



Child and Family Services Reviews

Statewide Assessment Instrument

March 14, 2018

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb.>)

Integration of the CFSP/APSR and CFRS Statewide Assessment

The CFRS process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFRS.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFRS. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFRS process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: [Illinois Department of Children and Family Services \(IDCFS\)](#)

CFSR Review Period

CFSR Sample Period: [4/1/17 – 9/30/17 \(+ 45 days for in-home\)](#)

Period of AFCARS Data: [4/1/17 – 9/30/17](#)

Period of NCANDS Data: [4/1/17 – 9/30/17](#)

Case Review Period Under Review (PUR): [4/1/17 – date of review \(week of May 14, 2018\)](#)

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

The following DCFS employees provided administrative data and other information included in this report and/or reviewed drafts and provided input into the item narratives:

From the Division of Quality Enhancement:

Deputy Director - Cynthia Richter-Jackson
Special Projects Administrator - Kathleen Duvall
Regional Quality Specialist - Jodi Perko

From the Department of Innovation & Technology:

Supervisor, Metrics & Research Team – David Nika
Enterprise Product Specialist - Rachael Kerrick-Brucker

From the Division of Strategic Planning:

Deputy Director – Jeremy Harvey
Statewide Coordinator of Advisory Boards & Councils – Maggie Poteau
Immersion Site Director – Hope Carbonaro

From the Division of Clinical Practice:

SPD/SPIDER Team Leader – Matthew Jedlowski

From the Bureau of Operations:

Senior Deputy Director – George Vennikandam
Administrative Case Review Program Manager – Jamie Ralph
Associate Deputy Director for Administrator Case Review – Julie Barbosa
Associate Deputy of Community Services – Jataun Rollins
Community Services Supervisor – Anika Todd
Associate Deputy Director Permanency, Interstate Compact – Arricka Newingham
Associate Deputy Director of Professional Development – Monico Whittington-Eskridge
Foster Parent Support Program Statewide Administrator – Michelle Grove

From the Division of Licensing:

Central Region Supervisor – Dallas Crome

From the Office of Affirmative Action:

Affirmative Action Director – Daniel Fitzgerald

Additionally, our University Partners also participated in the completion of this report:

From University of Illinois-Chicago/FCURP:

Program Director - Jennifer Eblen-Manning
Team Leader - Geraldine Rodriguez
Research Data Analyst - Grace Smith
Research Data Analyst - Linda Raczak
Research Data Analyst - Candace Thier, Ed.D

From the University of Chicago/Chapin Hall
Senior Policy Analyst – Yolanda Green-Rogers
Policy Fellow – Jennifer Axelrod
Policy Fellow – Miranda Lynch

Throughout the year, the Department conducts Outcome Enhancement Reviews, from which are garnered the statistical results also included in this report. In addition to a number of staff listed above, other DCFS and private agency personnel participate in these Reviews:

DCFS, *Division of Quality Enhancement*: Robin Albritton, Kevin Houser, John Schweitzer, Margueretis Hooker, Mayra Burgos-Biott, Bremen Campbell, Cheryl Conners, Linda Gullede, Jeffrey Haley, Tammy Harvey, Maureen Jones, Patrice Nelson, Angela Paniagua, Greg Smith, Relunda Washington, Roben J.N. Winters, Susan Wilkins; *Division of Operations*: Sylvia Fonseca, Ruby Powell, Shellee Fecht, Jennifer Seward, Vendetta Dennis, Courtney Field, Darlene Bushue, Carol A Jones, Narika Johnson; *Division of Clinical Practice*: Deborah Keen, Linda Kelly, Amy Naish, Richard Schmidt, Cecelia Agnew, Ami Plexico, Najma Adam, Linda Stroud; *Agency Performance Team Monitoring*: Janel Angell, Karen Harrington, Marikay Jerit, Brenda Young, Madelyn Love, Rosalind Banks-Morris; *Integrated Assessment*: Jill Tichenor, Jacqueline Bratland; *Adoptions*: Janice Horne; *Licensing*: Deborah McEvily.

Private Agencies: *Ada S. McKinley*: Karolyn Mitchell, Faye Edwards; *Arden Shore*: Vicky Tello; *Aunt Marthas*: Iris Williams; *Baby Fold*: Laura Raper; *Camelot*: Karen Blum; *Casa Central*: Paula Valencia; *Childlink*: Lisa Ficco; *Childserv*: Lynsey Sloan; *Children's Home & Aid*: Leslie Jacobs, Bridget Walls, Deborah Pillers, Heather France; *Envision*: Sylvia Wood Thomas; *Evangelical Child & Family*: Brigid Luke; *Hoyelton*: Jennifer Cox, Rebekah Woolever; *Kaleidoscope*: Karen Goldmeier; *Lutheran Child & Family Services*: Mary Rachael Stevens; *Lutheran Social Services*: Kim Ostrander; *National Youth Advocate*: Sara Newton, Monese DeRamus, Sheila Owens; *One Hope United*: Jackie Schedin, Laticia Bates; *SOS Children's Villages*: Annette Britt, Katie Reilly, Kamar Beaco; *Youth Outreach Services*: Heather Tilman.

Furthermore, DCFS has strengthened alliances with a variety of other state and private agencies, offices, and councils in order to build stronger partnerships that increase cooperation and inform the shared work of providing safety, permanency and well-being for Illinois' children. Some of this work is done through our improved statewide CQI collaborative (Illinois Joint DCFS-POS CQI Framework), which coordinates quarterly meetings and an annual statewide CQI conference. Some of the participants in this collaborative have included (in addition to many of those listed above) the following:

Administrative Office of the Illinois Courts: Heather Dorsey, Monica Pruitt, Kristie Schneller.

Foster Parent Advisory Council: Ashley Ackerman, Christine Bowman, Rachel Hoyt, Maria Levingood, Mark McDaniel, Natalie Miller, Kellye Norris, Mary Savage, Carol Sheley.

Private Agencies: *Ada S. McKinley*: Faye Edwards; *Arden Shore*: Dr. Dora Maya; *Association House*: Demaris Acevedo, Harriet Sadauskas; *Aunt Marthas*: Mark D Smith; *Baby Fold*: Debi Armstrong; *Casa Central*: Illeana Gomez; *Center for Youth & Family Solutions*: Heather Goff, Trish Fox; *Children's Home and Aid*: Julie Siebert; *Family Service Center*: Pat Kaidell; *Hephzibah*: Shaun Lane; *Hoyelton*: Valerie Bundy; *Ibukun*: Christian Akiwowo, Carin Moody; *Jewish Child & Family Services*: Nancy Schwartz; *Kaleidoscope*: Kathy Grezлак; *Kemmerer Village*: Schales Nagle; *Lawrence Hall*: Brett Beck, Carly Jones; *Lutheran Child & Family Services*: Natalie Bauer, Douglas Cablk, Beverly Jones, Rachel Stevens; *Lutheran Social Services*: Michael Wojcik; *Nexus-Onarga*: Mary Ann Berg; *One Hope United*: Devin Dittrich; *Our Children's Homestead*: Marissa Allen; *Spero Family Services*: Michelle Moreno; *UCAN*: Zack Schrantz.

DCFS: Janet Ahern, DCFS Guardian; Robert Blackwell, Office of Racial Equity Practice; Alissandra Calderon, Office of Communications; Joe Coffey, Division of Budget and Finance; Debra Dyer-Webster, Chief Deputy Director; Shawn Eddings, Office of Legal Services; Christine Feldman, Post-Adoption Unit Manager; Michael Ferenbach, Chief Information Officer; Denise Frank, Office of Professional Development; Jane Gantner, Deputy Director of Clinical Services; Matthew Grady III, Chief Financial Officer; Tammy Grant, Deputy Director of Employee Services; Lori Gray, Southern Region Administrator; Bradly Mansfield, Office of Child and Family Policy; Juliana Harms, Office of Clinical Services; Nora Harms-Pavelski, Deputy Director of Child Protection; Derek Hobson, Chief Accountability Officer; Michelle Jackson, Chief Administrative Law Judge; Dr. Paula Jaudes, Medical Director; Carol Jones, Cook Area Administrator; Michael C. Jones, Senior Deputy Director; Royce Kirkpatrick, Deputy Director of Contract Administration; Roxanne Lizcano, Deputy Director of Licensing; Norma Machay, Immersion Site Director; Kimberly Mann, Deputy Director of Child Well Being; Ann Marakis, Cook Child Protection Administrator; Alejandro Mateos, Deputy Chief of Staff; Theresa Matthews, Deputy Director of Monitoring; Tanesha McGhee, Director's Office; Julia Miller, Intact Family Services Administrator; Emily Monk, Director's Office; David Moore, Office of Professional Development; Mary Nam, Associate Director of Strategy & Performance; Meryl Paniak, DCFS Inspector General; Rodrigo Remolina, Advocacy Office Administrator; Laura Roche, Chief of Staff; Dr. Verletta Saxon, Immersion Site Director; Corey Shannon, Education Services; Tamara Shorter, Northern Region Supervisor; Desiree Silva, Office of Child and Family Policy Director; Neil Skene, Deputy Director of Communications; Catherine Smith, Central Region Administrator; Donna Steele, Cook Region Administrator; Marshae Terry, Program Development Coordinator; James Tooles, Immersion Site Director; Antoine Turpeau, Associate Deputy Director of Delinquency Prevention; Molly Uhe, Deputy Director of Education Services; BJ Walker, DCFS Director; Gwendolyn Walsh, Deputy Director of Legislative Affairs; Lauren Williams, Associate Deputy Director of Placement Services; Kathy Berry, Northern Region Area Administrator.

Section II: Safety and Permanency Data

State Data Profile

State data profile deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

Child and Family Outcomes

NOTES:

During SFY17, Illinois completed a large-scale, statewide review of 36 cases in the fall of 2016. Of the 36 cases, 25 were foster care and 11 were in-home. Beginning February 2017, Illinois moved to a monthly OER review process. Each month, from February – October, 11 cases are expected to be reviewed for an annual total of 99 cases. For this report, OER 3 data will reflect all reviews completed between September 2016 – September 2017 (a total of 90 cases, of which 68 were foster care and 22 were in-home).

A. Safety


Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

State Response:

For this CFSR 3 Statewide Assessment, Outcome Enhancement Review¹ (OER) data for Outcome S1 shows maintained performance at 100% regardless of case type, and a significant decline in performance (from previous years) for Outcome S2, also regardless of case type:


September 2016 - September 2017 OER 3 Data: Running Totals: 68 Foster Care 22 In-Home (90 Total)									
 2016 & 2017 Data	Foster Care Cases			In-Home Cases			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
	Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	100.00%	29	29	100.00%	17	17	100.00%	46
Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	75.00%	51	68	72.73%	16	22	74.44%	67	90

OUTCOME S1 DATA

OER 3 data related to the timeliness of investigations (Item 1, the only Item in Outcome S1) continues to demonstrate strong performance no matter the case type (100% strength). Investigating reports of abuse/neglect in a timely manner is a historical strength for IDCFS. DCFS is the only entity in the state that is responsible for conducting child protective investigations. There are no Priority Levels assigned to cases. All assigned investigations must

¹ The Outcome Enhancement Review (OER) is Illinois’ internal qualitative case record review process that mimics the federal CFSR.

be initiated within 24 hours of assignment. There is the provision for a more urgent response as needed, but these are infrequently occurring.

September 2016 - September 2017 OER 3 Data: Running Totals: 68 Foster Care 22 In-Home (90 Total)									
 2016 & 2017 Data	Foster Care Cases			In-Home Cases			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
	Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	100.00%	29	29	100.00%	17	17	100.00%	46
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	100.00%	29	29	100.00%	17	17	100.00%	46	46

In the 3rd round of the CFSTRs, Item 2 (Repeat Maltreatment) has been removed from the evaluation of Outcome S1 in the case review portion of the process, and is evaluated for each state via performance on two (2) national safety indicators. The table below reflects Illinois' most recently available performance per the CFSTR 3 national indicator safety measures and illustrates that there is improvement to be made:

Federal Safety Indicator: Maltreatment in Foster Care

CFSTR 3 Safety Indicator: Maltreatment in Foster Care, Illinois performance (as of 9/17 Official CFSTR Data Profile)

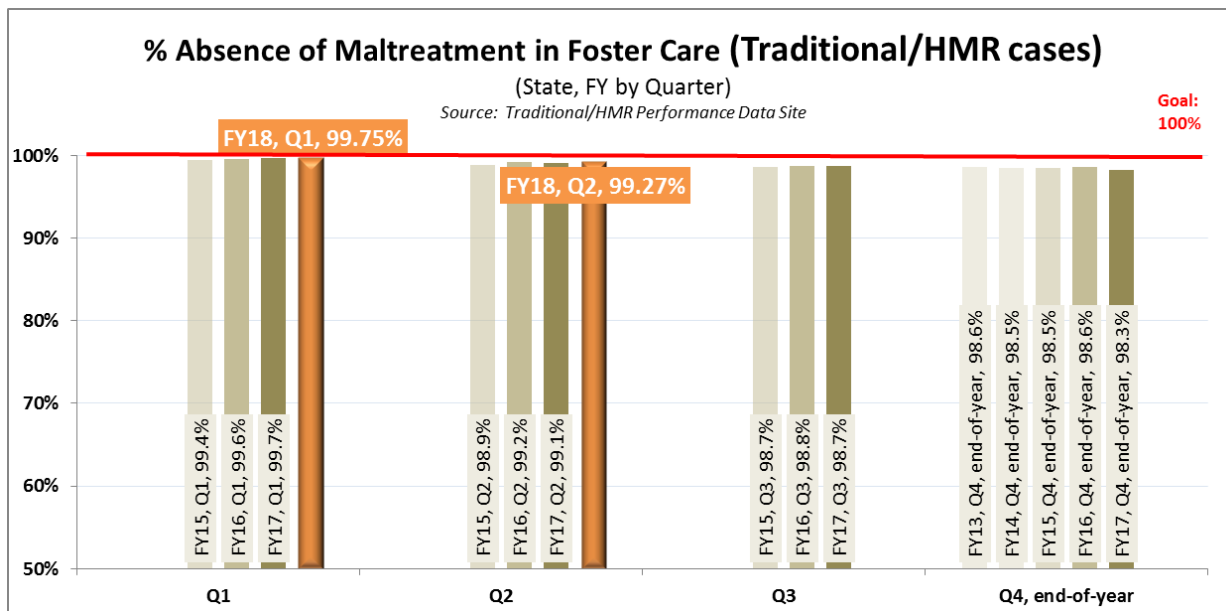
CFSTR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP*	IL Performance Trend
(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	9.67 victimizations (preference is less) <i>*state result multiplied by 100,000</i>	7.98 (FFY13) 9.88 (FFY14) 11.22 (FFY15)	11.17 (FFY13) 12.90 (FFY14) 14.65 (FFY15) <i>(adjusted for age at initial victimization)</i>	↓ (wrong way)

*Risk Standardized Performance. For much more information about how these indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSTR Round 3 Resources page: [https://training.cfsportal.org/resources/3105#Data Indicators and National Standards](https://training.cfsportal.org/resources/3105#Data%20Indicators%20and%20National%20Standards)

Illinois has not met the federal national standard for this indicator. Ongoing case record reviews of children maltreated in foster care have revealed that the practice of "placing" children with their parents while retaining legal guardianship instead of discharging to reunification with an order of supervision has a very significant impact on the number of children who become a part of the numerator for this indicator. More significantly, the frequency and quality of assessments of safety and risk (and follow-up on identified concerns) are noticeably inadequate within the

population of children maltreated in foster care. Additionally, supervisors of caseworkers are not providing needed support, direction, and monitoring/following up on identified concerns. Last, data quality issues remain around the use of the incident date.

Maltreatment in foster care is a measure that is monitored by the Department's Agency Performance Team (APT) and by private agencies on a regular basis. The performance goal is 100% (no maltreatment in foster care ever). The chart below illustrates state performance by quarter for FY15 – 17, including the first quarter of FY18 (quarterly data for FY13 and FY14 was not available):



The Absence of Maltreatment data in the above chart further supports that more maltreatment is occurring over time. Cook County data tends to be marginally better than other regions (i.e., there is less maltreatment in Cook than elsewhere in the state).

The table below illustrates that maltreatment in foster care occurs less often for children/youth in specialized foster care, and current performance is improved over FY16:

Specialized Foster Care Data Site - STATE

(End of FY17 data as of 7/24/17)

Measure	Description	Goal*	FY'16 as of 7/16 run)	FY'17 (as of 8/17 run)	FY'18					
					7/17	8/17	9/17 (FY'18 Q1)	10/17	11/17	12/17 (FY'18 Q2)
6	Absence of Maltreatment While In Foster Care (% of Case NOT Experiencing an Episode of Indicated Maltreatment While in Agency Care)	100%	99.1%	99.4%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%

Federal Safety Indicator: Recurrence of Maltreatment

CFSR 3 Safety Indicator: Recurrence of Maltreatment, Illinois performance (as of 9/17 Official CFSR Data Profile)

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP*	IL Performance Trend
(S2) Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated/indicated report within 12 months of their initial report?	9.5% (preference is less)	7.9% (FY12-13)	10.1% (FY12-13)	↓ (wrong way)
		8.7% (FY13-14)	11.2% (FY13-14)	
		10.7% (FY14-15)	13.6% (FY14-15)	
		11.0% (FFY15-16)	13.9% (FY15-16)	
			<i>(adjusted for age at entry or on 1st day)</i>	

*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page:
<https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards>

Illinois has not met federal national standard for this indicator.

Recurrence of maltreatment is a measure that is monitored by the Department's Agency Performance Team (APT) and by private agencies on the Intact dashboard. The performance goal is 100% (no maltreatment during the service period). The table below illustrates improved performance since FY14:

Intact Data Site - STATE

(End of FY17 data as of 7/24/17)

Measure	Description	Goal	FY'18									
			FY'14 (as of 8/14 run)	FY'15 (as of 7/15 run)	FY'16 (as of 8/16 run)	FY'17 (as of 8/17 run)	7/17	8/17	9/17 (FY'18 Q1)	10/17	11/17	12/17 (FY'18 Q2)
3	No maltreatment during service period	100%	88.89%	89.05%	92.06%	91.56%	92.7%	92.7%	92.6%	92.6%	92.3%	92.0%

Through Illinois' Joint DCFS-POS CQI Framework (a system of Regional CQI Collaborative Workgroups linked to a Statewide CQI Collaborative, that is inclusive of DCFS and POS staff statewide in an effort to collaborate on, and coordinate on, clear outcome priorities for the state to focus on and achieve in a concerted manner in order to achieve real impact), the state has begun examining NCANDS data (from FFY12 – 15) related to the Recurrence of Maltreatment in order to begin understanding the problem. Initial observations:

- The occurrence of repeat maltreatment is decreasing in Cook and Central Regions, and increasing in Northern and Southern
- Most recurrent maltreatment falls into the category of neglect. Little change in that over time.-The frequency of abuse-related allegations is decreasing, but when there is more than 1 allegation the frequency of 2nd or 3rd allegations being abuse-related is INCREASING

- The number of children dying as a result of repeat maltreatment is DECREASING
- The age of children experiencing repeat maltreatment is rapidly getting younger: the largest percentage age group in FFY12 was 4 year olds; 2 year olds in FFY13, and less than 1 year old in FFY14
- There are bigger gender differences among children age 0-3. There is a fairly equal distribution in the general population, with there being slightly more males than females.
- Caucasian children make up the largest racial group of child victims, followed by African Americans, and the distribution appears relatively constant over time. The distribution does not mean there is no disparity.
- The number/% of Latino/Hispanic children is overall increasing.
- The child's parent is the most frequent perpetrator of recurrent maltreatment, and the incidence is INCREASING over time.
- The next most frequent type of perpetrator is an unmarried partner of the parent, followed by a non-foster parent relative.
- The incidence of these perpetrator types is DECREASING.
- Day Care providers make up the 4th most common type of perpetrator of recurrent maltreatment.

These observations will inform improvement planning within the Joint DCFS-POS CQI Framework moving forward.

