service array and resource development system functioning to ensure array of services is accessible in all political jurisdictions covered by CFSP?	**Strategy 4.3:** DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families.	**Strategy 4.3**
Item 30: How well is the service array and resource development system functioning statewide to ensure services in Item 29 can be individualized to meet the unique needs of children and families served?	**Strategy 4.3:** DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families.	**Strategy 4.3**

FOSTER & ADOPTIVE PARENT LICENSING, RECRUITMENT & RETENTION (Goal 1, 2, 4)		
CFSR Outcome	**Strategy**	**References**
Item 35: How well is the foster/adoptive parent licensing, recruitment, and retention system functioning to ensure diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial dvisersity of children for whom homes are needed?	**Strategy 1.3:** Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination. **Strategy 4.2:** Implement a strong coordinated POS/DCFS foster/adoption recruitment, retention, and training program statewide.	**Strategy 1.3** **Strategy 4.2**
Item 36: How well is the foster/adoptive licensing, recruitment, retention system functioning to ensure effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?	**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.	**Strategy 2.1**

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