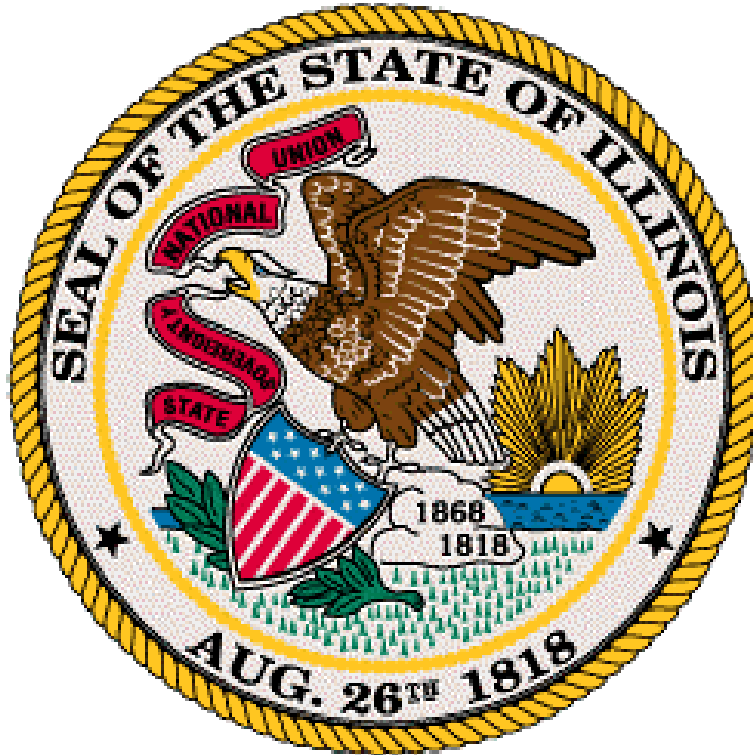


**ILLINOIS DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES**



**ANNUAL PROGRESS AND  
SERVICES REPORT**

**Federal Fiscal Year 2002**

**GEORGE H. RYAN, GOVERNOR**

**Jess McDonald, Director**  
**June 2002**

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### **ATTACHMENTS**

DCFS Budget Briefing SFY2003  
Regional Management Agreements Data Report: SFY2002 (March 2002)  
Division of Training and Development Services: Progress Report for SFY2002, Plan for SFY2003 and Budget for SFY2003  
SFY2002 Child Abuse Prevention and Treatment (CAPTA) Activities Report  
Citizen Review Panels Steering Committee Report (December 2001)  
CFCIP Annual Report for FFY2002  
Illinois Child Death Review Teams: Annual Report for SFY2000

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 1**

#### **Systemic Factors, Performance Measures and Outcomes: Progress and Accomplishments in the Areas of Safety, Permanency and Well-Being**

##### **Framework for Safety, Permanency and Well-Being**

The passage of the Adoption and Safe Families Act (ASFA) of 1997, (P.L. 105-89), amended the Social Security Act and established that the national goals for children in the child welfare system are safety, permanency and well-being. ASFA represents an important landmark in federal child welfare law. The law provides mechanisms for making child welfare systems more responsive to the multiple and often complex needs of children and families. It gives new impetus to the effort to dismantle the many barriers that exist between children waiting in foster care and the permanent placements they need.

In late SFY97, anticipating passage of ASFA, the Illinois Department of Children and Family Services (DCFS, Department) supported the enactment of a parallel set of state laws resulting in Illinois' Permanency Initiative. The following key principles embodied in ASFA provided the framework for developing these state laws and designing and delivering child welfare services by the Department:

- The safety of children is the paramount concern that must guide all child welfare services;
- Foster care is a temporary setting and not a place for children to grow up;
- Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families;
- The child welfare system must focus on results and accountability; and
- Innovative approaches are needed to achieve the goals of safety, permanency, and well-being.

Additionally, the Department's legislative and implementation efforts have been consistent with the purposes of Titles IV-B and IV-E of the Social Security Act. In providing child welfare services, including foster care and adoption, the purposes are to:

- Assure the safety of children and protect the rights of children and their families; and
- Ensure permanency for children through intensive family preservation and support or through reunification or adoption efforts.

Also in SFY97, the Department developed and adopted a comprehensive strategic plan – the consolidated Child and Family Services Plan (CFSP). As a result of the CFSP all other agency planning processes are oriented toward the goals and objectives of the CFSP. The CFSP requires that all activities performed by DCFS and its contractors be directed toward achieving one or more of the three primary goals: Safety, Permanency,

and Well-Being. In its FFY 2000-2004 Child and Family Services Plan, the Department added one more core goal to its existing three core goals resulting in the following four core goals:

- **Safety** – protect children from abuse and neglect;
- **Permanency** – provide children with permanent and stable living arrangements;
- **Well-Being** – strengthen families and children and enhance their well-being; and
- **Quality and Accountability** – assure that the highest quality of service is effectively and efficiently delivered.

Pursuant to its new rule on Child and Family Services State Plan Reviews, which was effective in March 2000, the Administration for Children and Families (ACF) has adopted a results-focused approach to monitoring state child welfare programs and conducting child and family services reviews. The review measures state compliance with the state plan requirements under Titles IV-B and IV-E of the Social Security Act. Under the new rule, state child welfare programs are reviewed in two areas: outcomes for children and families served by the child welfare system; and systemic factors that directly affect the State's capacity to deliver services leading to improved outcomes. Outcomes are focused on children's safety, permanency, and child and family well-being. Systemic factors include whether a state has in place and is successfully operating systems for reviewing the cases of children in foster care at required intervals, training child welfare staff, licensing foster care providers, and recruiting prospective adoptive parents. This approach focuses the reviews on the quality of services provided.

The reviews focus on seven outcomes and seven systemic factors. The broad areas of safety, permanency and well-being categorize the seven outcomes. According to the Administration for Children and Families, the ultimate goal of the Child and Family Services State Plan Reviews is to help States to improve child welfare services and achieve the following outcomes for families and children who receive services:

**Safety:**

- Children are, first and foremost, protected from abuse and neglect; and
- Children are safely maintained in their own homes whenever possible.

**Permanency:**

- Children have permanency and stability in their living situations; and
- The continuity of family relationships and connections are preserved for children.

**Well-Being:**

- Families have enhanced capacity to provide for their children's needs;
- Children receive appropriate services to meet their educational needs; and
- Children receive adequate services to meet their physical and mental health needs.

Following are the seven systemic factors, identified by the ACF, relating to state agencies' capacity to deliver services leading to improved outcomes for children and families

- Statewide Information System; (Chapter 12)
- Case Review System; (Chapter 10)
- Quality Assurance System; (Chapter 9)
- Staff Training; (Chapter 7)
- Service Array; (Chapter 3)
- Agency Responsiveness to the Community; (Chapter 5) and
- Foster and Adoptive Parent, Recruitment, Licensing and Retention. (Chapter 8)

The core goals of the Department and the associated service related activities are consistent with the ultimate goal of the Child and Family Services State Plan Reviews envisioned by the Administration for Children and Families. The Department has developed this Annual Progress and Services Report (APSR) on its progress and accomplishments relating to the core goals and statutory requirements, keeping in perspective and using as a framework, the new approach adopted by the ACF for conducting state child and family services reviews. The infrastructure and systemic factors of the Department enhanced its capacity for delivering services and achieving client and service outcomes. The systemic factors of the Department described in this report are more comprehensive than the systemic factors reviewed by the federal Child and Family Services Review Project. Chapters 2, 4, 6 and 11 expand on the ACF requirements relating to the agencies capacity to deliver services. In addition to the narrative sections, the APSR includes attachments on outcome reports, program statistics and the training plan. These attachments are listed in the Table of Contents of this APSR.

### **Best Interests of Children in Delivering Services**

The Department always considers the best interests of children in delivering services. The best interests definition specifies that the child's safety, health and welfare is paramount and must be assured when examining any placement decision.

The best interests of a child also include and are achieved by working on and considering the following:

- The development of the child's identity;
- The child's background and ties (familial, cultural, religious, etc.);
- The child's sense of attachments;
- The child's wishes and long-term goals;
- The child's community ties (church, school, friends, etc.);
- The need for permanence which includes the child's need for stability and continuity of relationships with parent figures and with siblings and other relatives;
- Uniqueness of every family and child;
- Risks attendant to entering and being in substitute care; and

- The preferences of the persons available to care for the child.

### **The Goal of Safety**

In accordance with Title IV-B of the Social Security Act and the Adoption and Safe Families Act of 1997, the Department's paramount concern is always for the health and safety of the children in making service, placement, and permanency planning decisions. For DCFS, child safety is the paramount goal from the initial call to the hotline until the day a case is closed. Partnerships with law enforcement, through Child Advocacy Centers, have helped ensure child safety. Timely and accurate investigations, with immediate connections to services, have also been instrumental in this regard.

The Department continues to organize both staff and resources – public and private – to improve on the safety of children. The Department recognized that investment of resources at the entry point to the child welfare system was the most effective form of intervention. These efforts all resulted in performance improvements for the Department in child safety. The Department has strengthened its response in child safety through the implementation of a standardized tool for assessing risk and has also pursued more manageable workloads for child protection investigators. The results are clear: over the course of the past seven years, every safety outcome indicator has improved.

### **The Department's Record: Safety**

- Illinois abuse and neglect rates continue to decline: Since SFY95, the statewide rate of substantiated abuse and neglect reports has declined by 46 percent, from a high of 14.8 per 1,000 children to a low of 7.9 in SFY00.
- Repeat abuse and neglect for substantiated cases continues to decline: Since SFY 95, the statewide rate of repeat abuse and neglect for cases already substantiated has declined by 57 percent from a high of 2.8 percent to a low of 1.2 percent in SFY00.
- Repeat abuse and neglect for families served by the Department continues to decline: Since SFY95, the statewide rate of repeat abuse and neglect for intact cases served by the Department has declined by 37 percent, from a high of 3.2 percent to a low of 2.0 percent in SFY99.
- Repeat abuse and neglect for children served in substitute care continues to decline: Since SFY95, the statewide rate of abuse and neglect for children served in substitute care (all placement types) has declined by 41 percent, from a high of 3.4 to a low of 2.0 in SFY01.
- Repeat abuse and neglect continues to decline in all types of foster care: Since SFY95, the rate of repeat abuse and neglect for children in relative care, regular and specialized care declined by 50 percent, 40 percent, and 33.3 percent respectively.

### **Building on a Record of Success in Child Safety**

Changes affecting the investigative and child protection system in Illinois have resulted in improvements in child safety. The combination of fewer reports (leading to lower caseloads at the State Central Registry), better screening of reports, more effective investigative tools and more effective “front end” service delivery has resulted in a better safety record for the Illinois child welfare system.

The Department has also invested significant time and resources in the development of a practice model that establishes the state-of-the-art practice in ensuring child safety. As part of these efforts to define a best practice model for child protection services, child protection managers have worked to redefine each allegation of child abuse/neglect. The new definitions provide information about the requirements of a comprehensive investigation for each particular allegation. The definition also specifies medical input needed; the role, if any, for law enforcement, the collateral contacts that must be interviewed; and the documentation necessary to “indicate” the investigation.

Investigators’ use of the Department’s Child Endangerment Risk Assessment Protocol (CERAP) resulted in more precise determinations regarding the safety of children, which was followed by declines in foster care placements. While the use of CERAP supported greater use of intact family services, incidents of repeat abuse and neglect declined, demonstrating that more precise and accurate screening of child risk coupled with targeted interventions reduce recidivism.

Finally, the Department continues to build on this record by investing resources in the “front end” of the service delivery system. For example, caseloads remain low for intact family workers, especially outside Cook County where the number of intact cases served remains the highest. The proof of this strategy is evidenced by the remarkable change in the number of new child cases placed in substitute care since SFY93.

### **Program Highlights: Safety**

The Department’s programmatic response includes addressing the complex needs of children and families, including substance abusing biological parents, emergency assistance for families facing crisis and partnerships with community stakeholders that put the needs of abused and neglected children first.

### **Safety During the Intake**

Child safety is paramount and is the primary focus of the entire intake process. The information gathered by the Call Floor Worker (CFW) from the reporter focuses on determining whether there is reasonable cause to believe that a child has been abused and/or neglected or is at imminent risk for abuse or neglect. Most importantly, the CFW determines whether the information reported indicates that a child is likely to be in immediate danger and requires an emergency response and whether there may be other children in the home at risk for abuse or neglect.

Assessment of child safety begins with the CFW talking with and gathering information from the reporter. The CFW listens for specific safety indicators as well. It is critical that the CFW be aware of the fifteen child safety factors that are listed on CERAP. If the reporter provides information consistent with one or more of these fifteen factors, the CFW must document the details of that discussion. It is not necessary for the CFW to ask the reporter about all of these characteristics. However, the CFW should be aware of and listen for mention of these factors. It is important for the Child Protection Services Worker (CPSW) to know of this information when he or she receives the report. Gathering this information will expedite the assessment process by allowing the CPSW to immediately inquire from the reporter about more information concerning the safety factor(s).

### **Assuring All Public and Private Agency Staff Can Assess Safety and Risk Issues**

All Department and private agency child protection workers, child welfare workers and direct service supervisors must now be trained and certified on the Child Endangerment Risk Assessment Protocol (CERAP). This requirement is a part of the worker licensure initiative.

A statewide multi-disciplinary team and the American Humane Association developed this protocol. Special studies have shown that, since implementation of the CERAP, measures of recurrences of maltreatment have improved. As a result of CERAP, front-end redesign and other changes, the number of children taken into custody was reduced by 60 percent between SFY95 and SFY00. However, the number of instances where maltreatment recurred within 60 days of an indicated report decreased by 60 percent between 1995 and 1998 (calendar year data from special studies).