OUTCOME S1 STRENGTHS

Timeliness of Investigations:

- A concerted effort to fill investigator vacancies statewide:
 - Effort to increase the “pool” of eligible investigator candidates from which to pull/fill vacancies by increasing the types of educational degrees that qualify;
 - Enhanced hiring procedures within the state’s Central Management Services (responsible for processing applications and new hires);
 - Enhanced recruitment efforts
- Reorganization of DCFS leadership staff to allow for focus on child protection concerns as a management specialty
- Both of these initiatives have led to reduced caseloads and improved performance

Maltreatment in Foster Care:

- In the CFSP FFY2015-2019, the state identified safety in substitute care as one of its goals: Goal #1: Reduce the occurrence of maltreatment in out of home care. As such, the state committed to implement activities that would result in improved performance in this area.
- University Partnership (UIUC/FCURP) to collect, review and analyze data on this indicator, annually/as able – this enables the observation of trends and the ability of the Department and its private agency partners to respond to the findings. Data from FFY15 and FFY16 have been analyzed to-date
- Use of Immersion Sites

-
- Therapeutic Residential Performance Management Initiative (TRPMI), implemented January 2017
 - Trauma-Informed Training for Foster Parents – The PRIDE training was enhanced and the number of hours dedicated to trauma-informed practice and responses was increased for licensed foster parents. A pilot was completed for unlicensed relative foster parents, and during FY18 there will be a full roll-out of the training which will be mandatory.

Recurrence of Maltreatment:

- The Illinois Joint DCFS-POS CQI Framework has made this indicator the top priority for the work of the Collaboratives
- Director Walker has likewise made this indicator a priority, with a focus on children age 0-3

OUTCOME S1 CHALLENGES

Timeliness of Investigations:

- The ongoing need to monitor investigative vacancies and caseloads

Maltreatment in Foster Care:

- Dissemination of findings up to decision-makers so recommendations can be implemented as determined appropriate
- As noted above, the practice of “placing” children with parents under court supervision versus discharging to reunification with after-care monitoring (not court ordered)

Recurrence of Maltreatment:

- Until currently, performance on this Indicator has not been closely tracked or explored
- Between the CFSR 2 and CFSR 3 there was a definition change: in the CFSR 2, recurrence of maltreatment was evaluated over a 6-month period of time; in CFSR 3 it is evaluated over a 12-month period of time.
- Over the last few years, there has been an increase in the number of reports made to the SCR generally and accepted for investigation.
- In the downstate regions, geographical distance for staff to travel combined with the high number of position vacancies impedes the adequacy and frequency of comprehensive ongoing assessments, which therefore means that concerns *may* go unrecognized and unaddressed.
- Different parenting strategies in rural areas and lack of available and adequate services to promote and support new and more appropriate approaches to managing child behavior.
- High rates of unemployment and substance abuse in rural areas.
- Impact from the change in the criteria for accepting a case to Intact Family Services in 2013 (the criteria became stricter and thus more cases were not accepted, and those cases that did not meet criteria may not have been adequately served to prevent repeat maltreatment).

Stakeholder Feedback:

In the quarterly Regional CQI Collaboratives (formerly known as the Regional PIP Meetings), Maltreatment in Foster Care (and Recurrence of Maltreatment more recently) has been a regular topic of conversation. Staff around the state primarily indicate that the increase in the occurrence of maltreatment in foster care is related to foster parents allowing unsupervised contact/visitation between parents and their children. Actual neglect or abuse of the child(ren) may or may not occur, but the foster parents are indicated for Lack of Supervision. Additionally, staff note that reports are made while in foster care involving maltreatment that occurred prior to foster care, thus indicating that the use of the Incident Date Field in SACWIS is sometimes not used accurately (confirmed through case record reviews).


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

Item 2 evaluates services to families to protect children in the home and prevent removal or re-entry into foster care.

Item 3 evaluates risk and safety assessment and management of the child(ren) in any environment.

OUTCOME S2 DATA

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

September 2016 - September 2017 OER 3 Data: Running Totals: 68 Foster Care 22 In-Home (90 Total)									
	Foster Care Cases			In-Home Cases			COMBINED DATA		
	%SA/S*	#SA/S*	# Applicable	%SA/S*	#SA/S*	# Applicable	%SA/S*	#SA/S*	# Applicable
Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	75.00%	51	68	72.73%	16	22	74.44%	67	90
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	83.33%	15	18	85.00%	17	20	84.21%	32	38
Item 3: Risk and Safety Assessment and Management	75.00%	51	68	77.27%	17	22	75.56%	68	90

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFR 3 review tool following a site visit by our federal partners in April 2017.

OUTCOME S2 STRENGTHS

Item 2:

- When it is not possible to maintain children safely in their homes, Illinois is competent at assessing that and taking steps to remove/place children in foster care appropriately

Item 3:

- Children were safe in their foster home settings (no concerns for their safety noted related to foster parents, other foster family members, facilities, facility staff)

OUTCOME S2 CHALLENGES**Item 2:**

- Staff (caseworkers and supervisors) are not reviewing the entire file upon assignment
- Significant staff turnover, particularly in the private agencies
- In-home cases one or more caregivers were not assessed for safety-related services per item instructions
- The lack of service provision to address sexual abuse victimization for all children
- Foster care cases children who remained in the home of origin were not seen or assessed for safety or safety-related needs (*note: this particular issue is one of the reasons that the state did not meet its CFSR 2 PIP Goal for Risk and Safety Management [formerly Item 4]*)
- As noted in the discussion of Recurrence of Maltreatment earlier in this section, the geographical distance for staff to travel may impact the quality of assessments
- It is also reported that there can be disagreement between what was identified in the Integrated Assessment and what was identified by the placement caseworker, which then leads the placement caseworker to link the family to services based on her/his assessment

Item 3:

- Staff (caseworkers and supervisors) are not reviewing the entire file upon assignment
- Significant staff turnover, particularly in the private agencies
- Lack of initial and ongoing assessments that qualitatively and comprehensively assessed risk and safety concerns of children in any and all environments (particularly when there are children who remain in the home after one or more children are placed into foster care)
 - Ongoing assessments are now documented in 6-month service plan updates, versus in a stand-alone document. It is often hard to identify the update versus what was present from the last service plan
- Lack of appropriate safety plans when needed AND lack of appropriate ongoing monitoring/assessing/updating of safety plans in place
- Safety concerns related to children remaining in the home that were not adequately addressed
- Safety concerns related to visitation that were not adequately addressed
- Safety concerns for the target child related to the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members, that were not adequately addressed

Stakeholder Feedback

OER 3 data is shared routinely with Regional CQI Collaboratives. Feedback suggests that differences in opinions about needs and services of stakeholders between the Integrated Assessment screener and the receiving foster care caseworker may impact the items in

Outcome S2. Additionally, screening tools like the CERAP, Paramour Assessment, Domestic Violence Screen and the Substance Abuse Screen may not be completed thoughtfully and comprehensively as they are often viewed almost like checklists versus useful tools. CERAPs are also generally only completed per procedural expectations, versus whenever it might be appropriate to use the tool to comprehensively assess safety and safety threats.

B. Permanency

Permanency Outcomes 1 and 2


Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

State Response:

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

For this CFSR 3 Statewide Assessment, Outcome Enhancement Review (OER) data for Outcome P1 shows that performance continues to decline for P1 (to 21% substantially achieved) and changed course in P2 downward to 70% substantially achieved:

September 2016 - September 2017 OER 3 Data: Running Totals: 68 Foster Care 22 In-Home (90 Total)									
	Foster Care Cases			In-Home Cases			COMBINED DATA		
	%SA/S*	#SA/S*	#Applicable	%SA/S*	#SA/S*	#Applicable	%SA/S*	#SA/S*	#Applicable
Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS	20.59%	14	68				20.59%	14	68
Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN	70.15%	47	67				70.15%	47	67

There are several items that inform overall outcome performance for each Permanency Outcomes:

P1 and P2 Items:

P1, associated Items (CFSR 3)	P2, associated Items (CFSR 3)
Item 4: Stability of Substitute Care Placement	Item 7: Placement with Siblings
Item 5: Permanency Goal for Child	Item 8: Visiting with Parents and Siblings in Substitute Care
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Item 9: Preserving Connections
	Item 10: Relative Placement
	Item 11: Relationship of Child in Care with Parent(s)

OUTCOME P1 DATA: Children Have Permanency and Stability in Their Living Arrangements

In P1, the evaluations of three (3) items support the overall outcome achievement rating.

Current data suggests an improvement in the stability of children in foster care (Item 4) from what was reported in the 2017 APSR, and a continued decline in performance related to the appropriateness of the current permanency goal (Item 5), timely achievement of permanency (Item 6), and the outcome overall:

P1 Items, OER 3 data over time:


% of cases rated a "Strength"	OER II R1-6 (reported in the 2015 - 2019 CFSP)	OER II R7 (reported in the 2016 APSR)	OER 3 Round 1 (reported in the 2017 APSR)	OER 3 (reported in the 2018 APSR)	OER 3 (updated for the CFSR SAI)
Item 4: Stability of Substitute Care Placement	87.10%	100%	73.33%	84%	82.35%
Item 5: Permanency Goal for Child	63.30%	75.00%	46.67%	34%	29.41%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (<i>new, CFSR 3 combined item</i>)			53.33%	40%	36.73%
(CFSR 2) Item 8: Reunification/Guardianship	22.20%	7.1%			
(CFSR 2) Item 9: Adoption/SCpTPR	16.30%	15.4%			
(CFSR 2) Item 10: Independence/HENA /Continuing Foster Care	87.30%	92.3%			
OUTCOME P1 overall	33.30%	35%	28.89%	24%	20.59%

Overall, performance in P1 continues to decline (currently at 21% substantially achieved). Some of this is attributable to changes in the definitions of how to rate items (CFSR 2 versus CFSR 3), and learning how to more appropriately apply the items in the CFSR 3 review tool.

DCFS and its POS partners track stability of children/youth on the APT dashboards for children placed in traditional or relative foster care via the following measure: % of Children Placed with Less Than 2 Paid Providers over a 12 month period. Performance on this APT measure supports OER findings:

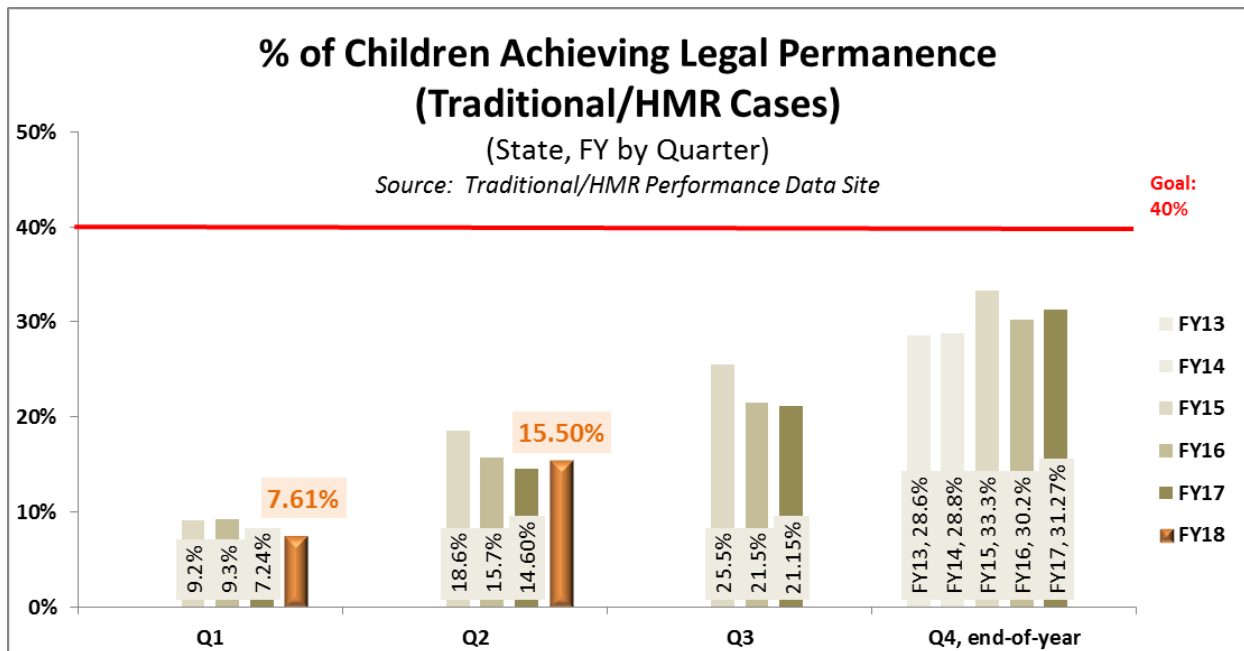
- SFY17 year-end performance was 84.55%, and
- As of December 31, 2017 performance was 83.43%

In addition to the OER 3 data, the state also evaluates its performance regarding stability with data from the CFSR national indicator:

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P5) Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?	4.44 moves (preference is less) <i>*state result multiplied by 1,000</i>	10.69 moves (FY13-14) 10.47 (FFY14) 8.67 (FY14-15) 6.72 (FFY15) 4.69 (FY15-16) 5.00 (FFY16)	11.38 moves (FY13-14) 11.08 (FFY14) 9.27 (FY14-15) 7.30 (FFY15) 5.10 (FY15-16) 5.45 (FFY16)	 Improving, but not meeting the National Performance

DCFS and its POS partners also track achievement of permanency on the APT dashboards for children placed in traditional or relative foster care. The measure reflects permanencies achieved on active caseloads as of 7/2 of a fiscal year. Counted permanencies are reunification, adoption or guardianship only.

The chart below illustrates state performance by quarter (SFY15 – 18), and year-to-year state performance since SFY13 for children in traditional (non-relative) or home of relative foster care:



In the chart above, the reader can observe that the goal is to achieve permanency in 40% of cases. Since the data site was created in 2012, only one region (Southern) met or exceeded that goal (in SFY15). The state as a whole came closest to achieving the goal also in FY15 (that year there were several concerted statewide efforts to increase the achievements of permanency). Overall, trend-wise, annual performance on this measure is improving.

Regionally, there are differences in SFY17: The Central Region was most improved and had the highest performance (39.49%), followed by the Southern Region (37.30%). Northern and Cook saw a slight improvement (34.54% and 20.40% respectively). In the current state fiscal year (SFY18), most regions were nearly halfway toward achieving the 40% goal as of Quarter 2 (December 2017), which is a good indication of the likelihood of achieving the goal by June 30, 2018. Achievement of permanency in Cook County significantly impacts the state performance.

The state also tracks achievement of permanency for children/youth in specialized foster care. Performance data is provided for three types of children in specialized foster care, children/youth with: Medically Specialized (MD), Mental Health (MH) or MH/MD, or in Adolescent Foster Care (AFC). As evidenced below, permanency is most likely for children/youth with a mental disability and least likely for youth in adolescent foster care:




Specialized Foster Care Data Site - STATE


(End of FY17 data as of 7/24/17)

Measure	Description	Goal*	FY'16 (as of 7/16 run)	FY'17 (as of 8/17 run)	FY'18					
					7/17	8/17	9/17 (FY'18 Q1)	10/17	11/17	12/17 (FY'18 Q2)
1a	% of Children Achieving Legal Permanency (MD Cases)	40%	30.4%	35.5%	1.5%	4.4%	4.9%	6.9%	9.9%	17.2%
1a1	% of Children Reunified	40%		6.4%	0.0%	0.5%	0.5%	0.5%	1.0%	5.4%
1a2	% of Children Achieving Guardianship	40%		29.1%	1.5%	3.9%	4.4%	6.4%	8.9%	11.8%
1b	% of Children Achieving Legal Permanency (MH, MH/MD Cases)	25%	19.3%	22.3%	1.8%	4.5%	6.6%	8.7%	10.6%	12.3%
1b1	% of Children Reunified	25%		4.2%	0.6%	1.4%	1.9%	2.4%	2.6%	2.9%
1b2	% of Children Achieving Guardianship	25%		18.1%	1.1%	3.1%	4.7%	6.3%	8.1%	9.4%
1c	% of Children Achieving Legal Permanency (AFC Cases)	25%	5.9%	5.7%	0.6%	1.9%	2.8%	2.8%	3.8%	4.1%
1c1	% of Children Reunified	25%		2.5%	0.0%	0.9%	0.9%	0.9%	1.6%	1.6%
1c2	% of Children Achieving Guardianship	25%		3.2%	0.6%	0.9%	1.9%	1.9%	2.2%	2.5%

In addition to the OER 3 data, the state also evaluates its performance regarding permanency with data from the CFSR national indicators. The table below reflects Illinois' most recent performance per the CFSR 3 permanency measures (data received September 2017):

Illinois' CFSR 3 Permanency Indicators (as of 9/17 Official CFSR Data Profile):

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	42.1%	11.3% (FY13-14) 12.3% (FFY14)	12.5% (FY13-14) 13.6% (FFY14)	 Improving, but not meeting the National Performance
(P4) Of all children who enter foster care in a 12-month period, who discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	8.4% (preference is less)	.3% (FFY14)	1.8% (FFY13B-16A) 2.1% (FFY14a-16B)	 Met, but creeping in the wrong direction (watch)
(P2) Of all children in foster care the first day of the year who had been in foster care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day of the 12-month period?	45.9%	21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16)	20.4% (FY13-14) 20.4% (FFY14) 21.4% (FY14-15) 22.3% (FFY15) 21.1% (FY15-16) 20.7% (FFY16)	

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P3) Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within the 12 months of the first day of the 12-month period?	31.8%	21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16)	18.7% (FY13-14) 19.9% (FFY14) 21.5% (FY14-15) 22.3% (FFY15) 19.6% (FY15-16) 21.7% (FFY16)	 Improving, but not meeting the National Performance

**Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page: <https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards>*

As noted in the data above, Illinois exceeds the national performance for the re-entry indicator. While exceeding national performance, current data indicates that the occurrence of re-entries is increasing (not the preferred direction). This movement appears to mirror the increase in achievement of permanency in 12 months and may be correlated.

Illinois does not meet the national performance for the other permanency indicators. However, the state is making progress toward improved performance regarding stability, permanency in 12 months, and permanency in 24+ months. The state performance related to achievement of permanency for children in care 12-23 months experienced an increase between the end of FFY14 and the beginning of FFY16, but has since dropped to FFY13 levels.

OUTCOME P1 STRENGTHS

Item 4:

- 94% of placements were currently stable (at time of OER)

Item 5:

- Most permanency goals were appropriate at the time of assignment

OUTCOME P1 CHALLENGES

Item 4:

- Placement moves that occurred were not made in an effort to achieve case goals or to meet child's needs

- Children/youth experienced too many moves in a 12-month period of time
- Supporting foster parents to be safe and stable caregivers for the children served/building their capacity to meet the unique needs of children in foster care did not typically occur

Item 5:

- ASFA timeframes were not met in the majority of eligible cases

Item 6:

- In the majority of cases, permanency was not achieved in a timely manner. Barriers to achieving timely permanency were related to lack of efforts by the agency to engage parents in participating in services and case planning, and/or court delays.
- The median length of stay was 29 months, with a range of 8 months to 161 months.

Key practice issues impacting undesirable performance across P1 Items:

- Conducting diligent searches for absent parents early and often, and not just through formal procedures (like the DSSC) – but also checking with known relatives/friends/collaterals
- Conducting timely comprehensive and qualitative assessments that identify needs, provision of services to adequately address needs, and monitoring of progress toward amelioration of identified needs in order to achieve timely permanency
- Practicing strong, positive and supportive social work skills to fully engage parents/primary caregivers in case planning
- Practicing concurrent planning at the onset of case opening to support the sense of urgency needed to move children to permanency in a timely manner

Larger systemic issues include court practices and beliefs related to compliance with ASFA, caseworker and supervisor turnover statewide but particularly in the private agencies, the continued lack of a state budget, and lack of adequate and available services to address identified needs to expedite permanency statewide.

As noted in the 2018 APSR, a pattern of focus on meeting the needs of the child versus the family (or AND the family) was noted. This pattern appears to have an impact on achievement of permanency for children and youth served by the department as related to lack of progress in services (barrier noted above) and toward case goals (item 13).

Stakeholder Feedback

Stakeholder feedback regarding permanency achievement is collected consistently throughout the year at quarterly Regional CQI Collaborative meetings, and the Statewide CQI Collaborative.

Stakeholders continue to report that the biggest barriers to permanency remain: not being able to change the permanency goal in court until 9 months have passed after the adjudication hearing has occurred (and adjudication hearings are often delayed); lack of adequate service provision due to budget cuts (particularly mental health, domestic violence, and substance abuse treatment) which leads to long wait times; high caseloads which impact a caseworker's ability to attend qualitatively to all practice requirements; high staff turnover, particularly in the private sector and in the Central region; and the lack of foster parent/resource parent placements who can aid in stability, support permanency, and support the specific well-being needs of children and their parents/guardians.