### **Improving Safety by Improving Response to Child Abuse Hotline Calls**

The Department is making efforts to improve the responsiveness of the Hotline in order to assure that all child abuse and neglect calls are answered by staff the first time and that no one reporting child abuse or neglect hangs up while waiting to speak to Department Hotline staff. The Children and Family Services Advisory Council made a recommendation that the Department take the steps necessary to accomplish this objective.

In SFY00, only approximately 6 percent of Hotline callers hung up before the call answered. Of the 94 percent of calls that were answered, professional staff was able to answer and address 66 percent of calls, while staff had to take messages regarding the remaining 34 percent of calls. By January 2001 these statistics had improved. In that month, 3.5 percent of callers hung up. Of the 96.5 percent of calls that were answered, 72 percent were answered and addressed by professional staff while staff had to take messages regarding the remaining 28 percent of calls. When messages are taken, Department staff must call back and attempt to reach the person that tried to report abuse or neglect. The Department believes it is missing some reports due to the hang-ups (technically called "abandonments"). The Department will attempt to keep existing staff

positions full and take other administrative steps to continue to improve response to hotline calls.

### **Front End Redesign**

The Department is comprehensively restructuring services that families and children receive when they are first reported to the Department. The intent is to provide more timely, more appropriate services to ensure the safety of children and respond to family needs. As part of the redesign, the Department adopted a paired-team model to improve case handling at several sites and will be implementing it in more sites in the future. In the Paired Team Model, some Child Protective Investigators and some Intact Child Welfare Specialists are included on a team under the same supervisor. When service issues are sufficient to warrant a child welfare case opening become apparent, the case is assigned immediately to one of the Child Welfare Specialists on the same team.

The following briefly describes the basics of early or “front end” services to a family. An investigation leads to a finding of indicated abuse or neglect or a finding that the allegations of abuse or neglect are unfounded. When the immediate safety of the child is not at risk, and it is in the best interests of the child to remain home, the Department begins services, if needed, to stabilize and preserve the family. When children’s immediate safety is threatened, a Safety Plan is developed, which may include placement of the children into a foster or relative home, or the provision of intense in-home services. If a child is placed outside the home, court involvement to secure legal authority to continue the placement after the first 48 hours begins, and assessments are begun to determine if the children will ultimately become reunified with their families, be adopted, enter a private guardianship arrangement, or achieve some other type of permanency. During the assessment, services are provided to alleviate immediate concerns. When the assessment is complete, a service plan is developed and work begins to accomplish the established goals. Department staff continues to strive to improve the investigation of abuse/neglect and assessment of service needs; while the process is underway it is not complete.

Sometimes children must be placed outside the home to ensure their safety. When presenting problems have been addressed, and the children are safe, Department believes it is in the children’s best interests to reunify families. The Illinois Permanency legislation, that passed the legislature and was signed by the Governor three years ago, provided the Department and the Juvenile Courts with effective means to require families that are at risk for abuse and neglect to participate in needed services soon after their children enter foster care, thereby increasing the probability that they will be ready for the return of their children within 12 months after placement. The Permanency Initiative also provided for more rapid termination of parental rights and subsequent adoption or private guardianship of children when efforts to treat the parents fail.

## **Promoting Safe and Stable Families Services (Family Centered Services)**

Through this federally funded initiative, the state funds Local Area Networks (LANs) to offer a network of child-centered, family-focused and community-based services that are integrated with local resources and are responsive to community needs. Family support, child abuse prevention, intervention and treatment services are offered under this program. Funding is included for family preservation, family support, adoption promotion and support and time-limited family reunification. During State Fiscal Year 2003, the Department will continue to fund community programs, although fewer individual grants will be offered. The Department is funding programs that have a proven track record and will provide more of the family support, family preservation, adoption support and rapid reunification through Department administered programs.

## **Child Death Review Teams**

Child Death Review Teams are operating in each of the seven downstate sub-regions and two are operating in Cook County. They consist of professionals from a wide variety of disciplines who review all factors involved in child abuse deaths. They make recommendations for improving the identification of high-risk situations and the investigation of child abuse and neglect.

## **Illinois Citizen Review Panels (CRPs)**

The Department of Children and Family Services has established four Citizen Review Panels to examine the policies and procedures of State and local child protective service agencies. The Illinois Citizen Review Panels have been developed according to requirements set forth in the federal Child Abuse Prevention and Treatment Act (CAPTA) as amended in October 1996 and subsequent Program Instructions provided by the Administration on Children, Youth and Families (ACYF).

A Citizen Review Panel Steering Committee was formed in May 1999 to oversee the process and to formulate basic guidelines regarding the operation of the individual panels. The Steering Committee has 18 members—half from DCFS and half from private-sector agencies. The private-sector members serve as chairpersons or vice-chairpersons of the four panels; the DCFS members represent administrators from the divisions of Child Protection, Program Operations, and Administrative Case Review. The CRP Steering Committee met 5 times from June 1999 to June 2000 in order to provide substantial guidance and support to the individual panels. Subsequently, in 2001 and 2002, the CRP Steering Committee has held 2 meetings per year, usually in January and June, to review panel activities, prioritize recommendations, and discuss DCFS implementation of the recommendations. Cheryl Peterson, DCFS Administrator for Children's Justice, is the appointed coordinator for Citizen Review Panels and organizes meetings of the Steering Committee.

The individual Citizen Review Panels were formed from existing DCFS advisory groups at the invitation of the Steering Committee. The four advisory groups regularly review

policies and initiatives related to child protection within the Department, and they agreed to amend their committee mission and meeting activities to include a review of the DCFS CAPTA Plan and Assurances. The four Citizen Review Panels are:

- The Child and Family Services (CFS) Advisory Council;
- The Statewide Citizen's Committee on Child Abuse and Neglect (SCAN);
- The Children's Justice Task Force (CJTF); and
- The Child Death Review Team (CDRT) Executive Council.

From the beginning, each Citizen Review Panel focused on a specific area of interest and inquiry within the child protection system (i.e. child abuse reporting and intake, child abuse investigative procedures, multidisciplinary coordination of agencies, child fatalities). The panels have addressed other topics of interest on a regular basis (i.e. new child protection legislation, mandated reporter training initiatives, overlap of child abuse versus licensing complaint reporting and investigation, and medical neglect issues), but they all maintained a consistent, long-term oversight of their original "interest area." This has contributed to each panel's identification with a fundamental mission and has helped with the orientation and education of new members within each group. CRP Panel follow-up on recommendations also benefited from this approach.

The Citizen Review Panels made 33 recommendations to the Department of Children and Family Services during SFY00 as recorded in the *CRP First Annual Report of December 1, 2000*. The second annual report, *Citizen Review Panels Final Report for SFY01* was completed in December 2001 and contains 13 new recommendations. Both reports were distributed to Federal project officers, DCFS executive staff, the Citizen Review Steering Committee, and members of the Citizen Review panels. The 2001 report is currently being prepared for listing on the DCFS website and the DCFS Intranet.

A major new activity of the Citizen Review Panels during 2001 and 2002 has involved the development of a process for case file review. Each panel has looked at and discussed a representative selection of DCFS investigative files from field offices in Chicago, Peoria, and Springfield. Some files represent investigations that were "unfounded," while others represent investigations that were "indicated." The CFS Advisory Committee has reviewed cases of neglect and physical abuse. The SCAN committee has focused upon abuse reports in licensed facilities (foster homes and residential institutions). The Children's Justice Task Force has reviewed indicated reports of sexual abuse and appeal determinations related to sexual abuse reports. The CDRT Executive Council has reviewed reports of serious physical abuse (death cases) and medical neglect (death and non-death cases).

The Citizen Review Panel report for 2001 is included with this report. The next CRP report for 2002 will be prepared in December 2002.

### **Support for Children's Advocacy Centers**

During SFY01, 10.0 percent of all indicated child abuse/neglect reports involved sexual abuse, up from 9.8 percent in SFY99 and down from 10.2 percent in SFY00. Children's Advocacy Centers were created to meet the special needs of this population. These Centers are county-based programs established to coordinate the activities of the various agencies (particularly DCFS, law enforcement, and States Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases. They are authorized by the Children's Advocacy Center Act of 1989 to develop and implement written protocols to increase the efficiency and effectiveness of involved agencies, minimize stress to children and their families, and provide effective treatment. This Act was amended in 1998 to allow Centers to include serious physical abuse cases to their programs; several Centers have done that. The legislation also allows each county to levy a tax (approved by referendum) to develop and support a Children's Advocacy Center, and the Department has made a strong commitment to supplement these funds to encourage local development of these Centers.

Since 1987, twenty-nine Children's Advocacy Centers have been developed in Illinois. Four more were under development in SFY02 and will receive part of their funds from DCFS, increasing the total to thirty-three Children's Advocacy Centers statewide. Five of the 33 centers are in Cook County. The others, some of which serve multiple counties, are located throughout the state. By the spring of SFY02, it is estimated that 64 out of Illinois' 102 counties will be served by a Children's Advocacy Center. Most Centers (70 percent) receive locally based funding through appropriations of the counties or townships. All Children's Advocacy Centers are supported by the United Way and/or other local fundraisers. The Department, other state agencies, and national organizations supplement the local funding.

In SFY02, as part of a Governor's Office Initiative, the Department requested and received over \$1.2 million in additional funding to annualize costs in program began downstate before June 30, 2001. This funding will be used to provide additional resources to the Chicago Children's Advocacy Center located within the Chicago Medical District and Cook County Juvenile Court, to offer start-up funding for four (4) new programs located throughout the state, to expand the service area of some programs, and to support the newly-formed organization Children's Advocacy Center of Illinois. For SFY03, the Department is requesting \$100,000 to annualize funding to the four (4) new centers that will receive their first funding in SFY02.

### **Treatment of Alcoholism and Other Drug Abuse (AODA)**

By stabilizing caseloads, the Department is better able to address the root causes of the problems that lead to child maltreatment. In a typical case, the most damaging of these are alcohol and other drug abuse (AODA). Surveys indicate that at least one of the parents involved with DCFS have a presenting AODA problem in over 70 percent of the Department's child welfare cases.

In order to be successful in quickly moving the children of substance abusing adults to permanency, substance abuse issues must be responsibly addressed with intensive and

effective treatment. The Department must either help parents to make substantial progress through AODA treatment in time to be reunified with their children, or, make every reasonable effort to offer such services so that parental rights may be terminated and the child made available for an adoptive home. Below are specific program efforts, implemented in collaboration and coordination, to meet the needs of substance abusing biological parents.

- The **DCFS/DHS-OASA** (Department of Human Services – Office of Alcoholism and Substance Abuse) **Initiative** is a collaborative AODA program between the two agencies that began in 1995. The OASA/DCFS Initiative provides identification of AODA issues by DCFS and private agency child welfare staff, timely access to AODA assessment and treatment for DCFS involved families, enhanced outreach and case management for families receiving AODA treatment, removal of barriers to treatment for families (e.g., child care), and improved information sharing between the two fields. The OASA/DCFS Initiative includes 33 AODA providers across the state.
- **Project SAFE** is an intensive outpatient treatment service that provides a highly intensive outreach component, parent training, women’s support groups, and aftercare. OASA funds the AODA treatment components of the project and DCFS pays for the outreach, childcare and parenting training. It has progressed from the original four (4) demonstration sites to a state funded program of twenty-three (23) sites across the state. DCFS is currently spending \$1,045,000 on support of these services in SFY03.
- The **Healthy FIT** (Family Intervention Team) Project is a drug/alcohol treatment program for pregnant/post-partum women who are receiving care through the Sinai and the University of Chicago Health System. The program is a partnership with the Sinai Health System, Chicago Department of Health, OASA providers and DCFS. It provides a comprehensive continuum of family-focused care in preserving intact families and preventing child abuse and neglect for chemically dependent women and their substance-exposed infants.
- The **Intact Family Recovery (IFR) Project** model is designed to deliver comprehensive casework services, including AOD treatment and child welfare services, to families who have a drug exposed infant, opened to the Department, but remain intact. The families selected to participate in this program will come to the attention of the Department following the birth of a substance exposed infant. This program is intended to assure the safety of children for whom no placement decision has been made by assisting the families to meet minimum parenting standards. This program reflects a partnership between child welfare providers and providers of AODA services. The expectation is that shared case responsibility and improved communication around all aspects of a client’s life will support child safety, as well as recovery from drug addiction, improved family functioning, and a reduction in the births of a subsequent substance exposed infants. DCFS will spend approximately \$2,170,000 on this program in

SFY03.

- **Female Addicts & Their Children in Treatment (FACT) Program** is similar to the Intact Family/Recovery program, but is located in Cook County. Family Support Teams provide comprehensive child welfare and AOD services to intact families. The FACT model addresses barriers to services and is responsive by meeting the clients need, following her through detoxification, treatment and two years of support programming, education and aftercare.
- The Department has received approval from the U.S. Department of Health and Human Services, Administration for Children and Families, to conduct a **Title IV-E waiver project** in Illinois. The waiver allows the Department to test whether providing enhanced alcohol and other drug abuse (AODA) services to DCFS involved substance affected families will improve child welfare and AODA performance, specifically increased safe, successful reunification for families served by DCFS and Purchase Of Service (POS) agencies. The demonstration period started on April 28, 2000 and will be tested for up to five years. The demonstration area is limited to Cook County. The AODA Waiver incorporates two important programmatic components outlined below:

The **Juvenile Court Assessment Program (JCAP)** provides on-site AODA assessment and referral services at Cook County Juvenile Court. Juvenile Court personnel or DCFS and POS child welfare staff can refer DCFS involved parents to JCAP for an assessment.

Results of the assessment are shared with the parent and DCFS/POS worker immediately at the conclusion of the assessment. The JCAP assessor notifies the DCFS/POS worker and the court of missed intake appointments. JCAP staff track the clients until they enter treatment or for a 30-day period, whichever is longer.