OUTCOME P2 DATA: The Continuity of Family Relationships and Connections is Preserved for Children

In P2, the evaluations of five (5) items support the overall outcome achievement rating.

Current data suggests a decline in performance for all Items in this Outcome, and in the outcome itself:

Table 7: P2 Items, OER 3 data over time:

% of cases rated a "Strength"	OER II R1-6 (reported in the 2015 - 2019 CFSP)	OER II R7 (reported in the 2016 APSR)	OER 3 Round 1 (reported in the 2017 APSR)	OER 3 (reported in the 2018 APSR)	OER 3 (updated for the CFPS SAI)
Item 7: Placement with Siblings	98.00%	100%	93.94%	88.57%	91.49%
Item 8: Visiting with Parents and Siblings in Substitute Care	77.00%	85.3%	87.50%	73.17%	67.86%
Item 9: Preserving Connections	85.4%	95%	88.64%	85.71%	80.60%
Item 10: Relative Placement	90.70%	84.2%	92.68%	85.37%	77.59%
Item 11: Relationship of Child in Care with Parent(s)	74.10%	88.9%	86.49%	70.27%	72.55%
OUTCOME P2 overall	81.3%	87.5%	88.89%	75.51%	70.15%

A deeper look at the data related to the frequency and quality of parent-child visits indicates that for the visits that did occur, the frequency and quality were sufficient:

What was the usual frequency of visits between the parent and the child during the PUR?				
		#	%	
Mother	More than once per week	6	12.00%	62.00%
	Once per week	12	24.00%	
	Less than once per week but at least twice per month	4	8.00%	
	Less than twice per month but at least once per month	9	18.00%	
	Less than once per month	14	28.00%	
	Never	5	10.00%	
	TOTAL	50		
Father	More than once per week	6	20.00%	83.33%
	Once per week	6	20.00%	
	Less than once per week but at least twice per month	5	16.67%	
	Less than twice per month but at least once per month	8	26.67%	
	Less than once per month	3	10.00%	
	Never	2	6.67%	
	TOTAL	30		

		During the PUR, were concerted efforts made to ensure that the frequency of visits was of sufficient frequency to maintain or promote the continuity of the relationship?		During the PUR, were concerted efforts made to ensure that the quality of visits was sufficient to maintain or promote the continuity of the relationship?	
		#	%	#	%
Mother	YES	43	86.00%	40	88.89%
	NO	7	14.00%	5	11.11%
	TOTAL	50		45	
Father	YES	26	86.67%	24	85.71%
	No	4	13.33%	4	14.29%
	TOTAL	30		28	

Item 8 Sibling Visits Data (OER 3, September 2016 - September 2017)				
What was the usual frequency of visits between the child and his/her siblings during the PUR?				
		#	%	
Siblings	More than once per week	6	12.00%	83.33%
	Once per week	6	12.00%	
	Less than once per week but at least twice per month	5	10.00%	
	Less than twice per month but at least once per month	8	16.00%	
	Less than once per month	3	6.00%	
	Never	2	4.00%	
	TOTAL	30		

Item 8 Sibling Visits Data (OER 3, 09/2016 - 09/2017)					
		#	%	#	%
During the PUR, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his/her siblings was of sufficient frequency to maintain or promote the continuity of the relationship?					
During the PUR, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and his or her siblings was sufficient to maintain or promote the continuity of the relationship?					
YES		26	86.67%	24	85.71%
NO		4	13.33%	4	14.29%
TOTAL		30		28	

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSR 3 review tool following a site visit by our federal partners in April 2017.

OUTCOME P2 STRENGTHS

Item 7:

- Best performing Item in this Outcome
- Concerted and ongoing efforts to place separated siblings together evident in the case file or through interviews, unless a sibling's need(s) required separation

Item 8: (when looked at separately)

- Frequency and quality of sibling visits
- Frequency and quality of parent-child visits

Item 9:

- Second best performing Item in this Outcome

Item 10:

- When the current or most recent placement is/was with a relative, the placement was stable and appropriate to the child's needs

Item 11:

- The agency provided opportunities for therapeutic situations to help the parent and child strengthen their relationship

OUTCOME P1 CHALLENGES

Item 7:

- Placement moves that occurred were not made in an effort to achieve case goals or to meet child's needs in all cases (specifically, because a foster parent requested a move due to child's behavior)

Item 8:

- Although frequency and quality of sibling and parent-child visits were generally sufficient when looked at separately, the item as a whole continues to decline because in many cases one half of the item may have been a strength (e.g., sibling visits) but the other half was not (e.g., father-child visits)

Item 9:

- Concerted and ongoing efforts to ensure that the child in foster care's important connects were maintained were not evident in all cases (specifically: with siblings not in care and extended family relatives)

Item 10:

- Reviewers did not see evidence of ongoing efforts to locate missing parents (particularly fathers) or identify unknown fathers
- Reviewers did not see ongoing efforts to evaluate or re-evaluate the availability of relatives to provide care for children in care

Item 11:

- Reviewers did not see evidence of efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his/her mother and/or his/her father in many cases (such evidence could be including parents in school meetings, medical appointments, birthday parties, etc.)

Stakeholder Feedback

Overlaying all of these challenges are larger systemic issues such as the high staff turnover rate in the private agencies, caseloads, and shifting focus from DCFS leadership that redirects energy from attending to practices necessary to achieve this Outcome

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case


record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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

As reported in the FFY18 APSR, data for the well-being outcomes shows that performance continues to decline from previous years for WB1 (to 62.22% substantially achieved, impacted by performance in the in-home cases), improved for WB2 (to 91.80% substantially achieved), and improved for WB3 (to 85.93% substantially achieved, again impacted by performance in in-home cases):

September 2016 - September 2017 OER 3 Data: Running Totals: 68 Foster Care 22 In-Home (90 Total)									
	Foster Care Cases			In-Home Cases			COMBINED DATA		
	%SA/S*	#SA/S*	#Applicable	%SA/S*	#SA/S*	#Applicable	%SA/S*	#SA/S*	#Applicable
Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS	60.29%	41	68	68.18%	15	22	62.22%	56	90
Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS	91.07%	51	56	100.00%	5	5	91.80%	56	61
Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	83.82%	57	68	78.57%	11		82.93%	68	82

There are several items for each Outcome that informs overall outcome performance:

WB1, associated Items	WB2, associated Items	WB3, associated Items
Item 12: Needs and Services of Child, Parents, and Foster Parents	Item 16: Educational/ Develop-mental Needs of the Child	Item 17: Physical Health of the Child
12a: Needs Assessment and Services to Children		Item 18: Mental/Behavioral Health of the Child
12b: Needs Assessment and Services to Parents		
12c: Needs Assessment and Services to Foster Parents		
Item 13: Child and Family Involvement in Case Planning		
Item 14: Caseworker Visits With Child(ren)		
Item 15: Caseworker Visits With Parents		

Outcome WB1 Discussion

In WB1, the evaluations of four (4) items and three (3) sub-items in Item 12 support the overall outcome achievement rating. Current data suggests a decline in performance for all Items (except for Item 12c, which shows improvement) in this Outcome, and in the outcome itself:

WB1 Items, OER 3 data over time:

% of cases rated a “Strength”	OER II R1-6 (reported in the 2015 - 2019 CFSP)	OER II R7 (reported in the 2016 APSR)	OER 3 Round 1 (reported in the 2017 APSR)	OER 3 (reported in the 2018 APSR)	OER 3 (updated for the CFSR SAI)
Item 12: Needs and Services of Child, Parents, and Foster Parents	69.4%	86.4%	76.56%	66.67%	66.67%
12a: Needs Assessment and Services to Children			93.75%	85.51%	85.56%
12b: Needs Assessment and Services to Parents			78.57%	62.07%	61.84%
12c: Needs Assessment and Services to Foster Parents			89.47%	95.24%	93.22%
Item 13: Child and Family Involvement in Case Planning	76.3%	83.9%	81.97%	72.31%	69.41%
Item 14: Caseworker Visits With Child(ren)	82.8%	93.9%	93.75%	86.96%	83.33%
Item 15: Caseworker Visits With Parents	70.3%	84.0%	60.71%	50.88%	52.00%
OUTCOME WB1 overall	63.4%	81.8%	75.0%	62.32%	62.22%

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFRS 3 review tool following a site visit by our federal partners in April 2017.

Overall, performance in WB1 continues to decline from a high of 81.8% as reported in the FY16 APSR (currently at 62.22% substantially achieved). Some of this is attributable to changes in the definitions of how to rate items (CFRS 2 versus CFRS 3), and learning how to more appropriately apply the items in the CFRS 3 review tool. The current data for each Item informs the state that:

- Item 12a: For foster care cases, the ongoing assessments of the child’s needs were not comprehensive (for example, ensuring independent living assessments and social-emotional-normalization needs/activities beyond mental health needs and services) and thus impacted the ability of the reviewer to rate the case a strength. For in-home cases, comprehensive assessments were not completed for **all** children in the family (tended to include an identified child only).

- Item 12b: For foster care cases, the lack of ongoing and adequate assessments of fathers, mothers, or both parents impacted the ability of the reviewer to rate the case a strength. In several cases the lack of caseworker visits with parents, and/or caseworker turnover, had a significant impact on the agency’s ability to assess parents and provide adequate services. For in-home cases, the lack of ongoing and adequate assessments of mothers and fathers (and in 1 case a paramour) and lack of provision of identified services (transportation, parenting education services, sexual perpetrator/offender services, and protective capacity assessments) impacted the ability of the reviewer to rate the case a strength.
- Item 12c: For the foster care cases rated Area Needing Improvement for this sub-item, the lack of assessment of the caregiver’s possible needs as a foster parent was the reason.
- Item 13: Rating determinations for this item are strictly based on the concerted efforts of the agency to actively involve children and parents in the case planning process. The OER 3 data collected shows that when all cases are evaluated together, children are most likely to be actively involved in case planning versus parents:

OER 3 Data, 9/16 – 9/17:

All Cases	During the period under review, did the agency make concerted efforts to actively involve the <u>child</u> in the case planning process? <i>(32 cases = not applicable due to age or developmental ability)</i>		During the period under review, did the agency make concerted efforts to actively involve the <u>mother</u> in the case planning process? <i>(14 cases = not applicable due to TPR, deceased, etc.)</i>		During the period under review, did the agency make concerted efforts to actively involve the <u>father</u> in the case planning process? <i>(38 cases = not applicable due to TPR, deceased, etc.)</i>	
	Yes		Yes		Yes	
	44	83%	52	73%	33	70%
	9	17%	19	27%	14	30%
TOTAL	53		71		47	

When observed by case type, a different picture emerges:

OER 3 Data, 9/16 – 9/17:

Foster Care	During the period under review, did the agency make concerted efforts to actively involve the <u>child</u> in the case planning process? <i>(24 cases = not applicable due to age or developmental ability)</i>		During the period under review, did the agency make concerted efforts to actively involve the <u>mother</u> in the case planning process? <i>(13 cases = not applicable due to TPR, deceased, etc.)</i>		During the period under review, did the agency make concerted efforts to actively involve the <u>father</u> in the case planning process? <i>(33 cases = not applicable due to TPR, deceased, etc.)</i>	
	Yes		Yes		Yes	
	33	85%	34	68%	18	60%
	6	15%	16	32%	12	40%
TOTAL	39		50		30	

In Home	During the period under review, did the agency make concerted efforts to actively involve the <u>child</u> in the case planning process? <i>(1 cases = not applicable due to age or developmental ability)</i>		During the period under review, did the agency make concerted efforts to actively involve the <u>mother</u> in the case planning process? <i>(1 cases = not applicable due to TPR, deceased, etc.)</i>		During the period under review, did the agency make concerted efforts to actively involve the <u>father</u> in the case planning process? <i>(5 cases = not applicable due to TPR, deceased, etc.)</i>	
	Yes	11	79%	18	86%	15
No	3	21%	3	14%	2	12%
TOTAL	14		21		17	

Clearly children in foster care are more actively involved in case planning versus those in in-home cases, and parents are actively involved in in-home cases than foster care cases. The lack of concerted efforts to actively involve parents in case planning in foster care cases directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

- Item 14: Cases were rated a strength for this item because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals for those cases. Cases rated as Area Needing Improvement were due to the **quality** of caseworker contacts. Documentation and interviews corroborated the lack of substantive interaction and observations of the child during home visits by the caseworker. For example, the child/youth was not seen separately, insufficient efforts made to engage a reluctant child in conversation, visits of short duration, and/or detailed notes but not substantive (details were lacking professional depth, insight of appropriate description of activities observed during the visits).

Item 14: Caseworker Visits With Child(ren) Data (OER 3, September 2016 - September 2017)

What was the typical pattern of visits between the caseworker and the child during the PUR?					During the PUR, was the frequency of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?			During the PUR, was the quality of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals (for example, did the visits between the caseworker and the child(ren) focus on issues pertinent to case planning, service delivery, and goal achievement)?	
		#	%			#	%	#	%
Foster Care	More than once per week	0	0%	97%	YES	63	93%	59	87%
	Once per week	4	4%		NO	5	7%	9	13%
	Less than once per week but at least twice per month	18	20%		TOTAL	68		68	
	Less than twice per month but at least once per month	44	49%						
	Less than once per month	2	2%						
	Never	0	0%						
TOTAL		68							
In Home	More than once per week	0	0%	100%	YES	20	91%	18	82%
	Once per week	7	8%		NO	2	9%	4	18%
	Less than once per week but at least twice per month	14	16%		TOTAL	22		22	
	Less than twice per month but at least once per month	1	1%						
	Less than once per month	0	0%						
	Never	0	0%						
TOTAL		22							
Combined	More than once per week	0	0%	98%	YES	83	92%	77	86%
	Once per week	11	12%		NO	7	8%	13	14%
	Less than once per week but at least twice per month	32	36%		TOTAL	90		90	
	Less than twice per month but at least once per month	45	50%						
	Less than once per month	2	2%						
	Never	0	0%						
TOTAL		90							

- Item 15: Cases applicable for this item rated a strength because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In cases rated as Area Needing Improvement the **frequency and quality** of caseworker contacts were the practice concerns.
 - In general, it was observed that caseworkers did not hold parents in high regard or find it their responsibility to actively seek out and engage parents. It was frequently noted in case notes, or reported during interviews, that “the parents did not avail themselves of” visits/services. Efforts to locate missing parents (particularly fathers) was minimal or non-existent and if occurred was generally limited to using the Diligent Search Service Center (DSSC) versus that and contacting known relatives/friends for updates on whereabouts. Even when the goal was Return Home and the parents whereabouts known, agency staff were not ensuring visits to the parents in their home and using those visits to address pertinent issues and achieve case goals.

OUTCOME WB1 STRENGTHS

Item 12:

- Needs and services to foster parents

Item 13:

- Engagement of parents in In Home cases

-
- Engagement of children in Foster Care cases

Item 14:

- Frequency of caseworker-child visits

Item 15:

- Frequency of caseworker visits with mothers in in-home cases (sufficient frequency=95%)

OUTCOME WB1 CHALLENGES

Item 12:

- Needs and services to children and parents

Item 13:

- Engagement of parents in Foster Care cases
- Engagement of all children in In Home cases

Item 14:

- Quality of caseworker-child visits

Item 15:

- Frequency and quality of caseworker visits with parents in foster care cases, and fathers in in home cases
 - Sufficient frequency with mothers in foster care cases=57%; quality of visits that do occur=70%
 - Sufficient frequency with fathers in foster care cases=40%; quality of visits that do occur=65%
 - Sufficient frequency with fathers in in home cases=73%; quality of visits that do occur=85%
- Quality of caseworker visits with mothers in in-home cases (sufficient quality=86%)

Stakeholder Feedback

OER 3 data is shared routinely with Regional CQI Collaboratives. Feedback includes:

- The lack of a state budget for two years had a significant impact on the availability of services to children and families served by IDCFS and its private partners (POS). In particular, domestic violence and substance abuse services remain harder to obtain.
- Staff shortages primarily POS around the state are impacting the ability to adequately serve families and children.
- Immersion Sites: Within the Immersion Sites, initiatives aimed at improving treating the family and engagement through the implementation of the FTS Core Model of Practice, the Model of Supervision, Child and Family Teams, flexible spending, and Quality Service Reviews being implemented.

- The Child Welfare Advisory Council (CWAC) has developed a workforce development and training sub-committee to address the areas of training, and retaining staff. It is anticipated that this group will formulate recommendations to assist in maintaining the current workforce, reduce turnover and transition, and enhance the skills of current staff. This sub-committee includes both DCFS and POS partners.

Outcome WB2 Discussion

Outcome WB2 includes only one Item, Item 16 (Educational/Developmental Needs of the Child). Performance for that item was exactly the same as the outcome. Overall, performance is improved when compared to what was reported in the CFSP, the 2016 APSR and the 2017 APSR:

WB2 Item 16, OER 3 data over time:

% of cases rated a “Strength”	OER II R1-6 (reported in the 2015 - 2019 CFSP)	OER II R7 (reported in the 2016 APSR)	OER 3 Round 1 (reported in the 2017 APSR)	OER 3 (reported in the 2018 APSR)	OER 3 (updated for the CFSR SAI)
Item 16: Educational Needs of the Child	90.4%	92%	90.9%	95.65%	91.8%
OUTCOME WB2 overall	90.4%	92%	90.9%	95.65%	91.8%

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFR 3 review tool following a site visit by our federal partners in April 2017.

Five (5) cases in the current OER 3 data were rated as an Area Needing Improvement for this Item/Outcome, and all were foster care cases.

OUTCOME WB2 STRENGTHS

Item 16:

- In 100% of In Home cases that were applicable for this item/outcome, assessment of educational/developmental needs were made, and either there were no identified needs or the agency made concerted efforts to ensure the child(ren) received appropriate services.
- In 91.07% of the Foster Care cases, assessments were completed and needed services were provided.

OUTCOME WB2 CHALLENGES

Item 16:

- When children/youth have less traditional/typical educational needs, concerted efforts by the agency to assess and provide appropriate services is typically weak. In the foster care cases where assessments and services were not provided, all children/youth had

special educational needs (needed an IEP assessment, attended therapeutic day school, in detention but no assessment of needs, youth in alternative high school, etc.).

Stakeholder Feedback

OER 3 data is shared routinely with Regional CQI Collaboratives. As the Regional CQI Collaboratives have been focused primarily on maltreatment in foster care and achievement of permanency, specific feedback on Outcome Well-Being 2 has not been solicited.

Outcome WB3 Discussion:

Outcome WB3 includes two Items, Item 17 (Physical Health of the Child), and Item 18 (Mental/Behavioral Health of the Child). The outcome overall was rated substantially achieved in 82.93% of cases in the current OER 3 data, which represents a decline in improvement from the 2018 APSR:

WB3 Items, OER 3 data over time:

% of cases rated a “Strength”	OER II R1-6 (reported in the 2015 - 2019 CFSP)	OER II R7 (reported in the 2016 APSR)	OER 3 Round 1 (reported in the 2017 APSR)	OER 3 (reported in the 2018 APSR)	OER 3 (updated for the CFSR SAI)
Item 17: Physical Health of the Child	98.1%	93.8%	91.8%	90.9%	88%
Item 18: Mental/Behavioral Health of the Child	89.7%	93%	78.4%	86.8%	84.62%
OUTCOME WB3 overall	90.4%	91.4%	82.14%	85.25%	82.93%

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CF3R 3 review tool following a site visit by our federal partners in April 2017.

Foster care cases generally perform better than do in-home cases. As with WB2, the OER 3 the review process allows for Outcome WB3 to be “Not Applicable” if the child is too young (Item 18), or if the evaluation of the outcome was not relevant to the reason for case opening/DCFS involvement (in-home cases, both items).