The **AODA Treatment Support Services for Parents (Recovery Coaches)** project for DCFS involved families came on-line in May 1999 at Cook County Juvenile Court. It is administered by Treatment Alternatives for Safe Communities (Illinois TASC). This program and the JCAP form the core of the Department's Title IV-E waiver demonstration project. Because of the research-based nature of the IV-E waiver project, eligibility for this program is on a random assignment basis through the JACP program. The program provides a "Recovery Coach" for AODA involved DCFS parents to engage and support them throughout the AODA treatment and recovery process. The overarching priority for the Recovery Coach is to connect with the substance-abusing parent early in the life of the case and stay engaged with the parent's case throughout the treatment and recovery process.

The AODA waiver is still in deficit. The project is just over two years old and most of the AODA cases have been in the project for less than two years and, therefore, the Department has not seen the cost savings yet. The project runs for

five years. The project also had a slower start-up than expected and fewer cases were referred to the project than expected in the first few months of the project and that probably also had an impact on costs savings.

The Department's Director of Research has looked at some of the cases the project has served to date and the Department is starting to see slightly better outcomes in the experimental group than the control group, but the total number of cases is still small.

The possible reasons that cost-savings have, so far, not been forthcoming from the AODA waiver may be the following: e.g., complexities of medical and social service needs; costs associated with complex service needs; relapse of clients.

As the demonstration project is implemented over the remaining three years, the Department anticipates seeing cost-savings during or after implementation of the project.

### **Emergency Cash Assistance and Housing Locator Service**

Families facing environmental issues (i.e., inadequate food, inadequate shelter or clothing, or environmental neglect) can access Emergency Cash Assistance and Housing Locator Services to ensure a child is not unnecessarily placed in care or prevented from returning home. The final decision to provide these services is made by a supervisor or regional manager using standard criteria. Any cash payments are coordinated with other cash programs to eliminate duplication. The effects of rising utility costs were seen during SFY01. There was a 10 percent rise in the number of requests for utility arrears vouchers and a 20 percent amount spent. Requests for security deposits by landlords caused a rise in expenditures for that purpose. Housing advocacy includes the housing locator service that is provided through 16 private agencies. Providers locate housing, develop relationships with landlords, train parents to locate housing and negotiate with landlords, and advocate for entitlements and other assistance. As a valuable adjunct to this program, the U.S. Department of Housing and Urban Development (HUD) has made available to local housing authorities Section 8 Housing Vouchers to permit payment for environmentally safe housing for 1,270 families since 1995.

### **Child Abuse Prevention and Treatment Act (CAPTA)**

Section 106 of CAPTA identifies the following nine system improvement areas for funding activities by State agencies:

- Intake, Assessment, Screening, and Investigations;
- Multidisciplinary Teams/Interagency Protocols;
- Case Management/Service Delivery;
- General Systems Enhancements/Tracking;
- Service Staff Training;
- Mandated Reporters;

- CA/N Program Development;
- Disabled Infants; and
- Community-Based Program Integration.

The attachment entitled “Child Abuse Prevention and Treatment Activities Report” provides information on CAPTA funded activities by the Department according to the nine system improvement areas during SFY02 and SFY03.

### **Safety and Keeping Families Together**

The Department’s support of many safety initiatives, such as front end service delivery and system improvements, victim sensitive services such as child advocacy centers, early and intensive substance treatment and support for parents, cash assistance to meet the need for safe living conditions, and more community involvement combine to focus on safety in the family. The resulting outcomes are that:

- More families are kept together when abuse, neglect, and familial issues can be solved; and
- More children are moved to permanency in adoption or guardianship if early intervention makes it plain that reasonable efforts to reunify the family safely would not succeed.

### **The Abandoned Newborn Infant Protection Act**

On August 17, 2001 Governor Ryan signed House Bill 632 and Senate Bill 216, enacting The Abandoned Newborn Infant Protection Act. The bills were passed as a result of efforts by the sponsors of the legislation, Representative Coulson (R-Glenview) and Senator Karpel (R- Carol Stream) as well as a dedicated group called Save Abandoned Babies that diligently advocated for this cause at the Illinois General Assembly.

With the passage of this act, Illinois recognizes that newborn infants have been abandoned in various circumstances that are unsafe and often resulted in death or severe bodily harm to infants. This act provides a mechanism for infants to be relinquished into a safe haven. The act also provides parents with immunity from prosecution for child abuse, neglect or abandonment as an incentive to relinquish their newborn to a safe haven.

This act outlines procedures for parents that relinquish an infant to a hospital, manned fire station or other emergency medical facility. The act also states that a parent may relinquish an infant anonymously and free from prosecution if the requirements of the act are met. In addition to the requirements for hospitals, fire stations and emergency medical facilities, there are various requirements that government agencies must follow including reporting requirements, placement for the infant and the termination of parental rights.

Under the act, there are two definitions that are important to note. The act defines a “newborn”, as an infant who a licensed physician determines is seventy-two (72) hours old or younger. “Relinquish” is defined as leaving the infant with the personnel of a hospital, fire station or other emergency medical facility. Hospitals, fire stations and emergency medical facilities have a number of responsibilities under the act. These facilities must accept the infant and provide any medical care necessary to ensure the safety of the child and that no abuse or neglect is apparent. Additionally, personnel must provide an information packet to the relinquishing person, which contains information on the Adoption Registry and Medical Exchange, written notice of the process to terminate parental rights (which will take place no sooner than sixty (60) days after the relinquishment procedure), and a resource list of counselors. Personnel must inform the relinquishing person that they may do so anonymously and that accepting the information packet is completely voluntary. Before the relinquishing person leaves the hospital, fire station or emergency medical facility, personnel shall verbally inform the person that by relinquishing the infant anonymously he or she will have to petition the court to prevent the termination of parental rights and regain custody.

The facilities outlined in the act have additional yet different procedures mandated under the act. A hospital is deemed to have temporary protective custody until the Department of Children and Family Services or a licensed child-placing agency takes physical custody of the infant. A hospital must also place a call to the State Central Registry (1-800-25-ABUSE) to report the relinquished infant within twelve (12) hours of accepting the child. A fire station or emergency medical facility is responsible for transporting the child to the nearest hospital for further examination and reporting to the State Central Registry.

After the child is reported to the Department of Children and Family Services, the department will contact law enforcement agencies so that an investigation may proceed to determine the infant is not a missing child. The Department or a licensed child-placing agency will seek an order for legal custody and when possible, place the infant in a prospective adoptive home. Within three days of assuming custody, the agency shall file a petition in the circuit court stating that the child was relinquished in accordance with the act and the agency intends to place the infant in an adoptive home. The agency is also responsible for filing a petition to terminate parental rights and appointing a guardian for the infant.

The Abandoned Newborn Infant Protection Act allows for a parent to relinquish a newborn to the care and custody of a safe haven. This law provides a safe alternative to parents who may be under severe emotional distress or are unable to provide for the basic needs of an infant.

### **The Significant Portion Requirement in FFY03**

Promoting Safe and Stable Family Services (Family Centered Services) will continue to meet the significant portion requirement under the Adoption and Safe Families Act (ASFA). For FFY03 the percentage of funds to be spent in each area are: 23.25 percent

for family preservation, 28.50 percent for family support, 20 percent on time limited reunification, 23.25 percent on adoption promotion and support and 5 percent for administration and management and staff training. The Department is funding fewer individual grants and is instead providing the above referenced services through existing Department administered programs.

### **Measures of the CFSP Objectives Relating to Safety**

#### **1.1 Improve on the rate at which the Department responds to reports of abuse and neglect within 24 hours.**

In SFY01, the Department initiated investigations of 99.8 percent of child abuse/neglect reports within 24-hours of their receipt compared to 99.7 percent in SFY00. The department strives to initiate 100 percent of all investigations within 24 hours but due to circumstances beyond the department's control, achieving 100 percent compliance over an extended period of time is almost impossible.

There are several reasons that the 24-hour mandate may not be feasible to achieve in some cases. Among these are occasions when law enforcement is involved and specifically asks DCFS not to initiate contact within 24-hours and when there are extreme weather emergencies. Generally, however, there should be very few investigations during the year that miss the mandate. It should also be noted that in certain types of emergency situations where the child is at imminent risk, investigations must be initiated within one hour of receipt.

#### **1.2 Improve on the rate at which the Department completes investigations within the required 60 days.**

In SFY01, the Department completed investigations of 92.5 percent of reports within 60 days of their receipt compared to 94.0 percent reports in SFY00. Investigations of 98.0 percent of reports are estimated to be completed within 60-days in SFY02.

From the date and time of receipt of the report, it is expected that an investigation will be completed within 60 days. That means that all activities required for an investigation will be done and, with the information obtained, the investigator will be able to make a determination of the validity of the allegation(s). The report will be indicated or unfounded at that time.

Occasionally, an investigation cannot be completed within 60 days because of extenuating circumstances. In a child death investigation, for example, it may take longer than 60 days for an autopsy report to be completed. In these instances, an extension may be granted for an additional 30 days to obtain the necessary documents and information. Since it is expected that most investigations will be completed within 60 days and extensions can be granted for certain allowable reasons, no investigation should ever be considered overdue.

### **1.3 Reinforce mandated reporter confidence in the thoroughness of investigations.**

The following changes have been made in the Illinois Abused and Neglected Child Reporting Act (ANCRA) for reinforcing the confidence of mandated reporters in the thoroughness of investigations. The changes were passed by the Legislature and signed into law by the Governor during 2001. The new statutes were effective January 1, 2002.

- HB 3055, P.A. 92-295 requires DCFS to provide a copy of the DCFS Final Finding Report on all indicated cases of sexual or physical abuse to the child's school within 10 days of the completion of the investigation. If the report is indicated during the summer, the Final Finding Report is sent to the child's last attended school. If the indicated finding is overturned through the appeal process, or if DCFS makes a determination that the child is no longer at risk, the report is purged from the student's record and returned to DCFS. Also, if a report is expunged due to the retention period expiring, the report must be purged from student records and returned to DCFS. HB 3055 also includes revisions to the Illinois School Student Records Act indicating that the information will be handled in a confidential manner and be retained in the Student Temporary Record.

The intent of HB 3055 is to heighten the awareness of schoolteachers and administrators, who are mandated reporters, to potential signs of abuse inflicted upon a student. If a child moves to another school, inclusion of the Final Finding Report in the Student Temporary Record will alert the child's new teacher to past child abuse injuries.

- SB 839, P.A. 92-319 requires DCFS to provide mandated reporters with information about the actions taken by the Child Protective Services Unit to ensure the safety of a child who was the subject of an investigation (information on findings of the investigation are already covered under ANCRA). The law also allows DCFS to disclose information about actions taken to protect the child's safety to an extended family member who was interviewed for relevant information in the course of an investigation. This is done upon request of the extended family member.

During SFY02, DCFS implemented new investigation procedures under the auspices of Best Practice and SACWIS. The Best Practice changes include more prescriptive requirements with respect to investigating each allegation of abuse and neglect, and the requirements are incorporated into Rule 300, which gives them the force of law. Best Practice will assure that all investigations are thorough. DCFS administrative and casework staff emphasize these Best Practices in local community education presentations to mandated reporters and in statewide presentations at professional conferences, interdisciplinary seminars, and advisory committee meetings, particularly Citizen Review Panel meetings.

The Department has developed a Manual for Mandated Reporters. The manual was revised, updated, and reprinted in October 2000. During SFY02, an additional 30,000 copies of the manual were printed and distributed. This is in addition to 125,000 copies distributed since 1996 when the manual was first published. Plans are underway for a new version that will be introduced in October 2002 and will include changes to the Abused and Neglected Child Reporting Act (ANCRA) and information on Best Practice and SACWIS implementation. A videotape, "Not in This Family," was completed in 1999 and DCFS continues to distribute it for use in seminars and agency trainings throughout the state. The manual and video clarify the factors that the Department considers in order to determine whether a child abuse or neglect report is indicated or unfounded and these factors should reinforce mandated reporter confidence in the thoroughness of investigations.

In 2001, DCFS updated and revised another guidebook, Protecting the Children: A School Administrator's Guide to Child Welfare Services in Illinois. This manual was first published in 1999 and highlights particular information on child abuse reporting and investigation as it relates to teachers and other public/private school personnel. The most recent printing of 2,500 guides was distributed widely to schools in the Chicago Public School District. Approximately 17,000 copies of Protecting the Children have been circulated throughout the state. It will be revised in September 2002 to include new information on the investigative changes instituted through Best Practice and SACWIS and the statutory modifications to mandated reporting law, especially as related to HB 3055 listed above.

**1.4 Increase the percentage of child victims with no new indicated child abuse/neglect reports in 6 months.**

In SFY01, in 90.3 percent of the reports, there were no new indicated child abuse/neglect reports within six months compared to 89.6 percent such reports in SFY00. In SFY02, approximately 90.3 percent of the reports are estimated not to have new indicated reports within six months of the last report.

**1.5 Increase the percentage of children reported to be abused and neglected, who can safely remain at home.**

In SFY01, 88.6 percent of the children in open intact family cases were without substantiated report within 12-months. In SFY02, 90 percent of the children in open intact family cases are estimated to be without substantiated report within 12-months.

In SFY01, 94.1 percent of the children in open intact family cases did not experience an out-of-home placement within 12-months period. In SFY02, an

estimated 95.0 percent of the children in open intact family cases are not expected to experience an out-of-home placement within 12-months period.