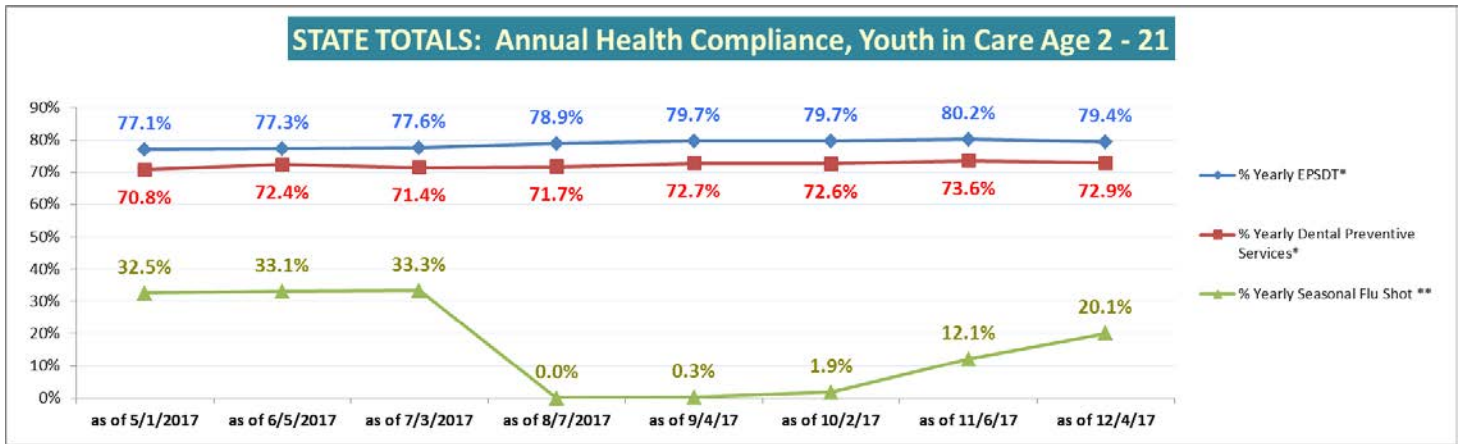
In the current OER 3 data for Item 17, applicable cases that were rated as Area Needing Improvement (ANI) was because the child(ren) had not received needed dental care services. Eight (8) of the 9 ANI cases were foster care cases.

In the current OER 3 data for Item 18, eight (8) of the 52 applicable cases were rated as Area Needing Improvement. In these 8 cases, six (6) were foster care and two (2) were in-home.

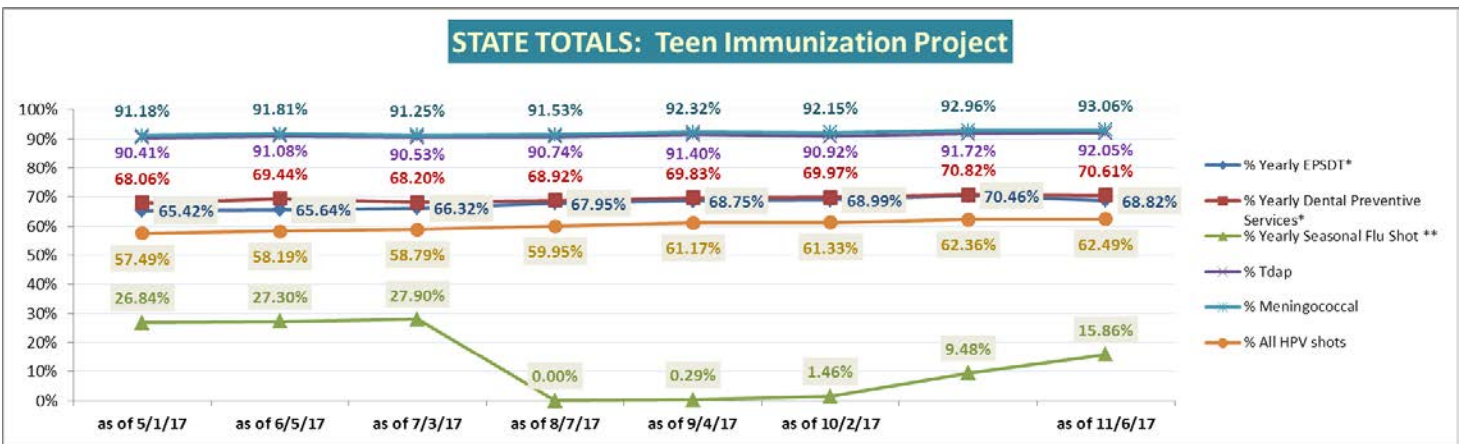
In all but 1 of the 52 applicable cases, the child(ren) had significant mental/behavioral health needs and were often professionally diagnosed with a DSM-V diagnosis (such as ADHD, bi-polar, schizophrenia). The issues of concern were not necessarily with assessment of needs, but rather with the provision of adequate services:

- In one case, the youth was in detention and he was not being provided with sexual offender services because that type of service was not available in the detention center.
- In another case, the youth refused all prior service referrals and the assigned caseworker anticipated he will continue to refuse so services are not even offered/discussed with him.
- In an in-home case, the mother had linked the family up with community services but the caseworker had made no efforts to assess services.
- In another case, the youth was transitioning from female to male and the goal was return home to mom but mom was noted as resistant to the idea of her daughter changing. This issue was having an impact on the youth, but had not been brought up to the mother.
- In an in-home case, the children had all been sexually abused but only one of them had been provided with services.

In June 2017, through the Illinois Joint DCFS-POS CQI Framework, the state began a concerted effort to improve health data related to annual physical exams, dental exams, annual flu shot, and immunizations for teens. The data was evaluated and monitored on a monthly basis according to region and agency, as well as age group (presented below aggregately for the entire state). In general, since the launch of the project, there has been about a 2% increase in performance on all measures:



*(Indicates service date of 05/01/2016 or greater)
 **(Indicates flu season immunization date of 08-01-2017 or greater)



*(Indicates service date of 05/01/2016 or greater)
 **(Indicates flu season immunization date of 08-01-2017 or greater)

(Note: Flu shot data resets to zero (0) on 8/1 of every year)

Stakeholder Feedback

Challenges with making more substantive improvements in performance include the ability of agencies to make corrections in the state Health File tab in SACWIS (if not completed correctly, the entry gets over-written with the next download of data from Illinois' Department of Public Health), and the fact that the monthly data reports are rolling cohorts (so new children to the system who have not been in the system long enough to have gotten required routine physical/dental care are included every month, which makes it harder to determine overall improvement). Agencies and DCFS teams are engaged in internal efforts to ensure all children in foster care receive needed health/dental care and immunizations, and report out on their progress at quarterly Regional CQI Collaborative Meetings.

OUTCOME WB3 STRENGTHS

Item 17:

- Assigned agencies accurately assessed the children's physical health care needs (98.66%)
- Assigned agencies accurately assessed the children's dental health care needs (92.06%)
- Assigned agencies provided appropriate oversight of prescription medications for physical health issues (91.66%)
- Assigned agencies ensured that appropriate services were provided to the children to address all identified physical health needs (94.87%)

Item 18:

- Assigned agencies provided appropriate oversight of prescription medications for mental/behavioral health issues (94.11%)

OUTCOME WB3 CHALLENGES

Item 17:

- Assigned agencies did not ensure that appropriate services were provided to the children to address all identified dental health needs (65%)

Item 18:

- Assigned agencies did not accurately assess the children's mental/behavioral health care needs (88.46%)
- Assigned agencies did not ensure that appropriate services were provided to the children to address all identified mental/behavioral health needs (86.27%)

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Statewide Information Systems: : The Illinois Department of Children and Family Services (DCFS) has had statewide-computerized data collection and reporting systems for over 20 years. The Department has continued planning around the consolidation of disparate data and reporting platforms. The Department implemented case management functions including incident reporting and the CANS assessment (Child and Adolescent Needs and Strengths) in the ICWIS system during this reporting period. These functions were previously accessed on separate systems, however have been transitioned in ICWIS as part of ICWIS core case management functionality.

In accordance with practice and associated policy, families served by the Department have established case episodes (investigation, intact or placement case) where comprehensive information is captured in the respective case management systems (described in detail below). Department information systems have the ability to produce quantitative and qualitative information on case status and outcomes as well as capture person demographics, family dynamics and comprehensive data including notes and assessments. Vital case information is primarily recorded in the Department's legacy case management system (CYCIS) and ICWIS, the "SACWIS-like" system implemented in Illinois. These two platforms are the core case management data systems used to record family and child cases. It is the Department's intention to consolidate the remaining case management functions from CYCIS to ICWIS in a future ICWIS release. Initial requirements for this effort have been gathered, design completed and development is underway.

The Departments' primary systems for explicitly tracking children in care are:

CYCIS: The Child and Youth Centered Information System (CYCIS) captures data for any person or family who is or ever has received services through DCFS. The CYCIS system tracks significant demographic information on all clients, as well as placement and permanency goal information for all children for whom DCFS is legally responsible. Other than the standard demographic information such as age, race and gender, CYCIS also tracks disability data, and class or consent decree data such as pregnant and parenting wards. CYCIS is a mainframe computer platform (IMSA). Certain key AFCARS data elements are obtained from the CYCIS system, such as placement and legal information. Plans are underway to move to a new Case Management system that will replace both the current ICWS and CYCIS case management systems. When that happens, there will be a corresponding change to the AFCARS reporting code beyond what is being planned for AFCARS 2.0. Until this transition is fully completed, IMSA/CYCIS remains the Departments' legal system of record.

MARS: The Management Accounting and Reporting System (MARS) tracks information regarding service providers and licensed caregivers. It is on the same platform as the CYCIS system. Through the use of unique identifiers, MARS information allows the state to obtain even more specific placement information on children in care, such as the age of the caregivers, what is the licensed capacity (number of slots) of the home, and how long they have been licensed as foster parents. Background check information on providers is also captured. Significant work is underway to interface MARS data with the Statewide Enterprise Resource Planning (ERP) system currently being developed by the State.

ICWIS (Illinois Child Welfare System-Illinois' SACWIS-like system): is the state's primary child welfare information and case management system. It is the entry point into other DCFS computer reporting systems for investigative, child and family case information. It has undergone many phases of enhancements over the many years since initial implementation in 2001 to keep the system in compliance with numerous federal and state requirements in child welfare, as well as to keep the system relevant to the changing needs of child welfare practice in the areas of intake, investigations, case management, service planning, health and education. The majority of the AFCARS data elements are now pulled from the ICWS system.

The Department is currently engaged in the Comprehensive Child Welfare Information System (CCWIS) feasibility study, which was launched in August 2017. The feasibility study is needed to evaluate and plan Illinois' approach for improving its enterprise and data systems landscape under CCWIS guidelines. The study is well into the third project phase, which is the requirements phase. The CCWIS initiative is an opportunity for state agencies to improve comprehensive child welfare case management, improve data quality and create workforce efficiencies through innovation like mobile responsive applications. The benefits to the CCWIS effort include:

- Readily accommodates changes in practice and technology
- Provides flexibility to "right size" systems
- Promotes program and system interoperability
- Requires data quality processes
- Reduces cost for development & maintenance
- Reduces time for development & maintenance
- Modularized system components allow for improved, more efficient data sharing

In addition to CYCIS and ICWIS the Department uses other data systems to track specific requirements, functions and case outcomes. Such systems include but are not limited to the Administrative Case Review (ACR) system, Illinois Outcomes and the Statewide Provider Database (SPD).

Below is an example of some of the data that is readily available:

DCSF Child Opening Sample Data
January 2018 Case Openings

First Name	Birthdate	Open Date	Legal Status	Placement Type	Placement City	Perm Goal	Gender	Race	Ethnicity
[REDACTED]	[REDACTED]	1/16/2018	TR	FHP	DURAND	Ret Hom	F	WH	NH
[REDACTED]	[REDACTED]	1/10/2018	PC	FHB	ROCKFORD	Ret Hom	F	WH	HO
[REDACTED]	[REDACTED]	1/18/2018	PC	HMR	ROCKFORD	Ret Hom	M	WH	NH
[REDACTED]	[REDACTED]	1/3/2018	NO	IPA	CHICAGO		F	WH	NH
[REDACTED]	[REDACTED]	1/5/2018	NO	HMP	ROCKFORD		M	WH	HM
[REDACTED]	[REDACTED]	1/4/2018	PC	HMR	CHATHAM	Ret Hom	M	WH	NH
[REDACTED]	[REDACTED]	1/22/2018	PC	HFK	LINCOLN	Ret Hom	M	WH	NH
[REDACTED]	[REDACTED]	1/13/2018	PC	FHB	CHAMPAIGN	Ret Hom	M	BL	NH
[REDACTED]	[REDACTED]	1/26/2018	GO	HFK	CHAMPAIGN	Ret Hom	M	BL	NH
[REDACTED]	[REDACTED]	1/5/2018	PC	HFK	DANVILLE	Ret Hom	M	WH	NH
[REDACTED]	[REDACTED]	1/12/2018	PC	HFK	HAMMOND	Ret Hom	F	BL	NH
[REDACTED]	[REDACTED]	1/3/2018	PC	HMR	OREANA	Ret Hom	F	WH	NH
[REDACTED]	[REDACTED]	1/31/2018	PC	HMR	CHICAGO		M	CV	NH

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Case Review Systems: Written Case Plan: The state provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions. Specifically, DCFS Procedures 315 provides an outline for how the Service Plan is to be developed through information from the investigation, the integrated assessment, in collaboration with the parents and children, and through regular supervision.

The Administrative Case Review (ACR) Unit has the responsibility and authority to manage the ACR process, and must ensure it complies with Department Rules and Procedures, with federal mandates, and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and families of their rights, and may limit participation by the child or family when needed. The Reviewer encourages participant discussion regarding the contents of the service plan and additional case dynamics while maintaining the focus of the ACR process. The Reviewer ensures that the goals of safety, permanency, and well-being, as well as the evaluation of progress, are consistent with the facts of the case; that tasks and time-frames are appropriate for the goal; that the child is placed in a safe environment that is the least restrictive setting to meet the child's needs; and provides a written report of the findings. An additional responsibility of ACR is to determine if the services identified in the plan are appropriate for the parents and children. In 87% of the cases reviewed it was determined that the services identified in the plan were appropriate to address the issues that brought the children into care. ACR also issues alert feedbacks on cases where the service plan was not developed timely and thus delayed services to the family. ACRs are conducted every 6-months.

Administrative Case Review has not previously tracked the number of wards placed out of State, nor the frequency that these children are visited by their caseworkers. However, effective April 1, 2017, ACR has added a question to the Case Review Information Packet (CRIP) which will allow tracking of out-of-state children and youth and monitor if they are being visited by their case managers per policy and procedure. According to initial ACR data, when youth are placed out of State the caseworker is not seeing them per procedural requirements 21% of the time.

Parental/Stakeholder involvement: ACR data regarding parental involvement in service planning over the *past three fiscal years* reflect that only 14.3% of the time does one or more parents feel they were included in the development of the service plan. This information comes from the ACR Special Needs data. A wide variety of Special Needs questions are included as part of every review. Answering these questions is a requirement of convening the review. One of

these questions specifically asks if the parent(s) were involved in the planning process, and a yes answer to this question is what provided the count of parents involved. The parent must be present or participating by phone in order for this question to be answered yes or no. ACR's most recent data shows that when the parents were present to answer the question regarding their involvement in the service planning process only 54.6% indicated that they had been involved in the development of their service plan, while 45.4% stated they had not been included in the development of the plan.

Administrative case reviewers, through review of the services offered in the service plan, identified that parents were receiving essential services required to achieve the selected permanency goal only 59% of the time. Children were receiving essential services to achieve the permanency goal 88% of the time.

	Clients Reviewed	Parents involved in service plan development
FY14	20,992	2,988 14.2%
FY15	19,261	2,944 15.3%
FY16	17,949	2,784 15.5%
FY17	17,043	2,428 14.3%

Through the OER Review additional data is available to show to what extent children and parents are involved in case planning. The following documentation was presented in Item 13 in the Outcomes section: Rating determinations for this item are strictly based on the concerted efforts of the agency to actively involve children and parents in the case planning process. The OER 3 data collected shows that when all cases are evaluated together, children are most likely to be actively involved in case planning versus parents:

The reader will note the difference in data between ACR and OER (given below) in regards to parental involvement in developing the service plan, (ACR giving a percentage of 54.6 and OER 74.5) can likely be explained by the fact that the OER data is based on a smaller sample of cases and includes contacting parents to gather their input. ACR data is based upon a review of all children in out of home care, and parents are only asked about their involvement in service plan development if they attend the ACR.

OER 3 Data, 9/16 – 9/17:

All Cases

During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (32 cases = not applicable due to age or developmental ability)

Yes: 44 (83%); No: 9 (17%); Total: 53

During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process? (14 cases = not applicable due to TPR, deceased, etc.)

Yes: 52 (73%); No: 19 (27%); Total: 71

During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process? (38 cases = not applicable due to TPR, deceased, etc.)

Yes: 33 (70%); No: 14 (30%); Total: 47

When observed by case type, a different picture emerges:

OER 3 Data, 9/16 – 9/17:

Foster Care

During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (24 cases = not applicable due to age or developmental ability)

Yes: 33 (85%); No: 6 (15%); Total: 39

During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process? (13 cases = not applicable due to TPR, deceased, etc.)

Yes: 34 (68%); No: 16 (32%); Total: 50

During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process? (33 cases = not applicable due to TPR, deceased, etc.)

Yes: 18 (60%); No: 12 (40%); Total: 30

In Home

During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (1 case = not applicable due to age or developmental ability)

Yes: 11 (79%); No: 3 (21%); Total: 14

During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process? (1 case = not applicable due to TPR, deceased, etc.)

Yes: 18 (86%); No: 3 (14%); Total: 21

During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process? (5 cases = not applicable due to TPR, deceased, etc.)

Yes: 15 (88%); No: 2 (12%); Total: 17

Clearly children in foster care are actively involved in case planning versus those in in-home cases, and parents are more actively involved in in-home cases than foster care cases. It is clear that the lack of concerted efforts to actively involve parents in case planning in foster care cases directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

Additional intact data is available through the Intact Statewide Scorecard, as an example, initial service plans for intact cases were completed within 45 days in 91.16% of intact cases in FY17.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Periodic Reviews: The state provides a process for the periodic review of the status of each child that includes the required provisions no less frequently than once every six months, either by court or administrative review.

Two review processes are required by Rule and Procedures to ensure periodic review on the status of every child in the Illinois substitute care system no less frequently than every 6 months: Administrative Case Reviews (ACR) and Permanency Hearings. ACRs focus on the safety, permanency, and well-being of children in substitute care. The first ACR is conducted six months after a child or youth's placement in substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remains in substitute care.

ACR Surveys: Using 12 months of the year and 4 regions, each region is assigned four survey months during the year. Surveying will take place for one week within the survey month. The ACR manager will select which week within their month in order to take into consideration the majority of reviews. During that week, surveys are distributed to all participants in every review. The ACR manager will be responsible for the data entry of the completed surveys, but may use a designee if he/she chooses. All data entry will be entered into the SharePoint site. Hardcopy surveys are distributed to parents, youth, and foster parents. The survey link is sent to caseworkers, supervisors and contracted providers for their completion on-line. This link is set to provide anonymity for the respondent.

Note: Within Cook County, during the specified survey month, Cook North, Cook Central and Cook South will each choose a week within the survey month. See survey month assignments at the end of this section).

During FY17 there were a total of 274 surveys submitted statewide: 71 from Cook North, 21 from Cook Central, 17 from Cook South, 38 from Northern, 69 from Central, and 58 from Southern.

The breakdown of survey completion was: Mothers 9%, Fathers 2%, Youth age 12 or older 3%, Foster parents 13%, DCFS workers 12%, Private agency workers 51%, other professionals 5%, and other non-professional 5%. The surveys were mostly positive and narratives from the foster parents and parents stated that the ACR gave them a better understanding of where the case was headed and what they needed to do in order to achieve permanency.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Cook	X				X				X		X	
Northern		X				X		X		X		
Central			X		X		X				X	
Southern		X		X				X				X

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

#34 Percentage of youth in care receiving required Administrative Case Reviews

FY	Annual JUL	AUG	Q1 SEP	OCT	NOV	Q2 DEC	JAN	FEB	Q3 MAR	APR	MAY	Q4 JUN
2014	72.60%	73.31%	71.33%	71.36%	69.19%	68.45%	68.27%	70.81%	65.26%	73.21%	70.73%	67.14%
2015	69.82%	67.92%	65.94%	72.41%	71.25%	68.41%	67.15%	69.93%	64.59%	73.95%	75.44%	74.90%
2016	75.35%	71.94%	71.22%	73.98%	76.72%	79.31%	77.46%	73.62%	76.85%	76.63%	77.98%	79.41%
2017	79.55%	78.37%	79.42%	76.63%	82.80%	78.37%	80.80%	80.31%	80.67%			

The information in the chart shows statewide data and represents the percentage of children who were eligible for a review and received a review within the appropriate time frames. There are several reasons why all children in care may not be reviewed: While the Department currently has no way to quantify the reasons children are not reviewed, some of the reasons include:

- Child went home prior to review date; review was cancelled, child then came back into care prior to original review month and caseworker did not notify ACR of the need to reschedule the ACR. ACR would receive notice of the child's return to care through the ACR system download from CYCIS that the child was back in care once the updated paperwork is processed by the worker. This child would then be scheduled for an ACR within the next six month cycle date;
- New baby taken into care and added to the case after the ACR date, however the data entry is back dated so it appears the child came into care prior to the ACR. Again, ACR receives notice from CYCIS and the child is reviewed during the next six month cycle date

Children and families are informed of their rights to appeal (in accordance with 89 Ill. Adm. Code 337, Service Appeal Process) if they disagree with any portion of the service plan resulting from recommendations made at the ACR or from decisions made by ongoing casework services of their worker. Appeals are conducted by the Department's Administrative Hearing Unit.

A Decision Review is available when a service provider, caregiver, or the caseworker (with supervisor approval) disagrees with any recommendations or usage of authority by the reviewer for interventions to be included or excluded in the service plan. The associate deputy director for ACR, or designee, makes a final decision within 10 working days after the Decision Review. Neither an appeal nor a Decision Review is allowed when a judge in a juvenile court proceeding issues a court order amending a specific intervention. There have been no decision reviews held in the past fiscal year.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

Permanency Hearings: The state provides a process which ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body that includes required provisions no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Pursuant to the Illinois Juvenile Court Act, a permanency hearing must occur every six months. At the permanency hearing the court sets the goal for the child, determines whether the services contained in the plan are appropriate to achieve the goal, whether the child's current placement is necessary and appropriate to achieve the plan and goal, and whether all parties to the case have made reasonable efforts. The service plan is prepared and submitted to the court and all parties at least 14 days in advance of the next permanency hearing. The service plan is reviewed at each permanency hearing for the progress made and service(s) still needed by the family. Permanency hearings are generally scheduled to follow after an ACR has been convened.

Permanency Hearings are a separate process from ACR; however, both systems work collaboratively to ensure timely permanency for children in custody and guardianship of the Department.

Additional procedures by ACR to assure the court system is aware of ACR findings and recommendations include:

- ACR provides the Guardian ad Litem (GAL) with a copy of the feedback report which is a synopsis of the case at the time of the ACR and is specific to permanency, safety and well-being. The feedback report also contains recommendations regarding issues and barriers that impact achieving timely permanency for children. Often times, these recommendations made by ACR, are used by court personnel for permanency decisions, service provision and further legal recommendations.
- Within Cook County, GAL's are sent a monthly schedule of ACR's indicating the date, time, and location of each review in an effort to increase GAL participation either in-person or by phone in the review process, as well as assuring the legal rights for their clients. Guardian ad Litem outside of Cook County are not provided this information as they are private attorneys with contractual agreements.

The same listing process for the Cook County GALs is also provided for the Cook County Public Defenders (PDs) via the Department's legal division.

- Downstate, Court Appointed Special Advocated (CASA) representatives are sent an invitational letter with the date of the ACR for their clients which allows for participation in the review process and advocacy for their clients.

ACR data over the past three fiscal years indicate that a permanency review hearing was held within six months prior to the ACR in 89.70% of the cases reviewed. This data comes from the ACR Special Needs data. A specific question asks, “Was a permanency hearing held within the past 6 months and documented by a signed Court Order? (Child case open 12 months or over)” Possible answers are Yes/No/NA. NA is reserved for those cases that are not open 12 months or more. The trend is showing a decrease in timely permanency hearings. ACR is seeing this more in downstate counties than in Cook County.

While there is no data to support the above statement (aside from the observations and discussions by ACR management,) during ACR monthly management meetings there is discussion of regional issues. It was initially noted in Southern region that Permanency hearings were being delayed or not held, especially in counties where there is only one Judge and State’s Attorney to handle all types of court hearings. Upon further discussion it was noted that court delays of permanency hearings tend to occur more often in smaller counties throughout all of the downstate regions, again based upon only one Judge handling all legal matters. Per DCFS Legal, Cook County has DCFS attorneys in the Court on a daily basis to help ensure the permanency hearings are held. Due to geography and the limited number of DCFS attorneys, this is not possible downstate. Thus, DCFS cannot always guarantee permanency hearings occur on schedule.

	Clients Reviewed where case open >12 months	Clients with Perm Hearing held in past 6 months
FY14	15,154	14,107 93.10%
FY15	15,188	13,812 90.90%
FY16	14,720	13,204 89.70%
FY17	13,598	11,836 87.04%

With some individual variation among counties, Service Plans and/or the Permanency Hearing Reports are to be submitted 14 days prior the Permanency Hearing. This gives Judges sufficient time to make independent determination on held cases, and there is generally no testimony by the case worker.

During each ACR the reviewer views the court orders to ensure a permanency review has been held within the required time frames and that reasonable efforts were granted. The reviewer has a specific question in the ACR packet “Was a permanency hearing held within the past six months and documented by a signed court order” Based on the cases reviewed ACR was able to capture the number of cases where a permanency hearing was held for the total number of cases reviewed. For example, in FY17 ACR reviewed 13,598 clients, and out of that number reviewed the permanency order for 11,836 that was presented at the ACR.

DCFS Legal receives monthly lists of cases pertaining to permanency hearings for their follow-up, including forwarding the information to the agency/caseworker. Any discrepancies are also forwarded to the court for cross-referencing and ensuring compliance.

- NON-COMPLIANT REPORT: A list of title IV-E eligible cases that have exceeded the timeframe for the required permanency hearing/reasonable efforts towards permanency finding. These cases need immediate attention.
- TICKLER REPORT – DUE FOR MONTH: A list of title IV-E eligible cases that need the required permanency hearing/reasonable efforts towards permanency finding this month. These cases need immediate attention.
- ALL TICKLER REPORT: A list of title IV-E eligible cases that will need a permanency hearing/reasonable efforts towards permanency finding within the next 4 months (see due date column).

Limitations to the data: ACR can only confirm that a permanency hearing was held within appropriate time frames if the case workers present the court order at the review. If the court order is not presented, ACR cannot verify this information. In those circumstances, staff from the office of Budget and Finance receives notification for that division to follow up with the caseworkers to see if the order does exist and was not brought to the ACR, or if indeed a permanency hearing was not held.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Termination of Parental Rights: The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones. Typically, caseworkers will take a case to a legal screening where the DCFS attorney will review the case to see if there are statutory grounds under the Adoption Act to seek termination of the parent's rights. If the case passes screening, the worker forwards that document to the Assistant State's Attorney (ASA) prosecuting the matter in circuit court. If the ASA files a petition for termination of the parent's rights, the matter is set for a first appearance. At this hearing, the parent is told what the allegations against them are. The court may then continue the matter for one or more pre-trials. The termination hearing itself is bifurcated (separated into two distinct parts). The first part is often called the "grounds" or "fitness" portion. At this hearing, the State presents evidence to show the parent is unfit, unwilling, or unable to exercise parental rights. The State must prove this by clear and convincing evidence. If the State meets its burden of proof, the hearing continues onto the "best interest" portion. This may occur the same day at the "grounds" portion, but it does not necessarily have to be held the same day. At the "best interest" hearing, the ASA will present evidence to support the statutory factors showing it is in the best interest of the minor(s) that the parent's rights are terminated. It is possible that a court would find a parent unfit at the grounds hearing, but subsequently rule that it is not in the best interest of the child that parental rights be terminated. However, if the court deems that the best interest of the child will be served by terminating the parent's rights, then it will enter an order to that effect.

While Illinois has a well-articulated process in place for TPR in conjunction with the juvenile court, the timeliness of TPR in accordance with the Adoption and Safe Family Act (ASFA) continues to be a challenge. As noted in the Assessment of Performance section for Permanency Outcome 1 – Item 7: Permanency Goal for Child, the lack of TPR petitions on cases open longer than 17 months (with no compelling reason not to file) continues to be one of the barriers to improved permanency performance.

Efforts to address barriers and effect change in this area (i.e. the Illinois PIP) have not yet resulted in sustainable improvement.

The AOIC implemented steps during the Child and Family Services Review Program Improvement Plan (CFSR PIP) period aimed at improving time to child permanency; this includes judicial training on permanency hearings and TPR proceedings. The AOIC developed the Enhancing Permanency Practice in Illinois: a Judicial Training and Road to Permanency and Best Practices in Termination of Parental Rights Proceedings. The AOIC continues to periodically offer the trainings. They have been well received with high evaluation results.

Adoption Safe Family Act (ASFA) Compliance: During the past three fiscal years ASFA compliance has averaged at 74.03. ACR has seen an increase in ASFA compliance over the past three years. This information comes from the ACR Special Needs data.

A specific question asks "If the child/youth was eligible (in care 15 out of the most recent 22 months), was the Adoption Safe Family Act protocol completed?" Possible answers are

Yes/No/NA. NA is reserved for those cases that are not in care 15 out of the most recent 22 months. The number of yes responses is shown along with the total with a response of Yes or No.

	Clients Reviewed requiring ASFA	Clients ASFA meeting
FY14	10,820	7,413 68.5%
FY15	12,518	9,058 72.4%
FY16	10,941	8,687 81.2%
FY17	10,949	9,324 85.2%

The following compelling reasons were noted through ASFA non-compliance utilizing responses from the ACR Case Review Information Packet (CRIP) as to why TPR was delayed or not filed:

- There is a permanency goal of return home and reunification: 35.2%
- The child is being cared for by a relative: 33.2%
- The child is age 14 or older and objects to being adopted: 28.9%
- Court related delays: 4.7%
- Casework related delays: .9%
- The child has severe emotional/behavioral problems or serious medical condition: 8%
- Other not specified delays: 9.4%

Additional Data in this area was provided by the recent OER. Below is the ASFA data (includes cases reviewed since the FY17 APSR was submitted, 50 total, so 25 foster care cases in the fall of 2016, and 25 foster care cases between February and April 2017):

A3. Is (are) the child's permanency goal(s) specified in the case file?	B. Were all the permanency goals that were in effect during the period under review established in a timely manner?	C. Were all permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case?	D. Has the child been in foster care for at least 15 of the most recent 22 months?	E. Does the child meet other Adoption and Safe Families Act criteria for termination of parental rights?	F. Did the agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?	G. Did an exception to the requirement to file or join a termination of parental rights petition exist?
Total Yes: 50 Total No: 0 Total NA: 0	Total Yes: 26 Total No: 24 Total NA: 0	Total Yes: 33 Total No: 17 Total NA: 0	Total Yes: 34 Total No: 16 Total NA: 0	Total Yes: 1 Total No: 15 Total NA: 34	Total Yes: 11 Total No: 21 Total NA: 18	Total Yes: 9 Total No: 12 Total NA: 29

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Scheduling: Each month, the Office of Innovation Technology Services disseminates the Case Review Monthly Roster (CRMR) by e-mail to all applicable caseworkers with families or children on their caseloads that will require an ACR. The CRMR is sent two months in advance of the scheduled cycle review month and includes the name, family case ID number, date and time of the ACR, and if the review has been prescheduled. Workers are to examine the CRMR's information regarding the child(ren) and family, note any special language or accessibility needs, review the list of persons who should be invited to the ACR and make any needed corrections. Cases having multiple workers should coordinate at this time to ensure all participants are available on the scheduled date and time for convening the ACR. To help ensure that the ACR is held as a family unit, only the lead worker may submit and/or make any changes to the CRMR for scheduling. Submittal of this information via the ACR database by the lead worker is required within 14 days following receipt. This information "populates" an electronic log to ACR Support Staff for scheduling and tracking purposes. Support Staff then schedules the ACR which "populates" a calendar of families to be reviewed for each administrative case reviewer and is viewable by ACR staff - program managers, administrative assistants, and coordinators. The electronic database allows for tracking of each ACR scheduled and indicates who originated the scheduling/re-scheduling. The database also tracks missed, cancelled and rescheduled reviews.

Administrative Case Reviews are to be held in an accessible locale of the biological family's residence. However, due to case dynamics, Administrative Case Reviews may sometimes be held outside of a family's catchment area with managerial approval. Participants may also request to participate by telephone and consideration is given based upon case dynamics.

Notification: The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard during the ACR with respect to the child and family services. Upon scheduling completion, the Department sends official notification to all persons listed on the CRMR who are to be invited to the ACR. A written notice indicating the date, time, place and purpose of the Administrative Case Review is mailed 21 days prior to the ACR to ensure the notice is received a minimum of 14 days before the scheduled review. This notice goes to the parents (and informs them of their rights to bring a representative to the review); the child, if age appropriate (12 or older); the child's caregiver; the caseworker; the child's Guardian ad Litem/CASA downstate, GAL and Public Defenders in Cook County and all others whom the caseworker identifies to attend. In addition to the notification letter via mail, families with a 5-month return home goal also receive a telephone call

to inform and encourage attendance at the administrative case review. Should any logistical changes be made to the scheduled ACR, revised letters are generated to inform the invitee of the change in date, time and/or location. In Cook County, the GAL and Public Defender contact the respective ACR office to confirm their attendance and are apprised of any logistical changes at that time.

Parents are initially informed of their right to be heard at court and the ACR through the publication "Substitute Care and Your Child" that is given to the parents at the time protective custody is taken. As it relates to court, the booklet states "it is important that you (parent) attend the hearing so the Judge can hear what you have to say about what has happened." The booklet goes on to discuss the various types of court hearings and reiterates the parents right to attend and be heard by the Judge. The booklet also states the following as it relates to the parents right to be heard at the ACR: "It is very important for you to go to the ACR. The ACR gives you and your children the chance to tell how you feel about the services you are receiving and how you are getting along. It gives you the chance to ask questions. It gives you the chance to tell about any disagreements you have with the service plan." In addition, the ACR invitational letter mailed to parents 21 days prior to the ACR date contains the following language as it relates to their right to be heard. "It is very important that you attend this ACR, as we are interested in hearing from you regarding how services are progressing, as well as the appropriateness of the services being provided to you and your child as outlined in the service plan and what the issues, problems, or services that you require that are not in place." "During the ACR, you will have the opportunity to discuss your service plan, as well as ask questions because you have an important say in the outcome."

In regards to notification of court hearings, if the parents attend the court hearings, they are given notice of the next scheduled hearing at that time, both verbally and with a copy of the Notice of Hearing. If the parents are not in attendance, then the Notice is typically mailed to them, or given to their attorney to serve them notice. The Administrative Office of the Illinois Courts (AOIC) has stated that they do track Notice in relation to the petition filing and the removal, but not at each hearing. The courts do not track notice that may be given to the caregivers, as they have been advised that the caseworker will notify the caregivers of the court dates and of their right to be heard. DCFS does not track this information at this time.

When an ACR is scheduled, a notification record is created for each parent, step-parent, worker, etc. This information comes directly from the ACR notification data. ACR staff can also add additional participants as needed. All participants are invited, unless parental rights have been terminated (for parents), or unless they are specifically marked not to be invited. A nightly process uses this information to generate notices (email for casework staff, physical letters for others) and then marks that notification record as having been generated.

**The chart below captures data for all participants who are required to be invited to the ACR: Parents (if they maintain their legal rights), Children (age 12 and older), foster parents, and caseworker(s). The caseworkers may also request that other participants be invited to the ACR: GAL, counselors, youth under age 12, CASA, family advocates, etc. The potential notifications reflect all those associated with the cases that may be invited; but, are not required to be invited.

	Reviews Scheduled	Reviews with notices sent	**Potential Notifications (parents, foster parents, youth, GAL, etc)
FY14	17,938	17,753 98.97%	76,364
FY15	17,866	17,659 98.84%	76,765
FY16	17,533	17,303 98.68%	75,594
FY17	17,254	17,073 98.91%	73,909

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

A Collaborative Approach to Continuous Quality Improvement

In FY 2018, DCFS, in collaboration with Purchase of Service Agencies (POS) and University Partners, launched a formal statewide Continuous Quality Improvement approach that includes both DCFS and POS agencies. Utilizing the five essential elements outlined in the ACYF-CN-IM-12-07 Informational memorandum, collaboration was formed starting with dedicated QA staff from DCFS, the CQI staff within POS, and two university partners. A two-day summit was held in February 2016 with an emphasis on building trust, relationships, and collaboration. Workgroups have centered on establishing a framework, re-purposing existing meetings, getting the right people to the table, identifying and focusing on priority outcomes and the “right” data. Essential to the process is the sharing of data, ideas, and improvement activities in a collaborative effort. As this new collective approach has gained momentum, the Chapin Hall partners have developed and piloted a Learning Collaborative to raise the skills and capacity of DCFS and POS CQI staff. The Training modules emphasize establishing common language, understanding and communicating the PDSA (plan do study act) CQI cycle, Advanced Analytics and effective data and findings presentations. Moving forward, these trained dedicated staff will be charged with training and coaching the CQI process throughout all levels of the DCFS and POS and eventually stakeholders invited into the framework and process.

Quality Assurance System: The state is operating an identifiable quality assurance system that is in place in the jurisdictions where services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures.

Processes for Quality Data Collection: DCFS has multiple avenues for gathering performance data from its network of data systems which covers the life of a child and family’s time with the Illinois child welfare system. A variety of data reports are accessible to staff via ICSW (SACWIS) system as well as CYCIS and other legacy systems to assist the field in managing their work towards improved outcomes.

The Division of Quality Enhancement (DQE) collects compliance and qualitative data via various case record review processes and utilizes quality controls to help ensure data quality. Following is a list of some of these programs:

- The posting of DCFS and POS provider data on the Department’s Agency Performance Data Site has led to an increased sense of responsibility by agency staff over the quality

Measure	Description	Goal	Agency PFY_Pct		Agency CFY_Pct	Statewide CFY_PCT	Agency LM_PCT	Statewide LM_PCT
1	% of Children Achieving Legal Permanency	40%	41.38	31.55	12.63	17.76		
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%	98.89	98.22	97.66	97.34	97.52	94.32
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%	98.10	91.43	97.27	91.40	95.04	89.40
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%	76.72	71.30	58.42	69.54	60.00	67.72

of their data since they may be put on heightened level of monitoring due to poor performance. Above is an example of a piece of an agency's Dashboard report.

- Joint Special Reviews is an internal case review and reporting process to examine case dynamics and case management practices in cases where there has been either the death of a child or youth, or an egregious act of child abuse or neglect had occurred. Cases referred for review have had previous child welfare involvement, and the findings are used to produce an informative training/in service for staff and supervisors. Since the inception of the Joint Special Review Process, 72 cases have been reviewed, with the two highest causes of death being caused by gun violence (18 deaths), and infant deaths caused by sleep-related incidents (14 deaths).
- Two reviews of Maltreatment in Foster Care cases were completed in FY 16 and FY 17 and findings will be used in the CQI framework and process to action plan for improvement.
- Quality Enhancement Support Teams (formerly Eckerd Reviews): Through the use of a predictive analytics model customized to Illinois, DCFS began by identifying investigations based on the likelihood a child may be at risk of serious injury or death. Investigations meeting this risk threshold would have an additional review to assess all prior and current case histories involving the child/family and follow the pending investigation until the investigation was completed. The review staff monitored decision-making and investigative practices, and intervened with the assigned investigator and their supervisor, when needed. Approximately 200-250 investigations were reviewed each month. In October 2017, this program was modified to begin reviewing all intact family cases within the State, and a formal process is in place for communicating individual and aggregate findings. At this time, approximately 2,100 intact cases have been reviewed out of the approximately 2,800 cases that are currently open statewide.
- Agency Performance Team (APT) reviews: The Division of Monitoring conducts ongoing compliance oriented reviews involving intact, placement and specialized foster care cases that are served by POS agencies. The case reviews include a stratified random sampling process and the use of a standardized review instrument customized to the type of case which is being reviewed. The reviews are conducted by reviewing SACWIS and case file documentation. Approximately 2600 placement, 450 intact and 300 specialized foster care cases are reviewed each year.

Analysis and Dissemination of Quality Data: DCFS disseminates performance data generated through its IT systems, databases, and qualitative case review processes to stakeholders for the purposes of supporting staff in the administration of their work with children and families, identifying performance issues in need of improvement, and ensuring the overall accountability of the state's child welfare system. FCURP (Foster Care Utilization Review Program) and DQE disseminate OER data reports to DCFS and POS staff at Regional CQI Collaborative meetings, as well as facilitate discussions about the Agency Performance Data Site (aka "the Dashboard")

measures/performance. Data tied to federal demonstration and waiver projects are shared with stakeholders through Child Welfare Advisory Council (CWAC) and other advisory groups. Attached below is an example of this data.