## **1.6 Improve access to Child Advocacy Centers throughout the state.**

Since 1989, thirty-four Children's Advocacy Centers have been developed (or are currently under development) in Illinois, twenty of them in the past four years (SFY99-SFY02). Five of the thirty-four centers are in Cook County. The others, many of which serve multiple counties, are located throughout the state. Of Illinois' 102 counties, the number of counties being served by a Children's Advocacy Center increased from 41 in SFY00 to 64 in SFY02. Children served by the CACs have increased steadily over the past four years from 3,238 in SFY98 to 5,372 in SFY01. Based on preliminary data, children served in SFY02 will number about 6,852, an increase that is primarily due to the establishment of the new Chicago Children's Advocacy Center.

All children that reside in counties served by a Children's Advocacy Center (CAC) have access to them. Children's Advocacy Centers accept referrals of children based on the specific procedures outlined in a county protocol for multidisciplinary investigation. All CACs are required by statute to accept children who have been reported for allegations of sexual abuse or sexual assault to the DCFS Hotline (abuse perpetrated by a family member, a caretaker or other person living in the home) or to local police/state police (abuse perpetrated by a non-caretaker). Some CACs (18) also accept referrals of children with allegations of serious physical abuse, particularly head injuries, broken bones, internal injuries, or third degree burns based on policies for handling physical abuse agreed upon in the county protocol.

There were 4,718 (does not include City of Chicago) reports of sexual abuse made in the 41 counties served by a CAC during SFY00; all of these children had access to a CAC. There were 6,512 (includes City of Chicago) cases of sexual abuse reported in the 44 counties served by CACs during SFY01; all sexually abused children residing in the 44 counties served by a CAC had access to them. At the close of SFY02, it is estimated that there will be about 7,300 cases of reported sexual abuse in the 64 counties served by CACs. The statistics in this paragraph are from the DCFS Hotline and reflect numbers of reported sexual abuse only. Police statistics on reported sexual abuse were unavailable.

In SFY00 5,030 children with sexual abuse allegations and 235 children with physical abuse allegations were served by Child Advocacy Centers in Illinois. In SFY01, the number of children served by CACs with sexual abuse allegations increased to 5,372 and the number of children with physical abuse allegations served increased to 266. CACs are expected to serve 6,852 sexually abused children and 270 physically abused children during SFY02. The numbers of children in these statistics include children referred by both DCFS and the police.

Data collected from Children's Advocacy Centers in SFY02 will allow for a separate count of children referred by DCFS vs. children referred by the police.

In SFY01, the Department received an increase of \$799,800 for Children's Advocacy Centers, bringing the total general revenue funding to \$2,225,300. From the increase, \$263,700 was used to expand services at newer centers; \$153,200 was used for start-up of beginning centers and geographic expansion of established programs; \$200,000 was used to establish the Children's Advocacy Centers of Illinois office to provide technical assistance services with regard to operational standards, training, and quality assurance; and \$182,900 was used to increase support of the Chicago Children's Advocacy Center, a centralized program for the city that began services in May 2001. The Chicago Children's Advocacy Center is projecting that it will serve over 2,000 children annually.

For SFY02, the Department's budget request included an increase of \$1,096,500 for Children's Advocacy Centers, bringing the total appropriation to \$3,321,800. Of the increase, \$640,100 was earmarked for the Chicago CAC; \$128,700 for annualization of newer centers; \$183,750 for expansion of centers; and \$143,950 for development and start-up of 4 brand new centers downstate.

For SFY03, the Department's budget request includes an increase of \$100,000 to annualize grants for the new CACs that have received startup grants during SFY02. Due to budget constraints, there will be no increase for expansion of Children's Advocacy Centers in SFY03.

#### **1.7 Increase the safety of children in substitute care.**

Of all children in foster care during FFY00, 0.61 percent of the children were the subject of indicated maltreatment by a foster parent or facility staff. In FFY01, this percentage decreased to 0.51 percent. It should be noted that the national standard for this measure is 0.57 percent.

#### **1.8 Reduce child fatalities due to maltreatment.**

In SFY00, 0.2 percent of the indicated victims had indicated child fatalities compared to 0.3 percent indicated victims who had indicated child fatalities in SFY01.

#### **1.9 Reduce the number of case openings for at-risk families needing only prevention services or emergency interventions.**

The State Central Register (SCR) provides information about services to families who are reported for child abuse/neglect or call for information on child welfare services. The SCR also makes child welfare referrals to Regions/Field Offices which then refers them to LANs. This helps reduce the number of case openings for at-risk families needing only prevention services or emergency interventions. Serving families through the Family Centered Services Initiative and through

Extended Family Services (for relative homes) helps to deflect them from the DCFS system.

**1.10 Increase the shared responsibility and accountability by the broader community for troubled families who do not require state sanctioned interventions.**

The Department has promoted community-based services for increasing the shared responsibility and accountability of the broader community for troubled families who do not require state sanctioned interventions. Community-based services involve a wide range of individuals and agencies. They make it possible to customize service plans to children's needs by wrapping services around them. Also, they prevent many problems from reaching the DCFS system. This process heightens a community's awareness of its needs and capacities. The alternatives it produces are more community and family based, and less expensive than institutional care. The special initiatives the Department is participating in are described in the chapter on "Promoting Community-Based Services Delivery."

**The Goal of Permanency**

Permanency infers the realization of safety, stability, sense of belonging, and emotional security for the children, which are essential to the mastery of developmental tasks that lead to mature adulthood.

Illinois has defined "permanency" as a lifetime commitment to a child in a setting where he or she is safe, can have a sense of belonging and well-being, and can live to adulthood. A child remaining at home or returning home best accomplishes permanency when his or her safety can be assured. It is only after ruling out safe preservation of, or safe reunification with, the child's own family that other permanency options should be considered.

Many families in our society take permanency for granted. Most children grow up in safe, secure families and are never subjected to the trauma of abuse or the subsequent separation and loss experienced by children in the child welfare system.

The trauma of abuse and neglect coupled with the loss and separation issues experienced in out-of-home placement can impede a child's social, intellectual and emotional growth. Children who move from place to place and who may not know where they will live today, tomorrow or next year cannot concentrate on the developmental tasks they need to master to be successful. The lack of consistency, predictability and stability in their lives takes a tremendous toll on their everyday functioning and adjustment.

The pursuit of permanency for children serviced by the child welfare system is not new. Social work research and attachment theory clearly describe the harm that multiple moves can have on children. The growing numbers of children in foster care and the increasing length of foster care stays require child welfare professionals to examine the

reasons that children languish in the foster care system. In Illinois, this examination has resulted in major changes to child welfare service delivery. Court consent decrees, legislation, ongoing research and accreditation have helped shape these changes.

Permanency also has a legal component. Even in placements where children have achieved social and emotional permanency, it is important for legal closure to occur through returning home or finalizing adoption or guardianship. Transfer of legal authority from the child welfare system to the caregiver completes the permanency commitment. In many instances this represents the end of the intrusion of the state in the child and family's world.

When planning for permanency, the following principles apply:

- The health and safety of the child is paramount;
- Children should remain in their own homes whenever possible, provided their health and safety can be assured;
- Permanency planning begins at the time of first contact with a family; permanency, along with the child's safety, should remain a priority concern throughout DCFS involvement;
- Caseworkers effect positive change through use of self in the relationship with the client;
- Planning with families is most effective when a strengths-based approach is used; and
- Selection of the permanency goal and decision-making must be based on thorough assessments of the child and family.
- To be effective and timely, permanency planning requires that three key decisions be addressed throughout the life of the case:
  - Has the family made sufficient change so that reunification can be safely accomplished? If required change has been shown, the decision is to proceed to reunification and the action is to accelerate all efforts and supports for reunification immediately.
  - If progress toward change is being made and the required benchmarks met, when can the child be reunited and what post reunification services are needed?
  - If sufficient progress toward reunification has not been made, how will the concurrent plan (alternative permanency goal and plan) be implemented?

When planning for permanency, a triage approach must be taken and the principles of concurrent planning applied. The case must first be examined to determine whether or not it fits the criteria for expedited termination. If so, a permanency staffing is scheduled immediately and the child is placed in a permanency home that meets the child's needs. If expedited termination is ruled out, the case must then be examined to determine if it meets the criteria for permanency risk. If so, certain procedures apply such as placement in a permanency home and shorter timeframes for achievement of tasks. There may be certain tasks toward the alternative goal that will be performed concurrently with the

tasks toward the preferred goal. If both expedited termination and permanency risk are ruled out, the preferred permanency goal (and alternative goal and/or plan) is selected and tasks developed that will move the family toward a resolution of the risk and safety issues that necessitated removal of the child. This triage approach is applied to every case in which the Department has a legal relationship to the children.

DCFS is committed to the permanency provisions of PL 96-272, PL 105-89 (the Adoption and Safe Families Act of 1997), and other federal laws and regulations. Achieving permanency for its wards in substitute care is a key component of the Department's mission. DCFS makes all reasonable efforts to prevent placement when a child can be kept safely at home. When placement is necessary, DCFS provides time-limited family reunification services or plans a new permanent living arrangement for the child. Children are brought into substitute care when their safety and well-being cannot be maintained within their birth families. Once children are in substitute care, the challenge faced by the Department and its private partners is to reestablish a permanency family environment for children as quickly as possible.

When each child has an individual permanency goal, the Department has focused increased attention on the three permanency options, reunification, adoption and guardianship. The three options are described below:

### **Reunification**

Reunification is the preferred goal for every child coming into out-of-home care when it can be safely accomplished. Reunification is the planned process of reconnecting children, who are in out-of-home care, with their families and communities, while recognizing the unique demands and needs created by the child's sense of time. Safely returning children home, after completion of a successful plan of care, is the preferred permanency goal. A child is returned home when the circumstances that resulted in their removal have been addressed, and the agency and the courts believe reunification would be safe.

The need for out-of-home placement as the principal or sole safety intervention must be balanced against the trauma of removal, prolonged separation from the family with whom the child shares family membership, tradition and identity. The child's attachment to his/her family, even in the face of maltreatment, must be understood as an essential component of the child's emotional security. The purpose of casework intervention is to strengthen the family through frequent parent-child visitation and opportunities for meaningful parent-child involvement while the child is placed outside the home.

### **Family Reunification Principles**

All reunification principal efforts are based on the following principles:

- The child's health and safety is always paramount;

- The goal of family reunification services is to reunify families in a timely manner and, while children are in placement, to provide for their well-being and strengthen their connection to their family;
- Efforts to reunify families must take into account the child's sense of time; and
- Family reunification is a dynamic process, based on the child and family's changing needs.

As a form of preserving families, reunification encompasses:

- A belief that most families can care for their children if appropriately assisted; and
- An attitude that welcomes the involvement of any and all members of the child's family, when the child's safety can be assured. (Family is defined as any person or persons who are considered by the child and/or the family as family.)

Family reunification practice is guided by an approach that emphasizes the importance of improving the interaction between people and their community, promoting family empowerment and engaging in advocacy and social actions that enhance family functioning. This approach builds on the strengths and potential of parents and other family members.

### **Adoption**

When permanency cannot be safely achieved through reunification of children with birth or legal parents within a reasonable timeframe, permanency planning efforts should focus on adoption as the preferred alternative. The legal and emotional commitment potentially afforded by adoption generally makes it the child's next best opportunity for permanency.

Adoption requires the termination of parental rights, either by parental surrender, or by ruling of the court. Subsidies are available for children age three and older, children with mental, emotional and physical disabilities, and sibling groups, when at least one of the siblings meets the above criteria.

### **Guardianship**

Under guardianship, an individual or couple assumes legal responsibility for a child until the child is 18 (21 when need merits it; for example, if the youth has physical, mental or emotional disability) but parental rights may remain intact. Guardianship without subsidy had always been a permanency option for DCFS wards. However, in October 1996 the federal government granted Illinois a waiver to allow subsidized guardianship. Subsidies are identical to the adoption subsidy available for the same child. To be eligible, return home and adoption must be ruled out. The child must be 12 years or older, unless with a relative, and have been in state custody for one year or more and in the same foster or relative caregiver home for at least one year immediately prior to establishing subsidized guardianship. Siblings of eligible children are eligible for

guardianship with the same family. Adoption remains the preferred permanency option when reunification is not possible, since it creates a lifelong relationship. As this is a demonstration project, children assigned to a cost-neutrality group (control group) are not eligible for guardianship status.

### **The Growth of Substitute Care in Illinois and Its Impact on Permanency**

In 1990, Illinois had 20,753 children in substitute care, which was a rate of seven children in care for every 1,000 children in the state's child population. By December 1995, there were 49,156 children in substitute care, a substitute care rate of 17.2 per thousand children in the total state population, which was the highest in the nation. During the same time period, the national median rate of substitute care only increased from 4.8 to 6.3 per 1,000 (Statistics: Child Welfare League of America). The number of children that entered substitute care increased each year from SFY90 to SFY95 and peaked in SFY95. For example, the number of children who entered substitute care increased from 11,162 in SFY93 to 13,853 in SFY94 and to 15,254 in SFY95.

A number of factors contributed to the growth of the DCFS caseload. For example, a series of high profile abuse and neglect cases accentuated the growth of intake by creating a climate of fear among caseworkers and other professionals in the child welfare system. Another factor that contributed to this growth was the practice of bringing children into care when parents were absent, even if the child was living safely with relatives. Additionally, the decline in permanency achievement also explains why the caseload in Illinois grew so rapidly between 1990 and 1995. This growth in caseloads consumed human and financial resources that otherwise would have gone toward moving children to permanency. During this time, the permanency crisis was hidden because the raw number of children leaving the system increased slowly. However, the rate of permanency achievement fell significantly. In 1990, 35 percent of DCFS wards reached permanency. By 1995, the permanency rate dropped to 17 percent statewide, with Cook County wards moving to permanency at yearly rate of 8 percent. As a result, the average child in foster care stayed in care longer. In SFY97, downstate children remained in substitute care an average of 30 months and in Cook County, the average was 60 months – twice as long as any other major metropolitan area in the United States.