Northern Region Data
Book March 2018.pdf

The Agency Performance Data Site ensures that both DCFS and POS staff are able to directly view their own agency data at any given time as well as case specific data for the purposes of identifying and rectifying data quality issues. When inaccurate data is identified by an agency, case specifics are required in order to investigate the issue and then either support or dispute the agency's contention. If there is a data issue, the IT Services office is notified, and they work to rectify the problem. Before releasing any programmatic changes, the update is run through a test environment to verify that the correct data is being pulled. Agencies are then notified of the release of updated data.

During FY16 contracts were secured with the Eckerd organization and MindShare to provide predictive analytics (for investigations involving cases with high risk safety indicators) and dashboards on a multitude of data points (including CFSS Round 3 national data indicators). The Eckerd model was launched on 5/16/16 with three teams of dedicated reviewers throughout the state. DCFS made the decision not to renew the Eckerd contract but rather utilize the knowledge and expertise gained from reviewing investigations and focus in the direction of intact cases, described above.

The MindShare contract has produced useful dashboards but struggled with valid CFSS dashboards. A Data Management Workgroup was established to oversee the development of CFSS dashboards and to explore existing resources to work on the CFSS dashboards as well as additional useful dashboards. This workgroup has leveraged the experts at Chapin Hall, Quality Enhancement and OITS to produce both static and dynamic CFSS Dashboards. Validation is continuing, promising and expected to go live by the end of the fiscal year.

Stakeholder Feedback Processes: The Department's CQI related infrastructure, the Joint DCFS-POS CQI Framework, operating within the Statewide and Regional Quality CQI Collaboratives, along with CWAC and various Advisory Groups are the vehicles utilized for providing feedback to DCFS stakeholders on the results of CQI related activities and for obtaining their feedback. Both the Statewide Quality CQI Collaborative and the Regional Quality CQI Collaborative met quarterly during FY17. The Regional Quality CQI Collaborative consists of regional DCFS and POS operational leaders and QI staff, as well as stakeholders, support services and court personnel, will continue to meet quarterly, as will the Statewide CQI Collaborative, which consists of Regional CQI Collaborative co-chairs, executive-level decision makers from DCFS and POS, and AOIC personnel. It is expected that the Statewide CQI Collaborative meeting will meet quarterly in the month following the Regional meetings. The first meeting of the Statewide CQI Collaborative was held on October 11, 2017.

The Statewide CQI Collaborative is responsible for identifying Priority Outcomes on which the Regional CQI Collaboratives will focus, and around which improvement plans will be developed. The priority outcomes are "Recurrence of Maltreatment" and "Permanency in 12 months" (both CFSS indicators). A key function of the Regional CQI Collaboratives will be to develop, implement and evaluate/monitor local improvement plans in response to data at the regional level for these priority outcomes, with ongoing input and support from the Statewide CQI Collaborative. An additional key function of the Statewide CQI Collaborative will be to provide support and guidance to the Regional CQI Collaboratives, and resolve systemic issues that

prevent the successful implementation of regional improvement plans and achievement of identified improvement goals.

At every CQI Collaborative meeting evaluation of implemented program improvement initiatives occurs.

Both the Regional CQI Collaboratives and the Statewide CQI Collaborative will be extensively utilized as the state prepares for and responds to findings from the 2018 Illinois CFSR. The Regional CQI Collaboratives have been utilized in the development of the Statewide Assessment, to collect information about performance and systemic factors, and as a resource for solicitation of state CFSR reviewers. The Statewide CQI Collaborative is expected to be tasked with developing, implementing and monitoring the Illinois CFSR PIP.

Members of CWAC, which is comprised of DCFS and POS leadership, meet bi-monthly in sub-committee structures where information is shared and member feedback is solicited on key initiatives such as Federal Waivers, impending policy changes, resource allocation and contract negotiations. DCFS leadership participates in all regional statewide advisory groups (i.e. Foster Parent and Adoption Advisory Councils, Youth Advisory Boards, Partnering with Parents Councils, etc.) where stakeholders provide feedback and contribute to policy related discussions.

Overall Strengths and Concerns

Among the Division's strengths are the following:

- Division of Quality Enhancement is a dedicated division of experienced staff
- DQE has long standing relationships with University partners that provide assistance and support
- The Department is implementing a statewide CQI framework that includes both DCFS and POS.
- The CQI Community, while not a DCFS structure or entity, is a strength for the system as a whole
- There are established CQI processes that collect and evaluate data on a regular basis
- The State is COA accredited which requires passing PQI standards. POS agencies are required to be COA accredited as well
- Anticipated partnership with the Capacity Building Center for support in the areas of CQI and the OSRI

And priority needs:

- There is a need for training and technical assistance on the OSRI, OMS, and data quality issues related to the AFCARS and NCANDS submissions.
- Existing case record reviews can be improved to more carefully evaluate the effectiveness and quality of services provided to clients.
- Existing case record reviews can be improved to more substantively evaluate the strengths and needs of the state service array/delivery system.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

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

Please provide relevant quantitative/qualitative data or information that show:

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

State Response:

Initial Staff Training: The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties with regard to the services included in the Child and Family Services Plan (CFSP) and State law.

Licensure in the state requires transcripts from the University where the staff attended, fingerprints and background checks, Child Endangerment Risk Assessment Protocol (CERAP) training and exam, Child Welfare Licensure exam (CWEL), Child Adolescent Needs exam (CANS) and the Specialty exam for the area of practice. Staffs who are not CWEL licensed have to complete the nine units of the Illinois Child Welfare Fundamentals Course and pass the quizzes with an 80%. The initial trainings are offered every two weeks in Springfield and Chicago training centers. New hires and transfer staff complete training in a timely manner as they cannot carry a caseload until they are certified in that specialty. Supervisors are diligent about referring staff to the required training.

Foundation training is a competency-based training course that provides new career entrants and staff transferring from other job classifications foundational training necessary to begin their work in a specialty, whether Placement/Permanency Specialist, Intact Specialist, Child Protection Specialist, Adoption Specialist or State Register Specialist. Courses build upon information learned in the prerequisite Illinois Child Welfare Fundamentals Course. All Foundations Specialist curricula are hybrid courses, including web based facilitator led, self-paced online and classroom training. The Child Protection Specialist Foundation curriculum has a three day Simulation Lab added to the course.

The design of the training meets the needs of the online learner as well as the classroom learner. The online component includes web based facilitator-led instruction, online self-paced instruction and discussion boards. The classroom component focuses on the practice cycle and skill development. It includes practice activities around engaging clients, interviewing, assessment, service planning, child and family team meetings, court, documentation, and SACWIS. The Illinois Core Practice Model is the guiding philosophy throughout all the curricula.

Participants completing Foundations from 7/1/2016 – 12/30/17 include: Foundation for Child Protection Investigation Specialists 273; Foundation for Child Welfare Specialist: Intact Family Casework 183; Foundation for Child Welfare Specialist: Placement/Permanency Casework 660; Foundation for State Central Register Staff 43; Foundation for University Partnership 46; and Foundation for Adoption Core 47.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

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

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

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Ongoing Staff Training: The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties with regard to the services included in the Child and Family Services Plan (CFSP) and State law.

Newly hired staff attends the pre-requisite Fundamentals online course followed by the Foundations course for their specialty. Foundations is a hybrid course made up of webinars, on demand training, classroom training and on the job training days (shadowing with an experienced worker followed by debriefing with their supervisor/trainer and completion of specific assignments). Length of the Foundations varies according to specialty: Foundation for Child Protection Investigation Specialists 30 days; Foundation for Child Welfare Specialist: Intact Family Casework 19 days; Foundation for Child Welfare Specialist: Placement/Permanency Casework 20 days; Foundation for State Central Register Staff 10 days; Foundation for University Partnership varies depending on university; and Foundation for Adoption Core 15 days.

Following the completion of Foundations training, staff is required to take 20 hours of continuing education hours every two years. This training has mandated training that occurs on a regular

basis due to changes in procedures or recommendations from the OIG. Following are some of the In-service classes: Affirmative Action, Burgos, Childhood Obesity, Casey Life Skills, Employee and Workplace Safety, Illinois Core Practice Model, Human Trafficking, Court Testimony Training, Mandated Reporter, and Sexual Harassment. Additional courses are listed and found in the learning management system.

FY '17 IN-SERVICE CHANGES/ADDITIONS:

While the Foundations, Fundamentals and In-service trainings meet the training requirement to provide the knowledge and skill needed by newly hired staff, the Office of Learning and Professional Development is continuously improving the quality of the training programs. During FY 2017 and the first half of FY 2018 Foundations curricula for Child Protection, Placement, Intact and Adoptions were revised due to procedural changes. Fundamentals were revised to focus on the Core Practice Model in Illinois. In-service trainings such as the Indian Child Welfare Act and Missing, Runaway and Abducted Children were revised to reflect changes in procedures.

It should be noted that pre-service training, specialty training testing and licensure apply to all DCFS or Private Agency Caseworkers who have primary case responsibility, their supervisors and to any licensing staff who license foster homes for youth in care. Child Care Institutions/Group Homes/Transitional Living programs are managed by private agencies and they do not have primary case responsibility. Rule 403 Licensing Standards for Group Homes, Rule 404 Licensing Standards for Child Care Institutions and Maternity Centers and Rule 409 Licensing Standards for Youth Transitional Living Programs all require the Licensed Agency to have an organized in-service training program to train their staff to meet the needs of the children in their care. Historically, there have been required trainings for Child Care staff (Human Trafficking, Trauma 201, etc.) upon request. The Office of Learning and Professional Development work with agencies who request assistance with their training program. Private Agency Training is monitored by the Agency Performance Team and Licensing.

The Illinois Core Practice Model is comprised three parts: Family-centered, Trauma-Informed, Strength-based (FTS) Practice; Model of Supervisory Practice; and the Child and Family Team Model. The Field Implementation Support Program or FISP (formerly Supervisory Training to Enhance Practice and Implementation Support programs) supports the Department's efforts to train and coach the components of the Core Practice Model. FISP has facilitated monthly FTS trainings up until the curriculum was embedded into Foundations training in January 2018. An expanded online version of FTS training is targeted to go live in mid-February to accommodate staff who are not new employees. 100% of the targeted staff within the four immersion sites have participated in the classroom based FTS training as of January 2018.

The Model of Supervisory Practice consists of four classroom based modules. Each module is two days in length and occurs one module per month. In the weeks in between modules, FISP provides individual coaching on MoSP learning content to the module participants. The Child and Family Team Meeting training and coaching was developed nationally by the Child Welfare Policy and Practice Group. FISP staff were developed by the consulting group as trainers of this curriculum and as Master Coaches. Each permanency staff and supervisor in the immersions sites has been targeted to be trained and then coached in the consultant group's model for child and family team meetings. FISP has been working with the consultants and regional staff to develop all permanency workers as approved facilitators and each permanency supervisor as a coach who can continue to develop newly hired staff. The target to complete this process for permanency staff in the four immersion sites is by June 2018. In addition to the

Core Practice Model, FISP also facilitates twice monthly Trauma 201: Case Management Practice for Complex Trauma.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Foster and Adoptive Parent Training: The state provides training for current or prospective foster parents and adoptive parents only for the care of children and youth receiving foster care or adoption assistance under Title IV-E. In addition, the state provides training which addresses the skills and knowledge base trainees need to carry out their duties with regard to the proper care of foster and adopted children and youth.

The content of the training is left to the discretion of the Department. This is determined by ongoing communication from the direct service field to remain abreast of current topics of concern that impact the care of children in out-of-home placement. The most recent revision of Pre-Licensure training, available both online and in the classroom, included information from evaluations of previous training, trainer input and classroom observations. Newly included topics cover the following: Fictive Kin, Child and Youth Bill of Rights, Childhood Obesity, Grief and Loss, Shared Parenting, Creating a Lifebook, Sibling Contact, Human Trafficking, Social Media and Trauma. The training is reviewed at many levels of management within the department and by the Statewide Foster Parent Advisory Council to ensure its adequacy. Recommendations are received from the Office of the Inspector General as to additional content that is pertinent and necessary for the training. The training requires thirty-nine hours of pre-service training for caregivers of unrelated children. Eighteen hours of training is required for licensed caregivers of related children.

With the development of an online training curriculum for pre-licensure training, make-up of classes missed has been greatly expedited. Participants no longer need to wait for the next class in their area to complete their training.

Updated versions of existing in-service training have recently addressed LGBTQ and Promoting Healthy Sexual Development. Revisions include topics of coming out, stigma, risks to the

population and the expectations of caregivers in caring for this group of youth in care. The curriculum is pending approval.

Provide an update on implementation of relative foster parent orientation and whether it is required.

Relative caregivers receive eighteen hours of training. Orientation training for relative foster caregivers was developed due to the high rate of unusual incident reports involving violations of court orders and safety plans by relatives. The training is pending approval to be delivered in the home of the caregiver soon after a placement.

Is training required for re licensure for both traditional and relative foster parents?

In-service training is provided by the Department for Foster and Adoptive parents throughout the state. Sixteen hours of in-service training is a licensing pre-requisite of both traditional and relative caregivers of youth in care. For youth categorized as having specialized needs, sixty-four hours of credit is required for license renewal.

Training hours are tracked in the Departments Virtual Training Center. This is an online data base that posts training hours to a caregiver's account as they accrue. Licensing workers have access to the accounts of caregivers for whom they monitor licensing standard compliance. This allows workers to encourage participants to engage in training in a timely manner.

All training sessions are concluded with participants completing an evaluation of the training content as well as the skill with which the trainer delivered the material. This assists with trainer development and content modifications.

The training schedule is developed with input from foster parent licensing staff across each management region and strives to be specific to the needs of each region. The schedules are constructed in two, six month scheduling periods, January through June, and July through December. Schedules are available two months prior to the beginning of the scheduling period. Adjustments can be made and additions considered with input by licensing and case management staff as need arises in a particular region.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

DCFS does not have analysis/data/evaluations that directly informs the level of our functioning on this item.

Array of Services: Integrated Assessments are used as a primary tool to assess a family's strengths, needs and abilities, as well as to help form recommendations on needed service plan items to maintain the family or to bring children back home safely. In placement cases, licensed clinical professionals are utilized to complete the integrated assessment to help provide an initial, thorough and inclusive assessment. Extensive interviews occur to allow the family to tell their story and offer information and provide input into the needs of their family. While child and family teams have been a part of practice, this process is now being enhanced by implementing a core practice model in Illinois and consultants from the Child Welfare Group have been brought in to initiate training and coaching on this model. The Department will continue to work to roll this out across the state over time and pilot projects have already been implemented in four sites, including both urban and rural areas. This program will help to develop a strong team, including more natural supports, around the family and work as one team with the family voice at the forefront in helping families reunify in a timelier manner.

Although, in some rural areas it is difficult to develop a full service array due to costs of this service and the small size of the population in that area – The Department does have contracts for transportation of clients to assure they can gain access to needed services in surrounding areas.

Many new services have been implemented over the past year in an effort to develop effective treatment for our high end youth, such as therapeutic foster care and also to offer more flexible services to meet the needs of individual families. The Department is currently piloting 4 wrap programs, and again has included urban and rural areas across the state. These programs are specifically targeted to serve intensive home-based services to keep children in the home and placement cases in order to provide additional support to families to move to timelier

reunification. Wrap programs offer child and family team building, advocacy for clients, help with service linkage, transportation and truly individualized services based on the needs of that family. They have access to flexible funding that allows them to help the family with basic needs, family enrichment activities, specialized therapy needs and so on, based on the individual plan for that family.

DCFS is also making efforts to focus on home-based services whenever possible versus office-based therapies. In varying areas, there are programs that are intensive and evidence based, such as Multi-Systemic Therapy and a home-based model of the Nurturing Parent Program. Intensive Placement Stabilization services are also offered all areas to provide additional support for children that are struggling with placement stability that can often cause delays in permanency. DCFS also has a CARES line and SASS workers across the state that provide crisis response to at-risk children to either aid them in getting needed treatment through hospitalization or deflect hospitalization and provide intensive services to stabilize the child.

Each area of Illinois also has access to services including intact services, foster care placement, specialized foster care, group home and residential programs to meet the treatment needs of the child and their family. There are many established therapy contracts to allow clients both mental health and substance abuse treatment. However, there is a need to further develop substance abuse and domestic violence services that are specialized and do not have a lengthy waiting lists for our clients.

In regards to the Statewide Provider Database (SPD), soon to be known as SPIDER, workers can find services including (but not limited to), Mental Health Counseling, Psychiatric Care, Substance Use, Domestic Violence, Parenting Support, Early Childhood Development, Mentoring, and positive Recreational activities. The immense number of detailed services housed in SPD/SPIDER offers the ability to make thoughtful and culturally responsive referrals to promote better outcomes for children and family. SPD/SPIDER also provides information on whether flex funds are available from a program, as well as how the funds can be used (such as on bills, transportation, clothing, etc.) to assist in the individualization of services. The state ensures that these services are accessible in all political jurisdictions covered in the CFSP.

The SPD/SPIDER helps assess these questions and concerns in a variety of different ways. As the CB states, the most common reasons States fail their Service Array are because of the lack of services in rural areas, gaps in availability and waiting lists, and difficulty finding services that meet their financial limitations. SPD/SPIDER aim to cure these common issues by:

- Geocoding all agencies and programs to visually represent the concentration of services and service gaps. The SPD/SPIDER Team consistently provides outreach to help fill in service gaps to the best of their ability. Using this visual and data-driven information, administration can analyze and react to the concentration of services and service gaps in real time.
- Regularly updating waitlist times by contacting each agency and program housed in SPD/SPIDER on a yearly basis. The team also updates the program contact to get in touch with directly to answer any referral/waitlist questions in a more streamlined manner.
- Providing a search option in SPD/SPIDER that allows the user to select different payment types that fit their financial need. Currently, users can utilize Medicare, Medicaid, Medicaid HMO, Private Insurance, AllKids, DCFS Payment, Sliding Scale, and Free.
- Providing a language search option for English, Spanish, Polish, and Other languages as well as identifying if the program or agency is “Trained in Cultural Competency” to work appropriately with different populations and backgrounds. SPD/SPIDER is currently working on a separate search method to accommodate all other languages that may be of need.

- SPD/SPIDER is also in the process of creating and incorporating credentialed therapists into the database so that users can find specific certifications, fields of expertise, and evidence based practices to support individual client needs.
- SPD/SPIDER aims to fill in service gaps in the state of Illinois and to connect users to the most appropriate services in their community. It is the hope and goal of the database that with more coordination and exposure, this resource can help solve many of the concerns and issues of the social service field.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Individualization of Services: The service array may be individualized to meet the unique needs of children and families serviced by the agency. *DCFS does not have analysis/data/evaluations that directly inform the level of our functioning on this item.*

While the array of services and the accessibility and availability of most services has been maintained despite State budget cuts, the Department still experiences challenges in ensuring that services are accessible to children and families throughout all geographic areas of the state. The newly redesigned SPD, known as SPIDER, aims to increase accessibility of services by moving away from a username and password protected resource to a 100% public facing database that anyone may use regardless of professional position. In addition, SPD/SPIDER allows users to pull detailed information on different programs including their eligibility requirements, language services, responsiveness to disabilities, flex funding, and much more. Increases in the number of listings in the SPD/SPIDER are regularly made in each program category, lessening, but not eliminating the unequal distribution of service listings across all DCFS regions. Caseworkers and other stakeholders may still face challenges in finding services in some of the more rural areas of Illinois, especially dental and mental health services. As the SPD/SPIDER continues to collect, update, and maintain information on social service agencies throughout Illinois, additional programs are being added while other programs that have had to close due to lack of funding are removed from SPD/SPIDER. The data below shows the number of available resources in the categories identified in the Service Array for which data has data separated by Illinois DCFS region. It is important to note that while the SPD/SPIDER aims to include all social service agencies across Illinois, there are inadvertent

omissions. From October 1st to December 31st of 2017, the SPD/SPIDER Team has added 193 new programs to the database.

Mental Health Programs by DCFS Region

<i>Region</i>	<i>Frequency Count</i>	<i>%</i>
Central	420	18.34
Cook Central	304	13.28
Cook North	483	21.09
Cook South	304	13.28
Northern	516	22.53
Southern	263	11.48
Total	2,290	100

Early Childhood Programs by DCFS Region

<i>Region</i>	<i>Frequency Count</i>	<i>%</i>
Central	110	21.70
Cook Central	63	12.43
Cook North	75	14.79
Cook South	66	13.02
Northern	104	20.51
Southern	89	17.55
Total	507	100

Substance Abuse Programs by DCFS Region

<i>Region</i>	<i>Frequency Count</i>	<i>%</i>
Central	32	9.41
Cook Central	64	18.82
Cook North	66	19.41
Cook South	56	16.47
Northern	63	18.53
Southern	59	17.35
Total	340	100

Parenting Programs by DCFS Region

<i>Region</i>	<i>Frequency Count</i>	<i>%</i>
Central	71	16.78
Cook Central	73	17.26
Cook North	88	20.80
Cook South	71	16.78
Northern	89	21.04
Southern	31	7.33
Total	423	100

Domestic Violence Programs by DCFS Region

<i>Region</i>	<i>Frequency Count</i>	<i>%</i>
Central	42	15.00
Cook Central	49	17.50
Cook North	72	25.71
Cook South	44	15.71
Northern	53	18.93
Southern	20	7.14
Total	280	100

The SPD/SPIDER utilizes its Geomapping feature to generate maps of anywhere between a small neighborhood in Illinois to the entire state which can show the concentration and lack thereof in different parts of Illinois. From experience, the SPD/SPIDER Team has noticed a sharp difference in the number of services in central and southern Illinois compared to Chicagoland areas. By showing the contrast in agencies, programs, and services available in urban to rural counties, it is safe to assume that the accessibility of services would be negatively impacted in the less densely populated areas of Illinois. The Team has worked for quite a while to help assess these “service deserts” and has made considerable progress with adding those agencies, programs, and services into the SPD/SPIDER for use.

While DCFS continues to be committed to the full implementation of the continuous quality improvement contracting function to address service gaps, the possibility of serious budgetary hardships due to the overall state of the Illinois state budget remains a concern. These budget hardships impact the state’s ability to fund all of the service needs identified which means the Contract Analysis committee and DCFS Budget unit staff needed to effectively prioritize service needs. DCFS will be an advocate for maintaining services and increasing capacity where needed. Having a public resource such as SPD/SPIDER in the hands of administration, case workers, and the public to assess gaps in resources, connect people to individualized services, and provide an overall better user and referral experience should be of paramount importance to help users from every level of profession and field and answer concerns from different parties.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Illinois Department of Children and Family Services (IDCFS) actively engaged in ongoing response to community concerns and the current needs that directly affect children, youth and families in Illinois. DCFS advisory boards and councils developed strategic partnerships with external stakeholders, key community based organizations, and Point of Service agencies over the past year.

Statewide Youth Advisory Board and Regional Youth Advisory Boards (SYAB/RyAB)

The **Statewide Youth Advisory Board** empowers, educates and advocates for youth in care. SYAB and RYAB advisory councils are the collective voice of youth in DCFS care that have not yet achieved permanency through reunification, guardianship or adoption. SYAB consists of 35 youth members that serve as elected officers from Regional Youth Advisory Boards in Illinois. Each regional youth advisory board works with IDCFS to determine how to best provide services to current and former youth in foster care living within each of the regions.

Response by the community over the past year include, but is not limited to: **Planned Parenthood** – Provided youth education on safe sexual health practices and healthy relationship building; **Be Strong Families** – Developed leadership building, personal development workshops, and career exploration for youth in care; **U of I Extension Education Project** – Implemented training programs that assisted high school and college aged youth in care to pursue higher education; **My Time** – Implemented employment readiness training programs for youth; **Loyola University Chicago** – Implemented legislative training programs on policy updates, and delivered general legislative support for youth; **Bridges Initiatives** – Implemented educational awareness on residential reform in Illinois; **Guardians Office of Cook County** – Developed an assistance program for youth in care to address issues and concerns within the Cook County Juvenile Court system; **DCFS Advocacy Office** – Developed a framework and platform for youth in care to express concerns, share input, and learn how to

tackle problem solving. Advocacy Staff attended meetings in the Northern Region, Cook Region, Central Region, and Southern Region of Illinois.

Below are just two additional examples of the work done by various community partners, with some of the other prominent groups including the following: Illinois Adoption Advisory Council, Child Welfare Advisory Council, Institutional Review Board, Child Welfare Employee Licensing Board, Latino Advisory Council, Asian American Advisory Council, African American Advisory Council, Illinois Children and Family Services Advisory Council, Children's Justice Task Force, Citizen's Committee on Abuse & Neglect, Illinois Child Death Review Team/Executive Council, Adoption Registry-Intermediary Confidential Advisory Council.

Partnering with Parents Advisory Council (PWP)/Birth Parent Support Group

Partnering with Parents provides birth parents a voice regarding the policies, programs, and services received when they are involved with IDCFS. Birth parents had 13 families with positive outcomes this past year. Over 20 children returned home and 11 with unsupervised visits waiting to be returned home. PWP birth parent meetings are held monthly throughout the state.

Response to the community over the past year includes but is not limited to:

- **PRIDE Foundation Training** – PWP has provided training to child welfare staff in PRIDE foundation training sessions. Therefore sharing the value of PWP and providing the parent perspective on the Department's services and programs while involvement with IDCFS. Classes are held 2 to 4 times per month.
- **IB3 program**: Birth parent staff educated birth parents on concerns of children 0-3 years of age and reviewed outcome data from agencies.
- **Haymarket Treatment Center**: Birth parent staff visited the treatment center to meet with parents with active DCFS cases monthly. Birth Parent Staff provided parents with information about PWP in their region, invited them to attend future meetings and distributed the PWP newsletter.
- **Illinois Department of Juvenile Justice**: Developed a partnership where birth parents are hired as parent mentors to reach out to parents new to the child welfare system. Birth parent staff is located at the juvenile court in Chicago, Illinois.
- **Court Appointed Special Advocate (CASA)**: Birth parent participated in the voluntary Court Appointed Special Advocate (CASA) program for the Cook County Juvenile Court System.
- **University of Illinois Steering: Committee in the School of Social Work**: Birth Parents continued to serve as active members of the steering committee, providing the parents' perspectives to the child welfare social services curriculum.
- **Statewide Learning Collaborative**: Fathers active in the Birth Parent Council have helped to develop a Father Engagement Curriculum co-sponsored by Northwestern University and DCFS for the Statewide Learning Collaborative.
- **Focus Groups**: Birth parents have participated in several focus group discussions by providing the birth parent perspective for the DCFS Transformation Team addressing issues of race and youth development. They have also served as panel experts at Loyola University School of Law discussing the issues, concerns, and barriers faced by birth parents

Statewide Foster Care Advisory Council (SWFCAC)

The **Statewide Foster Care Advisory Council** utilizes the expertise of experienced foster-parents and foster care professionals to influence child welfare service delivery systems. The Council establishes public policy regarding the rights and responsibilities of foster parents as an essential part of the child welfare team. SWFCAC is the connection between those making the policies that affect foster families and the foster parents who experience the results of policy at home with the child or children in their care. Combined meetings are held with the Illinois Adoption Advisory Council to address issues of importance to both councils. Response to the community over the past year includes but is not limited to:

- **Co-Parenting Model** Supported an active partnership between birth parent and foster parent in providing the best care for the child or children in the care of IDDFS.
- **IDDFS Training Office** Provided recommendations on revisions to the curriculum, by developing suggestions for new training opportunities and updating advisory board members on available training and issues surrounding caregiver training.
- **Respite Care** – Proposed changes to policy and practice that resulted in consistency statewide.
- Partnered with the **Cook County Juvenile Court** to address issues related to youth in care and delinquency, including ways to improve outcomes
- **Youth Advisory Board Meetings** - Served as a liaison between youth and the Statewide Foster Care Advisory Council (SWFCAC).
- **Improved training** that is provided to adoptive parents and professionals working with post-adopt/guardianship youth.
- Ensured that each **DCFS region and Purchase of Service (POS) agencies** are complying with each the 15 rules and 17 responsibilities outlined in the Illinois Foster Parent Law.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

DCFS has a number of Intergovernmental Agreements (IGA's) with other State Agencies that allows us to coordinate our work, share information, and continually seek improved methods of providing the children of Illinois with safety, permanency and well-being. Agencies with which DCFS has ongoing IGA's include Healthcare and Family Services, Department of Human Services, Illinois State Board of Education, and the Illinois Department of Juvenile Justice.

As this time, the Department of Human Services, the Department of Healthcare and Family Services, and DCFS are developing a comprehensive shared computer system that will allow all three agencies to find necessary information in a much more efficient manner. This project, called Person 360, is currently in a piloting stage, with no target date for release.

Some of the services or benefits of other federal or federally assisted programs with which DCFS coordinates are briefly described below.

Health Care

The Department of Children & Family Services (DCFS) is committed to ensuring that accessible and essential health care services are afforded to children in their care and custody. This is done using the HealthWorks of Illinois Program, which assures that foster children birth to 21 who are in substitute care receive coordinated, comprehensive quality health care.

The HealthWorks of Illinois Program was established as the Department of Children & Family Services' (DCFS) plan for the ongoing oversight and coordination of health care services for children in foster care. The program was developed in collaboration with the Illinois Department of Healthcare and Family Services (DHFS) and the state's Maternal and Child Health agency, the Illinois Department of Human Services (DHS). As a result of this collaboration, all children taken into the legal custody of DCFS are provided coverage in the Illinois Medicaid Program from the first day of custody in order to ensure immediate access to medical care. Medicaid coverage continues for all children and youth for the duration of DCFS legal custody.

In order to facilitate access to health care services, the Department has developed contractual agreements with nineteen (19) lead agencies for the HealthWorks Program covering all 102 counties in the state in which children are placed in foster homes and other out-of-home settings. These are local county health departments and non-profit organizations.

The Lead Agencies responsibilities include building and maintaining a health care system that includes Initial Health Screening sites, Comprehensive Health Evaluation sites, primary care physicians and specialty care providers for children in the legal care and custody of DCFS and who are placed in substitute care in the area served by the Lead Agency. All children placed in

substitute care and in a HealthWorks eligible living arrangement will receive health care services provided by the system of health services that the Lead Agency has developed within that Lead Agency's service area.

Behavioral/Mental Health Care

There is growing evidence of positive outcomes for children who are served in systems that embrace and implement System of Care values and principles. Such principles include care that is family-driven, youth guided, culturally and linguistically competent, provided primarily in home and community based settings, coordinated across child-serving agencies and managed based on data-driven decisions. To further these values and principles, DCFS has created an internal System of Care committee to determine how to best infuse the values and principles into processes internal to DCFS and into services purchased by DCFS for youth in care with behavioral health concerns.

Among the variety of programs supported by DCFS in coordination with other agencies are: mental health assessment and counseling, in-patient mental health care and aftercare, psychological and psychiatric evaluations, and the Intensive Placement Stabilization program (IPS) which is a statewide community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to DCFS youth in care with trauma reactions, emotional and behavioral problems, and who are at risk of losing their current placement/living situations and their families.

Substance Abuse Treatment

DCFS has maintained an Interagency Agreement with the Department of Human Services' Division of Alcoholism and Substance Abuse (DASA) for over three decades. The Illinois Legislature provides a funding appropriation to DASA on behalf of facilitating treatment for substance use disorder services for child welfare involved clients. DASA then provides grants to a select group of treatment providers to form the statewide network of treatment providers. This grant funding, when available, is especially helpful to indigent and undocumented clients who do not have private or public insurance or other financial resources to contribute to their treatment expenses. Based on a financial assessment by the provider, clients maybe assessed a copay amount and then the grant funding is used to cover the remaining expenses of treatment.

The Agreement also mandates collaboration between DCFS and DASA. One of the terms in the Agreement is to facilitate priority access to assessment and treatment services for DCFS involved youth and families. The treatment providers generate monthly client written progress reports. Some providers also have onsite child care services, parenting classes and linkages with other community based supports that are geared to assist clients in engaging and completing their treatment goals. These supports often include linkages to domestic violence, medical, psychiatric services, job-readiness, etc. The Agreement also intends to facilitate effective cross training and collaboration between the two disciplines.

In addition to the treatment services funded by DASA, DCFS also directly funds assessment, referral, and recovery support services for DCFS involved families. These services include recovery home services, including recovery homes for parents and children together; assessment and referral services for youth and parents; recovery coaches for substance involved families; and specialized in-home intact family recovery services for families where a substance exposed infant has been born. Below is a chart showing the numbers of DCFS/DASA clients for FY16.

FY16 Data for DCFS-Involved DASA Clients-Unduplicated Client Count

		Age Category of Client					Total
		0-17	18-24	25-44	45-64	65 and Older	
Patient Gender	Male	205	298	1059	220	7	1789
	Female	131	521	2436	190	7	3285
Total		336	819	3495	410	14	5074

Head Start/Early Head Start

In FY 2016, Head Start and Early Head Start programs in Illinois received \$355,108,783 from the Administration for Children and Families and documented an enrollment of 40,399. Per Procedure 314.70, DCFS has a joint collaborative agreement with Head Start/Early Head Start to place children under DCFS guardianship on a priority list. If there are no available openings our children rise to the top of the waiting list.

SSI/SSA

Supplemental Security Income (SSI) is available to any child deemed disabled. DCFS applies for SSI benefits on behalf of children in foster care. Currently qualifying children are eligible for \$750 in monthly benefits. These benefits are to be used to provide for a child's day to day needs. Social Security (SSA) is available to children of dead or disabled parent(s). The amount of the benefit varies and like SSI is to be used for the child's day to day needs. DCFS has a long-standing relationship with the Social Security Administration office in Springfield, Illinois, and with this office, works through the process of obtaining the benefits for qualifying children statewide, in order to assure the receipt and proper use of these funds throughout the child's time in foster care.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Standards Applied Equally: The standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B funds. The Child Care Act and respective Administrative Rules & Procedures provide in detail what is required to be issued (and to maintain) a child care facility license. Equal application of the standards is set up through established practices within our system that does not allow someone to be issued an initial license, or remain licensed when they do not maintain compliance with licensing rules. DCFS and POS Foster Home Licensing staff must hold a child welfare employee license and pass examinations on Rules 402 and the Child Care Act, before being activated to conduct foster home licensing responsibilities. In addition, POS and DCFS licensing staff have received specific training related to Foster Care Rules & Procedures 402 and 383, i.e. initial inquiries, applications and monitoring compliance. Emphasis is put on all staff knowing and applying the Rules in a consistent and uniform manner that is consistent with the Foster Parent Code and the Child Welfare Code of Ethics.

Consistency in practice with initial and renewal foster home licensing applications is documented through a series of prescribed and standardized forms that capture all standards for evaluation of compliance. Central Office of Licensing must receive certified documentation in order to place an application on the system and subsequently issue a license.

Once a license is issued, it is valid for four years. Compliance during the licensing period is acquired through a standard requiring a minimum of semi-annual monitoring visits to the home. During the semi-annual home visit, each standard is evaluated for compliance, with state-issued forms that includes all standards. When a home has not maintained one or more standards, it is documented, with an agreed upon corrective plan to bring the home quickly back into full compliance. Data submitted for FY17 indicates there were approximately 612 licensing complaints taken and followed up on by POS and 139 from DCFS licensing staff for a total of 751 licensing complaints. More than half of the complaints were unsubstantiated, with no corrective action required, with other licensees provided the opportunity to correct conditions or voluntarily surrender their license when they refuse to correct conditions, cannot correct conditions and do not pursue opportunities to appeal. When a violation is not corrected or cannot be corrected, opportunities for due process occur. Due process steps are afforded to the licensee through supervisory and administrative reviews, as well as administrative hearings for conflicts regarding the enforcement of licensing standards that cannot otherwise be resolved. The Department followed due process requirements with the Department revoking 14 foster home licenses, with 3 licenses being refused for renewal, and 3 taken as a surrender of a license, with cause as a result of abandonment of appeal during an administrative hearing.

Each quarter, Department licensing staff conducts peer reviews of licensing files to ensure consistency in practices through standardized evaluation and supporting documentation. Only licensed child welfare agencies can provide foster care services, with each agency required to meet standards and submit to annual monitoring by the Department. This includes file reviews of private agencies to ensure compliance with licensing standards. In addition, all licensed child welfare agencies are required to meet standards and be in good standing with the Council on Accreditation (COA).

Home of Relative Project: The Child Welfare Advisory Committee has a standing Foster Care Committee, from which the Home of Relative ad-hoc subcommittee was created to work on specific recommendations to improve the licensing process and outcomes for relative providers. The CAPSTONE Project out of the University of Illinois-Chicago completed research and made recommendations to the HMR ad-hoc subcommittee as to what could be implemented to improve the quality of care provided to relative children in unlicensed relative homes. The Home of Relative ad-hoc subcommittee submitted the recommendations to the full Foster Care Standing Committee and Child Welfare Advisory Committee who approved work towards implementing the recommendations. This resulted in the ad-hoc committee achieving its objectives and disbanding as a committee, effective June, 2015.

The Standing Committee for Foster Care at the Child Welfare Advisory Committee will continue to monitor, identify and make recommendations related to licensing policy would improve the quality of care relatives provide, while concurrently meeting objectives that are in the relative children's best interest.

The Department continues to emphasize placement with relatives, which has been enhanced through legislation that allows fictive kin to serve as a relative provider, placing value on the existing relationship, not whether the individual is a blood relative or relative through marriage.

Recruiting & Maintaining Foster Homes for American Indian/Alaskan Native Children: The Office of Affirmative Action's (OAA) Indian Child Welfare Act Program includes two full-time ICWA Program Specialists positions, which at this writing, are vacant and waiting to be filled. The Affirmative Action Deputy Director and the OAA and another Administrator in OAA are currently working with the community. The Program works to ensure 100% compliance with the new June 2016 federal Indian Child Welfare Act (ICWA) Rule and the new December 2016 Federal ICWA Guidelines, by including the identification and provision of culturally appropriate services and activities, providing ICWA compliance information to child welfare staff statewide, and advocacy on behalf of Native American/Alaska Native children and their families. Recruitment of Native American Indian foster homes is a critical component in providing culturally appropriate services to children and families of Native heritage.

The ICWA Program Specialists will make efforts to identify and ameliorate barriers to the recruitment of Native American/Alaskan Native foster families and facilitate the successful completion of the licensure process by prospective Native American /Alaskan Native foster parents. The ICWA Program Specialists will facilitate communication between prospective Native American/Alaskan Native foster parents and foster parent recruiters and licensing representatives, respond to prospective foster parent's questions about the licensure process, and follow-up with IDCFS caseworkers to provide information and assistance. The ICWA Program Specialists will continue to support and engage prospective foster families and engage in outreach to other members of the Native American Indian community.

COMPLETED and ON-GOING Agency wide:

- Non-Native foster parents are encouraged to work with the Indian family actively to reunify the Indian family, if safe and appropriate. Completed in FY17 and ongoing in FY18.

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- Native American/Alaskan Indian culturally appropriate activities are provided to foster families with an Indian child via email and at staffings or meetings or court regarding the well-being of the Indian child. Completed in FY17 and ongoing in FY18.
 - Culturally appropriate services are provided to the Indian family when assistance is requested and depending on the needs of the family. Completed in FY17 and ongoing in FY18.
 - Working with Illinois child welfare staff, agencies and the court system to ensure ICWA compliance throughout the life of ICWA cases. Completed in FY17 and ongoing in FY18.
 - Develop and maintain service providers that offer culturally appropriate services for the Indian child(ren) and families. Completed in FY17 and ongoing in FY18.
 - Resources and Recruitment Specialists will work closely ICWA Program Specialists and attend the Illinois Indian Child Welfare Act Council meetings.