The growth in the substitute care population continued until SFY96 at which point the number of children that entered substitute care began to decline. The number of children who entered substitute care in SFY96 was 11,195, which subsequently declined to 9,881 in SFY97 to 8,005 in SFY98 to 7,257 in SFY99 and to 5,912 in SFY00. These declines were a result of a number of progressive service reform measures and federal and state legislation outlined below. HMR reform, implemented in 1995, ended this practice. Other changes at the “front end,” along with partnership with the juvenile courts have brought the intake of new foster cases under control. However, even at the peak of intake in 1995, Illinois placed children in substitute care at a rate comparable to the national median.

### **The DCFS Response to Permanency Crisis**

The success of Illinois and its move from the “worst to first” state child welfare agency in the United States was a result of a comprehensive set of reforms and legislation including:

- In 1995, DCFS instituted Home of Relative reform, which required that a child be in imminent risk of abuse or neglect before they would be taken into care.
- DCFS developed and instituted the use of the Child Endangerment Risk Assessment Protocol (CERAP), which required a more careful assessment of risk factors and family problems and targeted service needs to allow children to remain safely in their home.
- In 1997, the Illinois General Assembly passed comprehensive legislation (Permanency Initiative), which among other things, eliminated long-term foster care as a permanency goal, reduced permanency planning timelines to one-year, and directed the Department to engage in concurrent planning to help achieve permanency at the earliest opportunity.
- The Courts played a major role in supporting the objectives outlined in the Permanency Initiative by identifying and resolving barriers to permanency for children for whom reunification is not an option. During 1994 parental rights were terminated for less than 1,000 cases in Cook County compared to 5,106 cases in 1998.
- In addition to adoption, shortened permanency timeframes meant opening up additional pathways to permanency. Because over half of the children in the Illinois foster care system are placed with kin, adoption may not always be the best option for relatives who indicate a desire to assume long-term responsibility for the children in their care. Acknowledging this reality, the Department applied for and received IV-E waiver authority to mirror its subsidized adoption program and extend subsidies to families who assume private guardianship for children who otherwise would have stayed in long-term foster care. Since the implementation of the demonstration in 1997, Illinois has moved over 6,700 children to the private guardianship of relatives and foster parents.

Reunifications with parents are also needed to improve long-term reforms of the system. Therefore, to increase access to this existing pathway, the Department, in 1998 increased the investment in family reunification services from \$600 to \$8,000 per family. The decline has ended and return-home rates are rising for the first time in a decade.

- In SFY98, the Department implemented Performance Based Contracting, which is a nationally recognized program and winner of the 2000 Harvard Innovations in American Government Award. Under this program, financial incentives were aligned with securing permanency for children.

The most salient change brought by performance-based contracting is that fiscal incentives are tied to permanency and stability performance where only process regulation existed before. Under the program, both permanency outcomes and agency practices are monitored and reinforced. Agencies must ensure the safety and well-being of Department wards, but objective standards for permanency have now been introduced. Agencies benefit directly from exceeding performance expectations by retaining savings from lowered caseloads. Conversely, they also bear the risk of falling short of permanency targets, in which case the provider and not the state, bears the financial burden. Performance contracting also requires agencies to become accredited by the Council on Accreditation, which further ensures that the children served by the private sector receive quality care.

In 2000, Performance-Based Contracting was selected from among 2000 other government programs as a winner of the coveted Harvard Innovations in American Government award. The recognition comes with a grant of \$100,000, which the Department is using to build performance-oriented contracting models in other child welfare jurisdictions.

### **The Department's Record: Permanency**

Illinois experienced a significant increase in adoption and permanency for children in recent years. Illinois moved 22,579 children to adoption and guardianship during state fiscal years 1999, 2000 and 2001, which is 33 percent more than the 16,958 children who moved to permanency through these means during the preceding decade of state fiscal years 1989-1998.

Illinois led the nation in adoptions and guardianships. Adoption performance during state fiscal years 1999, 2000 and 2001 earned Illinois acclaim as the national leader in securing permanency for children for three consecutive years through the DHHS "Adoption 2002" Excellence Award. Based upon state adoption rates reported to the federal government for federal fiscal year 2000, Illinois ranked ahead of every other large child welfare system in the nation.

Illinois reversed a trend regarding long-term foster care. The build-up in foster care during the early part of the 1990s was quickly driving Illinois towards average stays in substitute care of more than seven years. Illinois succeeded in moving children to permanency and reduced the amount of time a typical child spends in foster care by 40 percent, from a peak of 40 months to 26 months.

Children spent less time in care before returning home. During state fiscal years 1999 and 2001, the percentage of children returning home within one year of removal increased by 20 percent and the number returning home within two years increased by 16 percent.

Court reforms supported permanency for children. In 1995, by working cooperatively with the Juvenile Court in Cook County, child welfare services quickly moved to closure. In turn, this freed children for adoption in record numbers.

Illinois shifted child caseload from substitute care to permanent living arrangements. During state fiscal year 2000, Illinois crossed an important threshold by moving more children into the adoption and guardianship caseload than are served in substitute care. By the end of the state fiscal year 2003, the number of children in permanent living arrangements will climb to 41,157 compared to 21,765 children in substitute care currently.

### **Program Highlights: Permanency**

#### **Post Adoption and Post Guardianship Services**

Because the number of children supported through adoption and guardianship is now larger than the number of children in substitute care, the support made available for families making a lifelong commitment to a child has never been more important. Post Adoption and Post Guardianship counseling/therapy services can be provided to a child who was previously under DCFS guardianship and to families facing post adoption or post guardianship issues. As the total number of adopted children and children in private guardianship continue to increase, more of these services will be needed and are in the planning stages.

#### **Adoption and Guardianship Preservation Services**

Adoption and Guardianship Preservation Services are intensive, clinically-oriented, support offered to children and legal families experiencing serious emotional difficulties. This group constitutes only about 3 percent of the total adoptive and family guardianship population. The group also consists largely of those who have been in care for several years and for whom less intensive, post adoption and post guardianship services are insufficient. These intensive services consist of casework planning, counseling and therapeutic interventions due to mental health problems.

Adoption and Guardianship Preservation Services are the most intensive in-home services offered by the Department to preserve families at risk of dissolution. Because of the growing number of children supported through adoption and guardianship assistance, in SFY98, these services were expanded to cover the entire state and to eliminate waiting lists in underserved areas such as Cook and DuPage Counties. Further expansions occurred in SFY01 and SFY02. As the population of adoptees and children served by guardianship grows, the Department continues to expect growth in this area.

#### **Mid-West Adoption Center**

The Illinois Adoption Act mandates that specific “non-identifying information” from closed files be available upon the request of adult adoptees and adoptive parents of minor

children. The Department contracted with the **Midwest Adoption Center** to provide this service. All available DCFS files are obtained and the information is put into a written report to the client. The report includes everything permitted by law, including personal mementos such as photographs, hospital bracelets and report cards.

More and more adopted persons and birth family members are asking DCFS for help in reconnecting. The Midwest Adoption Center (MAC) also provides search and reunion services to all parties to an adoption, foster care placement or private guardianship arrangement in which the child was a ward. MAC staff identifies and locates the sought after individual and then facilitates whatever communication or contact is mutually desired. Now in the seventh year, program staff is able to locate 95 percent of persons sought.

### **Subsidized Guardianship Waiver**

Pursuant to Section 1130 of the Social Security Act, the Department of Health and Human Services (DHHS) has the authority to permit states to conduct demonstration projects that involve the waiver of certain requirements of Titles IV-B and IV-E to facilitate the demonstration of new approaches to the delivery of child welfare services. On July 31, 1995 DCFS submitted an application to DHHS requesting a waiver authority to permit a 5-year demonstration project for federally subsidized private guardianship as a permanency status under Title IV-E. On September 22, 1996, Illinois became the second state after Delaware to obtain a child welfare waiver. The following is a description of the accomplishments and progress in the demonstration projects for FFY01.

Since May 1, 1997, the Department has moved over 7,200 children from foster care to private guardianship with related and unrelated families. Movement to permanency is supported by increased investments in rates for case management services provided by DCFS and contracted private agencies. Increased rates allow agencies to afford and retain more qualified staff. In addition, DCFS has devoted additional monies to provide educational supports for DCFS staff and the employees of private contract agencies. Increased educational opportunities for professional staff helps to augment clinical skills needed to ensure the safety of children and the attainment of permanent homes.

DCFS continues to invest in the IV-E Waiver Evaluation. Continued evaluation is critical to determining whether children in subsidized guardianship are as safe, stable, and healthy as their counterparts in adoption and foster care. In addition, the evaluation helps us to determine the effectiveness of the program in achieving permanency, as well as cost- neutrality. Current data illustrates that the availability of subsidized guardianship in the project demonstration sites has boosted overall permanency rates by 6.4 percent as compared to the control group. In addition, the evaluation also reveals that children in subsidized guardianship are no more likely than children in adoptive homes to have allegations of abuse or neglect indicated against their caregiver.

When a guardianship is dissolved or the caregiver dies or is incapacitated, guardianship of the child must be granted by the court to the state or to another private guardian. In the

event that guardianship is transferred to another private guardian, DCFS has received permission from the DHHS to transfer the subsidy to the subsequent caregiver, as well as to provide them with access to all post guardianship services. The services are available to families to help both with the transition process and issues that emerge after the guardianship transfer occurs. Given the numbers of children who are eligible for post-guardianship services, DCFS is investing additional dollars in the program to ensure that service needs are adequately met.

The Subsidized Guardianship cost-savings have been reinvested for the DCFS caseworker costs, which has allowed the Department to maintain lower caseload ratios. Costs relate to activities such as case management for placement and intact family cases (those that don't qualify under Title IV-E, but do under Title IV-B Child Welfare). Activities also include foster care licensing and child welfare staff training. The cost-savings, of course, also cover the cost of Subsidized Guardianship subsidies for IV-E eligible children.

### **Reunification**

New permanency legislation passed in 1997 and new Department policies laid out clearer criteria for deciding if children can be returned to their families and what services must be provided to support the family and ensure the child's safety. Under traditional contracting, agencies received payment for only a limited amount of aftercare staff support and funding was not provided to cover other services. Under performance contracting, providers receive more funding for aftercare staff support and can access funds to provide other supports and services depending on the individual family needs. More flexible rules regarding aftercare have been implemented for families not covered under the performance contracts.

### **Promoting Adoption and Guardianship**

Prior to recent reforms, the procedures and staffing around adoption services were flawed and presented some barriers to efficient performance. The system had the effect of: 1) concentrating adoption expertise at the expense of general caseworkers; 2) taking some of the most gratifying work away from regular caseworkers; 3) creating a bureaucratic bottleneck in the adoption process; 4) exacerbating other fiscal disincentives that inhibited private agencies from moving children to adoption; and 5) adoption workers had to assume all casework duties, not just relating to the adoption process, which further reduced their efficiency.

To address this and other adoption issues, the Department has changed the case responsibilities of adoption workers so that they may concentrate on adoption/guardianship assessment and decision-making functions.

The Department also created a workplace recruitment initiative to attract families who want to adopt children, as opposed to fostering them, by targeting corporations with large number of employees in a single location.

Other changes in the adoption service delivery process include:

- In Cook County, performance contracts that include funding for one adoption worker for each team of seven workers.
- Cook County now has a Purchase of Service agency (POS) adoption unit that reviews and approves all private agency adoption/guardianship forms, including subsidy packets and AFCARS data, and assists with expedited adoptions.
- Wide-ranging reforms were implemented through partnership with Juvenile Courts, State's Attorneys, and other parties. Without this collaboration, and the cooperation of the Cook County Juvenile Court, many of the Department's efforts to improve adoption would have been ineffective.
- Increased funding of and referral to the Adoption Information Center of Illinois/Adoption Listing Service of children in need of an adoptive family.
- The development of the post-adoption service plan to enhance the current array of post-adoption services and to pay for services that are not currently covered through the adoption subsidy process or accelerated termination of parental rights.
- Adoption Incentive Payments: The federal government initiated its Adoption 2002 incentive program in an effort to double the number of children adopted from foster care nationwide. The program provides states with incentive payments based upon the increase of special needs adoptions or adoptions from the foster care system over the baseline years. Illinois has earned the largest share of these awards for each of the first two award periods.

### **Permanency for Out-of-State Wards**

Interstate compacts regarding the placement of children out of state help ensure that children placed out of state receive the same quality of service as they would receive in state. However, distance and the additional level of bureaucracy can delay movement to permanency. In January 1999, the Department began the Interstate Permanency Initiative to gain timely permanency achievement for out of state children. During SFY00, the number of active cases in out-of-state foster and relative care declined by 23 percent from 962 to 741. The number of children in residential placements that have been placed out-of-state decreased from 79 in SFY00 to 36 in SFY01.

### **Enhanced State Capacity for Termination of Parental Rights**

Prior to consummating an adoption and thus securing an alternative permanent home for a child, it is first necessary to terminate parental rights. The Department has focused efforts in recent years on improving the process while decreasing the time necessary to complete this judicial process.

Department staff has stepped up their efforts in preparing for termination hearings. Staff meets more frequently with individual judges and state's attorneys to work on the issues around moving children to permanency. DCFS attorneys assist staff in preparing cases and train them on juvenile court issues. Courts play a critical role in timely proceedings, and the number of completed terminations increased five-fold in Cook County between 1994 and 1998.

Section IV (f)(3) of the DCFS Policy Guide 98.11 addresses the new unfitness grounds of a child in foster care for 15 of the most recent 22 months. Prior to September 30, 1999, each case for which termination of parental rights was sought was required to have grounds for termination of parental rights separate from the fact that a child had been in foster care 15 out of the most recent 22 months. The grounds for termination of parental rights are described in Rule 309.50, Identification of Children for Potential Adoption Planning. Determination of whether a ground for termination exists is done at the legal screening. The 15 month period accumulates during any period for which there is a court finding that DCFS failed to make reasonable efforts to reunify the child and family, provided that (1) the finding of no reasonable efforts is made within 60 days of the period when no reasonable efforts were made or (2) the parent filed a motion requesting a finding of no reasonable efforts within 60 days of the period when no reasonable efforts were made. The date the child entered foster care is determined as the earlier of either the date of the order of adjudication or 60-days after the date the child was removed from the parent.

### **Progress in Transition Rules**

The DCFS Policy Guide 98.11 released November 2, 1998, effective November 16, 1998, states:

“The Adoption and Safe Families Act of 1997 requires that a State file a petition to terminate parental rights and seek an adoptive placement for children who were in foster care on or before November 19, 1997 who have been in foster care for 15 of the most recent 22 months. For purposes of this policy the date of entering foster care is interpreted as being the date that is 60 days after the date on which the child is removed from the home (these would be children removed from their parents on or before September 20, 1997).” [Section IV (a)(1)]

“Petitions for the termination of parental rights must be filed for children who entered foster care after November 19, 1997 as soon as they complete their 15<sup>th</sup> month in foster care.” [Section IV (b)(2)]

With regards to protocols between the courts and agencies, the Department's Office of Legal Services has an ongoing relationship with the Cook County State's Attorney's Office where the process for the legal screening for the termination of parental rights cases in Cook County is addressed. The Office of Legal Services also has an ongoing relationship with the courts and the State's Attorney's in the various counties.

### **Current and Future Steps**

The Department's challenge continues to be to increase the rate of permanency achievement and reduce the average length of stay for children in foster care. State and federal laws necessitate timelines of no more than two years for children in care. Meanwhile, every indication is that in order for the size of our foster care system to again reflect national norms, the rate at which children are returned home, adopted, or placed in subsidized guardianship must increase.

### **Use of Adoption Incentive Funds in Prior Years**

The Department did not receive the Adoption Incentive Funds in SFY02. In September 1999, DCFS initially received \$6.9 million for FFY98; however, when Congress fully funded the bonuses, the Department received an additional \$7.7 million in February 2000. Therefore, the total received for FFY98 was \$14,616,000. In FFY99, the Department received the total of \$14,262,000 in adoption incentive funds.

### **Responding specifically to the federal government's incentive of bonus dollars for increased adoptions**

In anticipation of receiving these dollars the state began spending funds for caseload reduction, for the addition of adoption workers in private programs, and for increased publicity regarding specific children waiting for adoption. The state would have made many of these efforts without the bonus but the increase in total federal reimbursement enabled the state to direct more efforts toward improving pre- and post-adoption services. Consistent with the federal effort, the state began a major effort to target children in placement for permanency, including not just adoption but reunification and guardianship as well.

### **Reinvesting the Bonus Dollars the Department Received**

DCFS reinvested bonus dollars to increase the Adoption Information Center of Illinois contract by: increasing post adoption services; expanding adoption preservation services; improving counseling services for children in foster care and home of relative care; continuing performance contract payments for adoption workers; continuing performance contract bonus payments for successful adoptions; and continuing the financial incentives of lower foster care and relative caseloads which enables better permanency work.. Together, these state efforts represent substantially more than the total level of the federal adoption bonus.

### **Intercountry Adoptions Act**

The Intercountry Adoption Coordinator is a full-time position in the Interstate Compact Office. The Immigration and Naturalization Office (INS) refers families to the International Adoption Coordinator on the information packet that families receive from INS. Many calls are received daily from families interested in the international adoption program. The International Adoption Coordinator provides consultation to both families

and agencies seeking information on the international adoption process and the issues involved with international adoptions.

The International Adoption Coordinator is in the process of developing an International Adoption brochure that will explain the international adoption issues and the process and timeframes to complete an international adoption.

There are many adoption support groups that are active in Illinois. The adoption support groups have scheduled meetings providing support to adoptive families on international adoption issues and concerns. The adoption support groups also provide families with training opportunities and expose families to cultural activities and exchanges.

The post-adoption services offered by the Department are open to any adoptive family with adopted children under 18, where there was previous DCFS involvement. The adoption preservation services are intensive family preservation services and can also be provided through service providers.

### **ICAA Tracking**

The Interstate Compact Unit has agreements with both the State Central Register and international adoption agencies to provide notification when children, who were adopted internationally, enter the child welfare system. This is an extremely rare event and presents a challenge because it is often difficult for child protection workers to determine whether or not a child was adopted internationally. In addition, there is no national or statewide database model that the Department could replicate in order to identify disrupted foreign adoptions.

To date, the Department has not received a request for post-adoption services on behalf of a child adopted from outside the United States where the Department has been involved.

The Interstate Compact Unit currently utilizes a database that tracks the number of children and the country from which the child is immigrating. The database does not currently track the children coming into Illinois from an international disruption in another state but plans are underway to track these types of cases and to develop a tracking system on dissolved adoptions.

The Department is implementing an electronic database that will be used by many of the ICPC offices around the country. The Department will have an electronic record of the names and birth dates of new adoptions. This is an independent system and will not interface with MARS/CYCIS or SACWIS - especially for non-wards.

### **Activities Undertaken by the State for Children Adopted from Other Countries**

The Illinois based child welfare agency that completed the home study and serves the family will provide monitoring and support services. The family is also eligible for any existing community based family support and adoption preservation service. The Department has no special initiative to support foreign adoptions.

## **Long Range Goals and Objectives**

Illinois' long-term goal is to achieve permanency for most children within a two-year time frame. If successful, the size of our foster care system should shrink to below 20,000 children by the year 2003 – a substantial change from 1995 when over 50,000 children swelled the State's foster care system. Specific goals include:

- Maximum of a 2-year length of stay with a targeted length of stay of 10-12 months;
- Minimize placement disruptions; and
- Improve outcomes for populations that have historically been difficult to move to permanency, especially older wards

To reach these goals, the Department will continue to identify and overcome the barriers to permanency and stability that face Illinois' most vulnerable children.

### **Measures of the CFSP Objectives Relating to Permanency**

#### **2.1 Increase the number of children safely reunited with their families.**

In SFY02, 92.8 percent of the children who returned home remained home for at least 12-months following their reunification. In SFY03 an estimated 92.0 percent of the children that returned home are expected to remain home for at least 12- months.

#### **2.2 Decrease the median length of time for children to achieve permanency.**

The median length of time for which the cases of children in substitute care were open declined from 3.6 years in SFY00 to 3.2 years in SFY02. In SFY03 that number is expected to decline even further to an estimated 3.0 years.

#### **2.3 Increase the permanency rate (adoptions and guardianships) of the foster care caseload.**

The numbers of children moved from foster care to adoption and subsidized guardianship have declined as the number of children in foster care has declined dramatically over the same period of time, from 34,164 at the beginning of SFY00 to 20,321 at the beginning of SFY03.

6,281 adoptions representing 18.4 percent of the beginning foster care caseload were consummated in SFY00. 4,208 adoptions representing 15.5 percent of the beginning foster care caseload were consummated in SFY01 and 3,393 adoptions were consummated in SFY02 representing 14.3 percent of the beginning foster care caseload. It is estimated that In SFY03, an estimated 3,141 adoptions representing 15.5 percent of the beginning foster care population will be consummated.

1,618 children in SFY00 and 1,140 children in SFY01 and 1,081 children in SFY02 were moved to subsidized guardianship settings. It is estimated that 1,135 children will be moved to guardianship settings in SFY03.

The percent of children moved from foster care to permanent settings (adoption, guardianship or reunification) was 33.6 percent in SFY00, 30.0 percent in SFY 01, 30.8% in SFY02 and is estimated to be 32.0% percent in SFY03.

#### **2.4 Decrease the number of placement disruptions.**

The average number of paid placements for children in substitute care was 3.35 in SFY01, 3.52 in SFY02 and is estimated to be 3.0 in SFY03.

#### **2.5 Improve support services for families who have achieved permanency.**

The number of families receiving Adoption Preservation Services increased from 756 in SFY00 to 908 in SFY02. It is estimated that 1,200 families will receive these services in SFY03.

The number of children receiving subsidized guardianship subsidies increased from 5,504 in SFY01 to 6,324 by the end of SFY02. It is estimated that 7,049 children will be receiving these subsidies at the end of SFY03.

The number of children receiving adoption subsidies increased from 30,201 in SFY01 to 32,492 at the end of SFY02. It is estimated that 34,529 children will be receiving these subsidies at the end of SFY03.

#### **2.6 Increase the resource base of foster and adoptive homes, particularly for children with high-end special needs**

The Department recently completed a redesign process to ensure that high-end service delivery, which is directed at foster families to support placement stability, is effective and targeted and provides services to children and families in need.

**2.7 Increase the percentage of children placed within their LANs/communities of origin.**

In SFY02, 47.5 percent of the substitute care population was placed in their home LANs. In SFY03, an estimated 50.0 percent of the substitute care population is expected to be placed in their home LAN.

**2.8 Increase the percentage of cases where two or more siblings are placed together.**

77.7 percent of sibling groups in SFY01 were placed all or partially together. In SFY02 that number remained strong at 77.0 percent and in SFY03 it is estimated that 80.0 percent of sibling groups in care will be placed all or partially together.

In any given month, approximately 75 percent of the sibling groups who come in together are placed together.

**2.9 Increase staff responsiveness to the cultural and language needs of Department wards and families served by the Department.**

The Department established contracts to provide counseling services to wards and their families in eleven foreign languages including Spanish, German, Italian, Polish, Portuguese, Chinese and Arabic. Should the need arise to provide counseling services in additional languages; the Department will make a good-faith effort to provide such services.

The Office of Child and Family Policy's Spanish language specialist translated several forms and major publications into Spanish including:

- Foster Parent Handbook;
- Adopt-Only Training Guides;
- Relative Training Manual;
- Educational Training Guide for Foster Parents;
- Manual for Mandated Reporters;
- Fostering Illinois Newsletters;
- Licensing Rules 301, 340, 378, 385, 386, 402, 406 and 408; and
- Approximately 200 forms, brochures and pamphlets

In addition, the Department posted Spanish language forms, brochures and pamphlets on its website.

All of these efforts combined are designed to increase staff responsiveness to the cultural and language needs of Department wards and families served by the Department.

## **Latino Consortium**

The Latino Consortium, an organization consisting of Cook County-based private agencies under contract with DCFS, provides child welfare services to the Latino children and families involved with the child welfare system. The charter members of this group include the following agencies: Association House of Chicago, Casa Central, Catholic Charities of Chicago, Chicago Commons, ChildServ, DCFS, Latino Youth Services, Lifelink/Bensenville Home Society and Youth Outreach Services.

The mandate of the Latino Consortium is to provide a holistic array of community-based, linguistically and culturally competent services for Latino children and families through their own or other sub-contracted agencies that have dedicated substantial resources to serving Latino children and families.

The Latino Consortium is charged with the following:

- To ensure that the needs of Spanish-speaking Latino children and families that enter the child welfare system are assessed for service needs and that services are provided in a clinically, linguistically and culturally competent manner.
- To build and expand the capacity of social services for the targeted population served by the Latino Consortium by involving other Latino-based agencies and organizations to provide clinically, linguistically and culturally competent services in areas of unmet needs.
- To be a forum for discussion and planning around Latino child welfare issues, needs and concerns; to give input and advice based on Latino child welfare issues, needs and concerns to such entities, but not limited to DCFS, the DCFS Hispanic Advisory Committee, the community and political leaders, the Child Welfare League of America and the Child Care Association of Illinois.

### **2.10 Increase the involvement of minority communities.**

The purpose of the involvement of minority communities in the Department, in an advisory capacity and as a recipient of the Department services, is to highlight interests of minority client populations. The following newsletters help increase the involvement of minority communities in the Department, its programming and policies: the Hispanic-Americans Newsletter; the African-American Newsletter; and, the Illinois Association of Minority in Government (IAMG) Newsletter.

In addition, representation of the minority communities on the advisory bodies of the Department help increase the involvement of minority communities in the programming, policies, service delivery and operations of the Department.

Diligent efforts made by the Department for recruiting foster and adoptive families representing the minority populations also helps the involvement of minority communities in the Department's programming and services. DCFS has worked directly with the Native American community on a broad range of child welfare issues: foster/adoptive parent recruitment and support; staff training on the Indian Child Welfare Act and on Native American service issues, service coordination and referrals, and the tracking and monitoring of Native American cases in the system.

### **The Goal of Well-Being**

When children enter substitute care, the Department assumes legal responsibility for their physical custody and physical and mental health and well-being. The Department may also take steps to improve the well-being of a child's family so the child can return home if return home can be safely accomplished.

The caseworker has three major responsibilities to a child in care: (1) to make sure the child is safe; (2) to assure the child's well-being; and (3) to achieve permanency for the child at the earliest possible time. Caseworkers meet well-being responsibilities by ensuring the child's individual educational, health, psychological and emotional needs are met.

In order to ensure the well-being of children, the best practices in child welfare address considerations in planning casework activities. All casework planning must involve consideration of the domains that contribute to the child's well-being: education, health/medical, psychological/emotional, developmental, crisis/safety, social/recreational and spiritual. The caseworker must advocate and manage services to ensure the child's needs are met in each of these domains. In addition, the caseworker must manage the relationships with the school, the child, the foster parents and the parents, keeping all members fully informed and involved.