THE ICWA PROGRAM:

The ICWA Program consults with Resources and Recruitment Specialists who will continue to assist with the development of Native American foster homes through the following:

- Continue working with a group of Native American /Alaskan Native community leaders throughout the state to enlist their participation on the Illinois Indian Child Welfare Act (ICWA) Council to obtain guidance on matters involving or affecting the provision of child welfare services to American Indian/Alaskan Native children and their families and support efforts to recruit Native American Indian foster homes. Completed in FY17 and ongoing in FY18.
- Develop and maintain contacts with National ICWA organizations and federally recognized tribes to engage appropriate Qualified Expert Witnesses required for consultation in determining the best interests of an Indian child[ren] and permanency for that child[ren].
- Collaborate with Child Protection Courts regarding improving the practices surrounding American Indian/Alaskan Native children.
- Continue to collaborate with Native American/Alaskan Native programs within the State including Chicago Public School's Native American Title VII Program, the American Indian Center, American Indian Health Services, American Indian Association of Illinois, Kateri Center of Chicago-American Indian Ministry of the Archdiocese of Chicago Completed in FY17 and ongoing in FY18.
- The ICWA Program is listed under the Office of Affirmative Action's website on the Department's Internal and External website, The ICWA Program section includes extensive links to other resources within the Native American /Alaskan Native community throughout the State, including contact information for prospective Native American/Alaskan Native foster parents. Completed in FY17 and ongoing in FY18.
- The program's foster care recruitment brochure was completed in FY17 and has been distributed to Native American/Alaskan Native community organizations and agencies throughout the Chicago area for further distribution into the community. The brochure is available and circulated during community outreach activities throughout the year. Completed FY17 and ongoing in FY18.
- Initiate inquiry with federally recognized tribes identified by the family to determine membership enrollment and/or eligibility options. Completed FY17 and ongoing in FY18
- Initiating, maintaining, and cultivating connections with the identified tribes of the child [ren] and families involved. Completed in FY17 and ongoing in FY18.

- Attending child and family meetings (including any clinical staffing), ACRs, and any case related meetings, including court hearings and legal and or clinical staffing. Completed in FY17 and ongoing in FY18.
- Identifying community support organizations, programs and activities for Native American /Alaskan Native children and families. Completed in FY17 and ongoing in FY18.
- Providing training to IDCFS licensed foster parents and community members on ICWA, its history, and relevance to the child welfare and Native American Indian community. Getting verification and confirmation.
- Giving two-hour presentations involving ICWA’s historical foundation and relevance to the child welfare system, including information regarding the Department’s ICWA Program. Through the work of the ICWA Program Specialists, the Specialists developed an interactive training program and was launched in FY17 to train IDCFS staff and other child welfare stake holders in both the public and private sectors Statewide. Completed in FY17 and ongoing in FY18.
- Participating monthly in community outreach and advocacy activities within the Native American/Alaskan Native community, Completed in FY17 and ongoing in FY18.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Requirements for Criminal Background Checks: The Department only licenses a foster home, including adopt-only homes that receive subsidized assistance, when they have cleared the required criminal background checks, as outlined within the Illinois Child Care Act (CCA) and Administrative Rules 385. The technology system used does not allow a license to be issued, unless the system also shows the required background clearances have been received and entered. The Child Care Act outlines what criminal history would serve as an absolute bar to becoming a licensed foster home. In addition, the CCA lists what criminal history can be waived, subsequent to required criteria outlined in the Child Care Act.

Process for Licensure: The Department requires any applicant for a foster home license, as well as all adult members of that household to sign an “Authorization for Background Check for Foster Care & Adoption.” The Consent provides the Department with the authority to request

and receive assistance through the Illinois Department of Law Enforcement and U.S. Justice Department to conduct a background investigation.

This same consent also provides authorization for the Department to conduct the initial and periodic search of child abuse and/or neglect reports where a household member is identified as an indicated perpetrator. The Department also requires youth, ages 13 through 17, who are household members, to sign the same consent, along with their legal guardian/parent. This consent provides the Department the authority to conduct a search of child/abuse neglect history to determine if the individual youth has been identified as an indicated perpetrator.

When applicants and adult household members have signed the consent and the supervising child welfare agency has completed the authorization section, each household adult is required to take the consent and two forms of identification to Accurate Biometrics, a contractual agent of the Department, to conduct and process their fingerprints. Accurate Biometrics provides a receipt to the applicant or household member verifying that their fingerprints have been taken. It is only after the Department receives the receipt from Accurate Biometrics that the application for licensure is formally placed on the system.

The Background Checks Unit receives the consent and completes the checks of the Illinois and National Sex Offender Registry and documents the search on a specific section of the consent form. When results from the fingerprint search are returned, the Department's Background Checks Unit (BCU) will notify the designated and authorized staff person at the supervising child welfare agency of the results. The Background Checks Unit will subsequently issue a notice to the supervising agency as to whether the criminal history is clear, or there is a non-waivable bar to licensure, or there is a bar that can be waived, after specific criteria is assessed and recommended, as required in the Child Care Act.

Waivers for child abuse/neglect issues: When a household member is found to be an indicated perpetrator of child abuse/neglect, any allegation that is retained for 5 years may be waived, with an assessment of the rationale for the waiver written by the supervising child welfare agency. Only the Director of the Department can waive an indicated finding on a household member for an allegation that will be retained for 20 or 50 years, or when two or more indicated reports concurrently remain on the system. In FY 17 there were 6 applicants for licensure where a request was made to waive an indicated finding of abuse/neglect with 3 of them denied.

Central Office sends an annual notice to the licensing representative for reassessment of any licensed foster home where a subject was indicated, but a waiver granted. This is to better ensure the home no longer has the dynamics present that led to the indicated finding and lower risk to reoccur. When a licensee is indicated as a perpetrator of abuse/neglect and the waiver is not approved, this begins the licensing enforcement process, with the objective to revoke or refuse to renew the foster home license. There were 12 licensees who surrendered their foster home license during the enforcement process in FY 17, resulting in a surrender of the license with cause. A surrender of the license with cause prevents the individual from reapplying for foster home licensure for 5 years. Licensees who surrender their license prior to the beginning of the licensing enforcement process are not taken as surrender with cause, but a straight voluntary closure of the license. However, any involuntary placement hold on the home remains on the system and must be assessed should the individual choose to apply for foster home licensure in the future.

Waivers for criminal history issues: Applicants for licensure with a criminal history that is waiver eligible are assessed, with a determination made as to grant or deny the waiver for criminal history. A criminal history with absolute bars to licensure are noted in section 4.2 of the Child Care Act (CCA) and include such crimes as murder, solicitation of murder, aggravated battery, kidnapping, sex offenses, etc. Absolute bars cannot be waived unless there is a Governor's

pardon and the absolute bar has been expunged or sealed so it does not appear on the criminal record any longer. There is also a list of criminal bars in the CCA that are allowed to be waived when 10 years have passed since the date of arrest that led to the conviction. In addition to the 10 year requirement, there is a requirement for the supervising licensing agency to write up an assessment, made up of components also noted in the CCA. When the supervising agency is notified that there is a waivable bar, it includes the assessment questions noted in the CCA, with the option to recommend denial or waiver for the offense.

When the recommendation is to deny the waiver for licensure due to criminal background bar, the applicant has the right to request a review of the decision to deny. Central Office of Licensing Background Review Panel reviews the history to ensure the offense is a bar to licensure and all steps have been followed related to the recommendation to deny licensure. This is also the method for denials of an absolute bar to ensure the individual has the right for the same type of review for the same purpose. If the review results with a finding that the supervising licensing agency followed all requirements to deny licensure due to background history, the applicant is then given the right to appeal the decision to the Department's Administrative Hearings Unit to determine if the decision to deny was done in compliance with the Child Care Act or any other statute.

There were 143 applicants requesting a waiver for criminal history in FY17, with 27 denied. 73 applicants for foster home licensure were denied licensure due to a non-waivable criminal bar to licensure.

Licensing of Relative Homes: In May, 2017, there were a total of 3,996 relative homes, of which 2,287 were licensed and 1,709 unlicensed. There were a total of 6,221 relative children being served in relative homes. Of these 6,221 relative children, 3,621 relative children were placed in licensed relative homes, while 2,504 relative children were placed in unlicensed relative homes. This reflects that 58% of relative children are being served in licensed relative homes and 42% served in unlicensed homes.

There continues to be a relatively small number of relative homes each year that are excluded from accountability for being licensed due to criminal convictions that proved to be a bar to licensure. There were 31 such denials for non-waivable bars that prevented licensure of relatives from May 2016 to May 2017. However, if the criminal conviction is not a bar, but the conviction has been assessed for waiver and denied, the agency maintains accountability for getting the home licensed. The same holds true for waiver denials based upon an applicant or member of the household being indicated as a perpetrator of abuse or neglect. There are also a large number of relative providers who make a choice not to become licensed for their own reasons, regardless of attempts by Department and Purchase of Service providers. These issues result in some relative homes not becoming licensed, though it does not prevent them from providing care to children who are relatives and found to be in the child's best interest. While licensing workers do not follow up on relative homes that do not apply for licensing or are denied licensing, placement caseworkers assigned to each child are required to secure fingerprints from unlicensed providers and make a determination as to whether the children should continue to be served by the unlicensed home. Unlicensed foster homes require more frequent monitoring visits than licensed homes, usually twice per month, at a minimum. This provides additional monitoring by licensed child welfare employees, with responsibility to reassess the safety, health and well-being of the child for which they are responsible at each home visit.

The goal rate of licensure for relative homes continues this year at 70%. The actual licensure rate of relative providers remained relatively consistent from May, 2016 (58.9%) to May, 2017 (58.0%).

Post-Licensure Updates on Criminal Background Checks: A foster home license is issued for a 4 year time frame. Licensing staff is required to make an initial 2 month monitoring visit to assure the foster/adopt home continues to be in compliance with standards. The second required licensing monitoring visit at the home must occur within the next four months and every 6 months, thereafter. When there is a licensing complaint on a licensed foster home, the licensing representative is required to contact and speak to each caseworker with a child placed in the home and conduct an unannounced visit to the home within two working days to initiate the licensing complaint investigation.

The Department is also required to conduct an update on all background checks, including a fingerprint check update through the FBI, before an adoption can be finalized. No adoption petition can move forward without this requirement being concluded.

At the time a license is due for renewal, a new consent is required, i.e. "Authorization for Background Check for Foster Care & Adoption." Before a license is renewed, fingerprint update search through the Illinois State Police (ISP) and FBI must be completed, as well as all other types of required background checks, e.g. Child & Neglect Abuse Registry, Sex Offender Registry.

The Department receives a daily report from the Illinois State Police that is decrypted by Department staff at Central Office of Licensing's Background Checks Unit. This allows the Department to be informed of any criminal activity that has been reported to the ISP data system. If there is a licensee or applicant for licensure that is arrested and/or charged for an offense, the supervising licensing agency will receive notice, with a requirement that licensing staff follow-up with a licensing complaint investigation.

The Department's Central Office of Licensing Background Checks Unit also receives a daily report from the Department's Office of Information Technology Services related to any child abuse/neglect report activity that has occurred, within a licensed facility, including a licensed foster home, or applicant for foster home licensure. The Background Checks Unit subsequently issues notices to the supervising licensing agency that a child protection report has been taken on a licensed foster home. If the report is indicated, the Background Checks Unit sends a notice of the same, with a requirement to complete an assessment that the home is in compliance, or if licensing enforcement needs to be pursued.

When there is a child protection report taken on a licensed foster/adoptive home, licensing and child protection staff are required to work together, making this a "concurrent" investigation, to assure foster children are assessed as safe, or a protective plan to assure safety is in place and monitored at least weekly by a licensing representative of the supervising agency. Licensing cannot close their complaint investigation until child protection has closed their investigation, with a final finding.

When there is an indicated child abuse finding or positive criminal findings on a licensed foster home, the Department can place an involuntary hold for new placements and must assess whether or not the conditions leading to the indicated child maltreatment or criminal finding can be corrected/remediated, or if licensing enforcement needs to be pursued, e.g. revocation of license.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

Diligent Recruitment of Foster and Adoptive Homes: Since last year's reporting in 2017, the Department decentralized the recruitment responsibilities within the regions, with the organizational structure comprised of a Recruitment Specialist, Recruitment Supervisor and a Program Manager. The Statewide Recruitment & Resource Administrator provides consultation and oversight to their recruitment strategies and plans. There has been a high degree of turnover due to retirement, multiple changes in leadership and each region has developed region specific goals.

A generalized recruitment plan was devised for the state focusing on African American, teen recruitment, LGBTQ and Spanish speaking homes. Each region developed a recruitment plan, specific to the regional needs of the youth and families that come to the Department's attention. Recruitment developed 87 homes out of three of four regions from the point of inquiry to the point of licensure.

Recruitment Inquiries that are Licensed	FY 2018 (July '17 thru Jan '18)
Central	27
Cook	0
Northern	25
Southern	35

The private sector (POS) program plans and contracts included language to develop a yearly recruitment plan but implementation of this has been slow. Due to agency decentralization and two long-time Agency Performance managers' retirement, the messaging and follow through on this task was inadequate.

Community Partnerships

Let It Be Us extended its philanthropic reach to include a partnership with 360 Barrington and the DCFS in the development of a three minute recruitment video targeting African Americans posted on Vimeo, social media platforms and the Let It Be Us website. The theme of the video shows the need for faith-based support, male involvement and creating "*famliness*" for youth regardless of their permanency goal. This is depicted in the interviews and the appearance of a former youth in care who was not adopted, but still resides with the family as they all consider one another family.

It spawned a soft hashtag campaign entitled #OneChildIllinois to promote African American recruitment, professionals, couples, individuals who have the skills and the passion to foster youth from a trauma perspective to make a difference in the life of one child. This initiative may be a model to be replicated for other targeted populations. Community members will be able to phone 866-ONE-CHLD or complete an online form for information on becoming a foster caregiver or adoptive parent.

Recruitment Enhancements

The Division of Training and the Recruitment unit is still developing a 5 day Foster and Adoption Recruitment & Retention training that will give individuals who recruit a more standardized fundamental guideline for recruitment of homes in Illinois. Implementation of the program is expected in the latter part of 2018. The goal is to train Foster Parent Support Specialists, Recruitment Staff, Licensing and any other staff that intends to recruit foster homes, so that they have the fundamental components to develop a solid recruitment plan for various types of homes that cater to the needs of youth. This training is intended to address the attrition of staff within DCFS, as well as high staff turnover in the private sector, and to properly train them to strategically develop and follow a plan for recruitment since staffing issues are a significant barrier to recruitment and retention of foster homes.

The Division of Information Technology did complete a format to try online pre-applications. The Divisions of Licensing and Recruitment combined their Sharepoint site links to provide real time status of inquiries that are in the pipeline for foster home licensure. The three aforementioned units developed an online pre-application process that began October 2016 within some limited regions identified in the pilot run. It did not yield more than about 40 viable entries from two reporting regions where it was piloted. There are no current plans for expansion of this to go statewide due to the poor results of this launch that lasted at least 6 months.

Emergency Foster Care

Emergency Foster Care (EFC) began implementation August 1, 2016 providing short-term emergency placement for youth, with a goal of 14 to 30 day stays. Youth eligible for EFC are aged 0-17, but the program will primarily service youth ages 12 and up. Most often, these youth disrupt from a prior placement or are new intakes into the Department and require emergency foster home placement.

Youth placements are first made on the basis of proximity to their community of origin, their school, the skill sets and licensed capacity of the foster parent to care for the youth. All homes have a brief Emergency Foster Parent Profile which will highlight their years of service as a foster parent, any specialty training completed, their education, and a summary of children with whom they have worked well in the past. The uniqueness of this program:

- The Emergency Foster Parents are considered a part of the child welfare team as Professional Foster Parents comprised of both newly licensed, traditional foster parents and foster homes who have a specialized training background. The expectation is that they will embrace the shared parenting model of engagement with birth family following the Quality Parenting Initiative.
- All participants must undergo 18 hours of mandatory training and sustain ongoing monthly training specific to topics such as trauma, mindfulness, working with youth who have been human trafficked, setting boundaries, using cognitive behavioral approaches, and similar issues. These web based trainings can be viewed and upon completion of a quiz, participants can download their training certificates.

- The EFC foster parents are provided a monthly salary and have an enhanced board rate of \$65 daily for each youth placed in their home. The homes require a minimum of a licensed capacity of 2 beds in each home.
- Foster Parent Support Specialists are assigned to each emergency foster care home with required weekly contacts and additionally 24/7 access to support the home in the event of a crisis.
- Emergency Foster Care is supported by the Clinical Division with Intensive Placement Stabilization Mobile Response (IPS Mobile Response) services where each foster home in the Cook region receives once weekly visits by a clinician when there is no placement and twice weekly visits when there is a youth placement in the home. This unit has been vital to the program in supporting the foster parent and youth who experience a crisis, need assistance in establishing boundaries, help foster parents debrief from difficult placements and add a layer of support to the program, advising of various problems that can arise in the youth's engagement in the home.
- All placements are staffed on a weekly basis in order to examine potential leads to family connections for placement and support; leads on fictive kin and other foster home placements. The weekly staffing is facilitated by the recruitment specialists and include the youth (if appropriate), the permanency/placing worker, supervisor (if available), and IPS Mobile Response
- Upon the youth's discharge from the EFC home, both the EFC provider and the youth are to complete a discharge survey evaluating the placement process and support they received during that youth's placement.

DCFS has 23 EFC homes as of January 14, 2018, servicing all four regions of the State. The program began with eight homes in the Cook region, one home in Northern region and one home in Central region. There are now 3 DCFS homes in the Central region and 2 in the Southern regions. There are 9 private agency homes now that cover two regions, Cook and Northern region. The goal of having 35 EFC homes across the state was not met by December 31, 2017. The degree of needs for youth has grown exponentially and a number of youth have been found to not be appropriate for a home environment.

As of January 24, 2018, there were 80 youth total in emergency foster care with 71 discharges since the outset of the program on August 1, 2016. Another agency that is not contracted along the same parameters as the three other POS agencies and DCFS has taken in 99 youth total since 2016, with 97 discharges.

Outcomes thus far include:

- Youth length of stay days are shorter while awaiting for beds to become available in specialized foster care, group homes and residential placements
- Youth who were more prone to be AWOL continue to be more stable
- Attachments and commitments to lifelong relationships have developed between foster parents and the youth for whom they provided care.
- There has been some property damage within the foster homes.
- Youth have been placed away from their school of origin and the program has been emphatic that the agency's responsibility is to keep youth in their same school and transport the child for continuity of education.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

State Use of Cross-Jurisdictional Resources for Permanent Placements: The state has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

The Interstate Compact on the Placement of Children Unit (ICPC) continues to serve as a gatekeeper and clearing center for Illinois children who need to be placed outside of Illinois, as well as for children from other states who need to be placed in Illinois. Reciprocal agreements among the states and the American Public Human Services Association (APHSA) help states to coordinate this work and assist one another with case management and other needed services.

ICPC maintains a centralized system to help ensure quality in the matching process across jurisdictional boundaries. The ICPC Unit ensures that inter-state approvals are expedited and provides technical assistance to all parties involved in the placement process. The centralized focus allows for better communication and expertise on cross-jurisdiction issues to facilitate more adoptive placements across state lines.

In order to expedite the placement of children across state lines, ICPC continues to send all parent, relative, adoptive home studies and foster home licensing requests to other states and to local Illinois DCFS offices and to private agency offices via overnight mail. In addition, when appropriate, the ICPC office uses fax as well as the Document Transfer System which has the capacity to scan and transmit documents electronically. Illinois is also a participant in the NEICE (National Electronic Interstate Compact Enterprise) which is a software program that allows for the electronic exchange of referral material from one state to another instantaneously. At this time there are only 18 NEICE participating states therefore the ICPC office use a combination of overnight packages and electronic transfer to send and receive referrals and case related material. In an effort to expedite the completion of home studies in compliance with the "Safe and Timely Interstate Placement of Children" Act the ICPC office continues to purchase home studies from private agencies within Illinois. The annual renewal of those contracts takes into account the success of those agencies in complying with the mandates of the Safe and Timely Act.

While the federal "Safe and Timely Interstate Placement of Foster Children Act" (P.L. 109-239) provides timeframes for states to conduct home studies and provide for other inter-jurisdictional

placement needs, it continues to be challenging to deal with states that may not respond within the required timeframes. Additionally, Illinois sets a high standard for the services that are available to the children within Illinois guardianship; other states do not always provide financially at this same level.

Interstate Data for FY17 and the first two quarters of FY18

Incoming Referral Information:

FY 17	828	Completed Cases – 838
Q1/Q2 of FY18	424	Average # of Days for Decision – 70

Home Studies completed within 60 days

FY17	565
Q1/Q2 of FY18	154

Outgoing Referral Information:

FY17	259	Completed Cases - 265
Q1/Q2 of FY18	157	Average # of Days for Decision – 102

Home Studies completed within 60 days

FY17	45
Q1/Q2 of FY18	13

*NOTE-There may be some overlap in the completed cases data as some cases that were referred in the previous fiscal year were not completed until the following fiscal year.