Child abuse and neglect are triggers that bring DCFS into a family's life. However, abuse and neglect are usually the symptoms of other family problems. Also, children who are abused and neglected tend to experience disproportionate problems in areas including education and health. Abuse and neglect cannot be addressed in a vacuum. It is important to address all of the issues that face the child and family, including parental drug abuse, in order to ensure the family's success and safety and permanency for the child. As the Department places children in substitute care, it still needs to continue to address these complex family issues or wards may continue to suffer the adverse consequences of abuse and neglect longer than necessary. DCFS has undertaken the following steps, in recent years, in order to address these complex issues problems:

### **Services Offered to Improve the Well-Being of Children and Families**

- Residential Care and Treatment in institutions or group homes designed to help children with emotional disturbance and/or behavioral disorders;
- Traditional Foster Care to offer family settings for children without serious emotional disturbance but in need of living away from home in a caring family atmosphere;
- Home of Relative Care to provide care for children who must live away from their parents but who have relatives willing to, and capable of, caring for them;
- Wraparound programs (WRAPs) to provide community-based and administered service packages to meet the full range of a child's needs;
- Counseling Services as needed;
- Educational Advocacy for children through a variety of programs;
- Pre-Admission/Post-Discharge Screening and Assessment Services to prevent unnecessary psychiatric hospitalization and to provide monitoring and case planning services for children who need hospitalization;
- Psychological Evaluations of Department wards and their parents to determine their needs for service;
- Homemaker Services to assist adults to learn to care for their children and, in some locations and circumstances, to provide transportation so that children may visit with their parents and siblings;
- Children's Personal & Physical Maintenance (CPPM), which offers children clothing and supplies as needed, and specialized medical equipment not otherwise covered by the Department of Public Aid;
- Emergency Cash Assistance and Housing Locator Services, which help families to remain together or to reunify themselves by helping resolve environmental problems;
- The Health Care Network, which ensures that consistent medical care following professional standards is accessible to Department wards and that there is an accessible record of it;
- Alcohol and Substance Abuse diagnosis, treatment, and support services provided by private agencies and funded cooperatively by DCF, and DHS's Office of Alcohol and Substance Abuse;
- Programs to Transition Adolescents to Self-Sufficiency – adolescent services to ensure that every youth under the Department's care receives appropriate life skills assessment, transition planning, and services to support self-sufficiency; and
- Programs for Pregnant and Parenting Teens – a system designed to manage the cases of adolescents to ensure that a range of services is available to promote positive parenting and healthy child development

### **Program Highlights: Well-Being**

Performance improvements in safety and permanency have contributed to an environment in which staff workloads – public and private – and service capacity make it possible for Illinois to secure greater gains in stability, educational attainment and meaningful transitions from foster care to independence. Additionally, as the Department continues to reduce the amount of time children spend in foster care, the work necessary for those children remaining in the substitute care intensifies. Increasing the

Department's capacity to assess and treat serious mental health problems is vital for managing a child welfare system that is less intrusive, more responsive and better directed on securing clear outcomes for children.

### **Health Care Network**

Children in foster care experience greater mental and physical problems than other children. Traditionally, it has been difficult to find enough medical care to meet the needs of these children. These situations have lifelong negative consequences. To combat these problems, the Department has created HealthWorks of Illinois to serve wards placed in substitute care. More than 3,000 physicians, hospital emergency departments, and public and private clinics participate in the network agreeing to give foster children priority for services and to document each child's medical condition in a standardized format. The program uses the special service standards for foster children specified by the Child Welfare League of America. Over 97 percent of children placed in foster and relative homes are enrolled in Health Works.

### **Drug Abuse Prevention Programs**

The Illinois Department of Human Services' (IDHS) Office of Alcoholism and Substance Abuse (OASA) and the Department of Children and Family Services are involved in a joint program to assess and treat substance abusing parents of children for whom DCFS is responsible when the goal is to return the child home or the family is already intact. DHS is responsible for funding providers for assessment and treatment. DCFS is responsible for funding support services. The support services include: case management and outreach services provided by Project SAFE programs; family life educators in residential treatment programs; child care services for women while they attend outpatient and intensive outpatient treatment; and intact family recovery/Healthy Fit services. In addition, the state has recently received a federal Title IV-E waiver to provide recovery coach follow-up and support for parents in drug abuse treatment in an effort to reduce the high incidence of program failure and to increase successful reunifications or an alternative placement sooner.

### **Enhancements in Services for Sexually Abusive Children and Youth (SACY)**

The Department has put systems in place to identify wards that may be sexually abusive. Each child is assessed to determine if a safety plan is needed to keep that child and other children safe as a victim or a perpetrator. If a safety plan is implemented, the child is tracked and monitored during any changes in placement to continue to ensure safety of the placed child as well as other children in the household. Standards for services and treatment of sexually abusive children and youth, as well as the training for providers, were created and implemented in the fall of 1996. In recognition of the fact that victims of sexual abuse have a high likelihood of becoming abusers themselves, the Department started a specialized program in Cook County in SFY00 for the treatment of victims. Previously, services for victims were only provided through general counseling arrangements.

## **Improving Education Outcomes for Children in DCFS Care**

The Department's education activities emphasize early identification of problems that will impact a child's future success in school. Early investment of resources will improve future outcomes. From early childhood through the high school years, the attention of caseworkers and caregivers to educational progress of children is critical.

The DCFS Early Childhood Programs are dedicated to helping the Department better understand and meet the developmental and mental health needs of very young children in child welfare. The work is focused on preparing children for kindergarten, promoting placement stabilization, and representing the needs of young children to each division across the Department. Primarily, the unit provides and monitors developmental screens for children under age five in foster care statewide. From their screen, each child receives a referral that is tracked to enrollment by the early childhood staff.

Several other developments are making a difference in the educational well-being of children. The DCFS educational access project with Northern Illinois University offers technical assistance related to children's issues. A system of educational advisers provides ongoing support for staff and foster parents. Caseworkers are required to visit the schools of their children and actively participate in educational planning. Reductions in movement of children from school to school are occurring as the Department, Chicago Public Schools and an affiliated Interfaith Partnership, and One Church One Child recruit foster and adoptive homes within the home communities of the children. An effort to decrease truancy targets wards enrolled in the Chicago Public Schools. Alternative education options help youth obtain their high school diploma or GED when regular public school options are not effective for a particular child, including efforts in both public and alternative schools.

## **Emergency Cash Assistance and Housing Locator Service**

This program has provided short-term assistance to families when the only reason children would be taken into or remain in custody is environmental. It is extremely cost effective. Small short-term expenditures prevent the need to spend the substantial sums that would be required if the same children were placed in state custody. The State reduces federal claims by millions of dollars per year by the use of this non-federally funded program.

## **Services to Runaways**

While the Department's overall substitute care caseload has been falling, the number of state wards who are listed as runaways remains relatively high. Any child or youth, whose whereabouts are unknown, could be at serious risk of victimization or exploitation. For this reason, the Department has started to take a more aggressive and proactive approach to reporting, locating, and providing follow-up services for missing and runaway children. New protocols, which clearly outline the caseworker's

responsibilities, have been issued and the Department is now mid-way through the process of obtaining fingerprints and photographs for all children and youth under guardianship of the Department. This identifying information will assist law enforcement agencies when positive identification of a missing child is required.

### **Addressing the Challenges of Special Populations**

The special needs of certain adolescents under DCFS care continue to present challenges to child welfare and other social services systems. In partnership with other state agencies, DCFS is seeking solutions that will enable these youths to achieve maximum self-sufficiency. DCFS has made particular progress in planning for youths who are pregnant and/or parenting, those with developmental disabilities, adolescents who may be in need of psychiatric services, and children and adolescents who have been sexually abused or are at risk of becoming sexual predators. Several of these efforts include:

- Services to Pregnant and Parenting Teens;
- Services to Sexually Abusive Children and Youth; and
- Services to Pre- and Post-Psychiatric Assessment Services.

### **Preventing or Managing Psychiatric Hospitalization and Subsequent Services**

The Department addresses concerns of fiscal responsibility and the desire to provide the best services to children and youth in its care. DCFS accomplishes this through a statewide program to limit to appropriate cases the use of psychiatric hospitalizations and to make alternative case plans for children who cannot benefit from such hospitalizations. The Department established a review protocol for cases presented by psychiatric hospitals as needing to remain in the hospital beyond medical necessity.

### **Supporting the Transition of Youth from Substitute Care**

The Department is working to significantly improve adolescent services. The goal is to ensure that every youth under the Department's care receives appropriate life skills assessment(s), transition planning, and supportive services until self-sufficiency has been achieved. This is done by:

- Emphasizing and supporting educational success;
- Planning effectively for adolescents; and
- Addressing the challenges of special populations.

Transition planning begins when a child reaches age 14, not age 16 as had been customary previously. The Department developed protocols that provide formal assessment and transition planning. The standard tool, a Life Skills Assessment, is completed for all youth in DCFS care at age 14 and 16, and again six months prior to discharge. Life skills are taught within the substitute care environment. Community supports for the child are being established early. Volunteer or vocational experience is

to be arranged for youth every year upon entering high school. Efforts are made to provide drug counseling and treatment immediately to youth who need these services.

The Department received a substantial increase in funding through the Chafee Foster Care Independence program. The purposes of the program are:

- Helping youth make the transition to self-sufficiency;
- Helping youth receive the education, training and services necessary to obtain employment;
- Providing personal and emotional support to youth through mentors and the promoting of interactions with dedicated adults; and
- Providing financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

### **Children's Personal and Physical Maintenance (CPPM)**

Children's Personal and Physical Maintenance (CPPM) is used to purchase necessary supplies and services for children in foster care. This primarily includes first-time placement clothing, replacement clothing when original clothing is damaged or when a child has developed a disability or physical handicap requiring new clothes, payment of developmental activities, medical devices and equipment needed by foster children but not covered by Medicaid, and certain therapies not covered by the Department of Public Aid or school districts. With the exception of a few special programs, use of these services tends to be proportional to caseload.

Workers have more time to devote to individual cases and have been able to more readily identify needs and secure the resources to meet these needs.

### **Counseling and Other Supportive Services**

The Department's Counseling and Auxiliary Services appropriations provide general counseling services to the Department wards, as well as counseling services intended to support families, as well as counseling services intended to support families served in their home. This counseling is designed to support children during their stay in substitute care and to support families indicated for or at risk of abuse or neglect.

The Department also provides specific, targeted counseling for children in care experiencing trauma associated with abuse or necessary to stabilize children with mental health diagnoses. This includes sexual abuse counseling, sexual abuse victim treatment and therapy for sexually abusive children and youth (the SACY program).

Additionally, the Department supports Pre-Admission/Post-Discharge Screening and Assessment Services for its clients (referred to as SASS). Before admission to a psychiatric hospital, every Department client is assessed to determine if the admission is necessary or if the services can meet the child's needs. Services are available 365 days

per year, 24 hours per day. The 30 providers, who operate the system, plan services, review recommendations for children who are hospitalized, plan for discharge and create packages of post-discharge psychological services to prevent the need for re-hospitalization. This system serves all eligible children and has been strengthened to provide more intensive hospitalization monitoring and follow-up services. The SASS programs reduced psychiatric hospitalizations of Department clients and to save the Department of Public Aid in excess of \$15 million per year in costs for such care.

### **Linking Transition Services with Child Welfare Services**

The Division of Education and Transition Services (DETS) was created on July 1, 1999. Its purpose is to ensure that youth ages 14 to 21 have services capable of preparing them for transitioning to adulthood and emancipation. These services include transitional life skills training classes, educational services, employment services, services for pregnant and parenting teens, and services to disabled youth. All these services combine to form a transitional structure for youth to achieve self-sufficiency.

Building and supporting the child welfare system to meet the complete needs of children at risk constitutes the Division's focus. Currently, the Division is responsible for approving all independent living requests prior to placement. This approval process begins with a comprehensive clinical assessment of each youth relative to employment, educational attainment, and life skills.

Every written assessment contains recommendations and offers options to the child welfare staff for enhancing delivery of services. When a service need has been identified, a referral is made to a Division staff member with expertise in that area. This staff member is charged with the responsibility of providing technical assistance to DCFS and the POS staff as a requisite element of a collaborative effort for developing an effective, comprehensive plan for youth, with an ultimate goal of guiding and assisting these youth toward becoming self-sufficient, productive, healthy individuals.

The Division staff provides technical assistance to caseworkers and supervisory staff who, in turn, provide services to DCFS youth in the college/scholarship program. This program's purpose is to assure that DCFS youth have access to educational programs and are aware of financial aid options to assist them in reaching their educational goals. The Department's goal is to ensure that every child aging out of the system has a high school diploma, GED certificate and is enrolled in an institute of higher education or is being vocationally trained.

Through the Youth in Employment program, the Division strives to fulfill each youth's need to have a job or means of support to preclude a state of dependency. Secondly, the Division strives to fulfill each youth's need for adequate housing to preclude a state of homelessness.

The Division assists child welfare staff in securing technical assistance and resource development for improving services to wards who are pregnant and/or parenting, with a

special focus upon the male parents. The Division staff participates in staffing, identification of placements, and prevention of non-marital pregnancies and alleviation of at-risk behavior.

The Division assists child welfare staff by providing technical assistance in expediting exception-to-policy payment requests to improve services.

The Division was instrumental in developing the Statewide and Regional Youth Advisory Boards, a part of the concurrent program for youth aged 14 to 21. Activities of these boards are governed by Roberts' Rules of Order. Youth gain vital firsthand experience in selection of officers, participation in monthly regional meetings and participation in bi-monthly statewide meetings. The paramount goal of these youth advisory boards is to teach youth how to be advocates for other youth through participation in the development of programs and policies.

The Division established a Youth Hotline for the purpose of enhancing communication between youth and child welfare workers and staff. The Youth Hotline permits the youth to have a voice in planning their future transition from youth programs to productive adults.

The Division assists child welfare staff in making referrals to life skill providers and their transitional training programs. These programs, which are strength-based and permit youth to practice living skills on a day-to-day basis, are utilized for the purpose of preparing youth for a normalized life. A further aim of such living skills is teaching youth how to avoid incarceration.

The Division assures that cultural sensitivity and ethnic experiences are an integral part of programs designed to meet the cultural needs of all youths who are state wards.

The Division's mission is to ensure that all youth ages 14 to 21 receive quality child welfare services, which result in adequate preparation for youth aging out of the system to an effective and smooth transition to adulthood.

### **Miscellaneous Activities**

- Within each region, a Placement Review Team receives, studies, and reviews every request from a worker and his/her supervisor for residential placement of a child to assure that placement is warranted and that all reasonable community alternatives have been considered and ruled out; and
- Out-of-state residential placements continue to be reviewed carefully, with many efforts made to return these children to appropriate, high intensity treatment in Illinois as needed.

### **Measures of the CFSP Objectives Relating to Well-Being**

#### **3.1 Increase the involvement of families and foster parents in the development of**

**assessment and individualized service plans based on the language, strengths, needs, and desires of the child and family.**

An Interagency Management Team (IMT), facilitated by the Illinois State Board of Education and the Department of Children and Family Services, was formed in 1995 to facilitate the development and successful operation of a community-based system of care for children and adolescents through Local Area Networks (LANs). In a system of care, mental health, education, child welfare, juvenile justice, and other agencies work together to ensure that children with mental, emotional, and behavioral problems and their families have access to the services and supports they need to succeed. A true system of care is about partnership – a partnership made up of service providers, families, teachers, and others who care for the child. Together, the team develops an individualized service plan that builds on the unique strengths of each child and each family. This customized plan is always implemented in a way that is consistent with the family’s culture and language.

**3.2 Improve the time frame for screening, referral and access to treatment for AODA services.**

The Initiatives reported on in last year’s Child and Family Services Plan progress report have continued in state fiscal year 2002 and additional efforts have been undertaken to continue to improve access to AODA services.

The Cook County Juvenile Court Assessment Program (JCAP) continues to provide on-site alcohol and other drug abuse (AODA) assessments and referrals to treatment for DCFS involved families. During the first nine months of the state fiscal year (through March 31, 2002) 716 DCFS involved parents were referred to JCAP for AODA assessments. Of those assessed:

- 486 (68%) clients needed AODA treatment;
- 230 (32%) clients were not in need of treatment;
- 7 clients refused to participate in the assessment; and
- 7 assessments could not be completed for medical or other reasons

Of those assessed as needing AODA treatment:

- 59 (12%) were initially pending admission for medical or mental health clearances;
- 33 (7 percent) were initially placed on a waiting list; and
- The remaining 394 (81%) were referred to AODA treatment providers for assessment and treatment

Along with the Juvenile Court Assessment program, the Recovery Coach project provides the foundation for the Department’s Title IV-E waiver demonstration

project. The waiver project completed its second full year of operation in April 2002.

The Recovery Coach project in Cook County continues to expand. As of the end of March 2002 Recovery Coaches have a total of 360 cases. Of those:

- 341 (95%) have been engaged by the Recovery Coaches; and
- 19 (5%) cases were referred, but Recovery Coaches have been unable to locate and contact, despite several outreach efforts.

As of March 30, 2002:

- 288 cases are currently open and actively being serviced by Recovery Coaches;
- 19 cases have never been located; and
- 53 cases have been closed for a variety of reasons including: client incarcerated; moved out of state; and parents have voluntarily surrendered rights or their parental rights have been terminated.

Of the 288 cases that are currently open, 205 (71%) are active clients who have participated in an AODA treatment program at least one time since being engaged by a Recovery Coach. The remaining 83 (29%) clients are in contact with Recovery Coaches, but have yet to engage in a treatment program.

Of the 205 active clients placed in treatment:

- 103 clients (50%) are currently in treatment;
- 28 clients (14%) have completed treatment; and
- 74 clients (36%) dropped out/discharged and efforts are being employed to reengage them into treatment.

DCFS began a new initiative in SFY01 to improve coordination between the child welfare, AODA and domestic violence service systems in Illinois. Through a contract with Prevent Child Abuse-Illinois, regionally based prevention resource developers work to improve service coordination, client flow and communication between these three fields that typically serve many of the same families. Prevent Child Abuse-Illinois hired a project director and eleven Prevention Resource Developers (PRD) that are regionally-based throughout the state: five in southern and central Illinois, five in Cook County and the surrounding collar counties and one in northwestern Illinois.

The PRD staff work in their local communities to improve collaboration between the child welfare, AODA and domestic violence service systems. Each PRD staff person meets with local providers and provider groups on a regular basis, provides or arranges for training and cross training events, and documents and reports on service needs and gaps in their local areas. The PRD staff and their project manager meet

with DCFS staff on a regular basis and submit quarterly reports to the Department that keep the Department aware of both local and systemic issues that need to be addressed.

**3.3 Increase the number of clients successfully completing substance abuse treatment who are in need of such services.**

The Department of Human Services, Office of Alcoholism and Substance Abuse (OASA) compile data for treatment completions. As of June 2001, OASA providers reported 6,156 discharges of DCFS involved individuals from treatment. Of these 2,578 or 42 percent were reported by OASA providers as successfully completing their treatment.

**3.4 Improve service coordination planning with DHS to optimize a family's success toward both child welfare and self-sufficiency goals.**

The Illinois Department of Human Services (IDHS) contracts with third party vendors to screen aging out wards with developmental disabilities and, along with the caseworker, engage in service planning for the ward's adult life. Pre-admission Screening Agencies (PAS), also known as Individual Service Coordination (ISC), are responsible for determining eligibility for adult services, recommending appropriate service providers, and making a determination relative to the need for an adult guardian.

Family members and other interested, concerned adults who are interested in being involved with the process are included. Every effort is made to arrange services as close as possible to the residence of involved family members, friends, or other caring people.

The Illinois Department of Human Services and the Illinois Department of Children and Family Services have created the Service Coordination Advisory Committee. The purpose of the Advisory Committee is to review the performance of the two agencies in coordinating the delivery of services to families that are involved in both systems. The Advisory Committee is comprised of about 25 individuals who are advocates, service providers, and representatives of both state agencies.

The Advisory Committee, which meets quarterly, reviewed reports from state agencies and direct service providers, examined service plans of dually involved families, met with front-line staff, and analyzed agency-generated statistical information. The Advisory Committee developed and distributed a survey in September of 2000 for both IDHS and IDCFS workers to measure the effectiveness of service delivery to dually involved families. The survey generated great insight into field practice regarding collaborative service planning. In the same regard, the committee invited DCFS workers to a meeting to share how they have been able to use cooperative planning to the benefit of

clients. As a result of the aforementioned activities, work is proceeding in the following areas:

- A process is being created whereby a monthly data match can be sent to DCFS field staff in order to insure that staff is aware of what families should be receiving coordinated case work.
- New training for the DCFS field is currently being designed. This training will include videotape that will feature workers who can share the benefits to clients and workers when joint planning occurs. The training will also involve DHS Local Office Administrators who will share various programs and services that are available to DCFS involved families. Lastly, the policy will be distributed and reviewed.
- Currently the committee is examining the role of the liaison for each Department. This examination may determine that the liaison's role be redefined. This may lead to the establishment of a Central Office contact person (one for each agency) who would be available for consultation, problem solving, and policy questions from field staff.

Eligible youth are referred to the DHS contracted Pre-admission Screening (PAS) agencies for determinations relative to guardianship and adult placement needs, and to the DHS Office of Rehabilitation Services (ORS) for in home and employment supports.

### **3.5 Screen and refer as needed all wards age five and under for early intervention services.**

The DCFS Early Childhood Unit operates a screening program that focuses on identification of wards with developmental delays. Within thirty days of placement, all wards under age five are referred or scheduled for a developmental screen. The thirty-day period is salient for two reasons. First, the unit considers that the child has endured some type of trauma when brought into care. The unit wants the child to have time to adjust to his new surroundings and begin to feel safe. Second, the unit members know how extremely important it is to identify delays early in a child's life. By doing so, the child is presented with the opportunity to make developmental gains through early intervention services.

The purpose of early intervention is to provide therapeutic services to children who have a developmental delay of 30 percent or more in any developmental domain. The early childhood unit screens approximately 1600 wards each year. Of this number, 30 percent are referred to early intervention services. Through partnerships with the Bureau of Early Intervention and the Chicago Public Schools, DCFS wards are engaging in early intervention services more frequently and consistently. The private agency case managers bear the responsibility of

ensuring that foster parents are aware that a child's participation in services is essential to him being able to live a productive life and reach his full potential.

Once a ward is diagnosed with a developmental delay, his participation in early intervention is mandatory. No one has the right to refuse services. The department supports the early childhood unit in its efforts to ensure that all children who are referred to services receive them.

### **3.6 Increase school attendance, promotion and graduation rates.**

The Division of Education and Transition Services Statewide Education Coordinator and the Cook County Education Specialist, in concert with the Regional Education Advisors, and Private Agency Education Liaisons continue to provide training and technical assistance to caseworkers and caregivers related to education issues which include a focus on school attendance, promotion, and graduation rates. In its efforts to address the challenging issues regarding school attendance, the Department has two components of the DCFS Attendance Improvement Program. In Chicago, the Department collaborates with the Chicago Public Schools, District 299 to receive a data tape from Chicago Public Schools, which lists children and youth identified as chronically absent/truant (absent 10 % or more of school days either excused or unexcused) from Chicago Public Schools. In addition to the data exchange, a telephone reporting line has been established for Chicago Public School personnel to notify DCFS when a student in DCFS care has been absent from school for a total of five days, whether excused or unexcused, and for each absence thereafter. The Cook County Education Specialist, Regional Education Advisors and Private Agency Education Liaisons interface with the assigned caseworkers and other Education staff to ensure that the Department's children are attending school on a daily basis. In comparison to our attendance statistics prior to implementation of the Attendance Improvement Program, the number of children absent from school on a quarterly basis has decreased by 50 percent. When the children can be kept in school on a daily basis their chances for promotion and graduation increase.

The Department's efforts to improve the number of children who are promoted to the next grade level and complete their high school graduation requirements include working with the Alternative Schools Network. Approximately 300 Department youth received educational and social services via the Department's contract with the Alternative Schools Network to facilitate their progress in pursuit of their GED or high school diploma. Of the 300 youth receiving contractual services, 45 have already received their high school diploma and another 100 have successfully met the requirements for advancement to the next grade level.

### **3.7 Improve the availability and access to post-secondary education or vocational training for older wards.**

Last year DCFS awarded 48 college scholarships to deserving youth. This year the Department will also award 48 scholarships. DCFS Scholarships are awarded to wards and former wards of DCFS who are currently in adoptive or guardianship arrangements. As of April 5, 2002, 279 youth were attending college via the Youth In College Program and 150 youth were attending college via the Scholarship Program. The Division of Education and Transition Services notifies the workers regarding the programs via numerous announcements to make them aware of the programs.

In SFY02, DCFS entered into an agreement with the Illinois Community College Board to provide tuition payment for DCFS youth attending one of the 50 community colleges in the state of Illinois.

### **3.8 Increase the percentage of children in care with adequate levels of documented health services.**

HealthWorks of Illinois is the primary vehicle for this objective. HealthWorks is a statewide, comprehensive health care delivery system for children in substitute care and is administered by the DCFS Division of Health Policy (DHP). HealthWorks is designed to ensure that all wards have access to quality health care, receive health care services as needed, and have documentation of their health status. Health services are delivered at levels of payment offered by the Department of Public Aid and are reimbursed by the state's Medicaid program. Under HealthWorks, an initial health screening is done within 24 hours of a child's entry into custody (prior to placement), a comprehensive health evaluation is done within 21 days of custody, and well child physical examinations are done at the ages of 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually thereafter.

DCFS ensures health care services are provided to wards outside of Cook County via an intergovernmental agreement, with the assistance of the Illinois Department of Human Services through their relationship with local health departments. In Cook County, DCFS contracts with the Health Care Consortium of Illinois to assist DCFS in ensuring wards receive required health care services.

As of December 2001 (SFY02), the number of children enrolled with a primary care physician statewide was 96.0 percent, a decrease from the rate of 96.7 percent in May 2001 (SFY01).

DCFS monitors compliance with immunization and well child examination requirements through the Administrative Case Review (ACR) process. At a minimum, an ACR is conducted twice a year for each DCFS ward in substitute care. Documentation of immunizations and well child examinations is brought to the ACR. ACR staff note this information in the DCFS computer system. If documentation is not provided, verbal assertions that such care was provided will

not suffice and immunizations or well child examinations will be entered into the computer system as out of compliance.

As of March 13, 2002 (SFY02), the immunization compliance rate based on ACR data was 59.4 percent, a decrease from the compliance rate of 60.2 percent in June 2001 (SFY01). Because there are no reports of children missing school due to their lacking necessary immunizations, DCFS believes the immunization compliance rate reflects a documentation problem. DCFS continues to develop methods to improve gathering standardized health information during ACR. DCFS and HealthWorks of Cook County staff continues to work collaboratively with Chicago Public Schools (CPS) to improve the health status of wards.

As of March 13, 2002 (SFY02), the compliance rate for well child examinations based on ACR data was 70.6 percent, an increase from the compliance rate of 69.0 percent for June 2001 (SFY01).

DHP regularly monitors for compliance with the Department's objectives for immunizations and well child exams via the monthly ACR reports for these performance indicators. Effective June 2001, DHP initiated monthly mailings of the ACR reports to each DCFS and Purchase of Service (POS) team. Upon receipt of these by-child reports, DCFS and POS workers can arrange for completion of immunizations and well child exams for children shown to be out of compliance on their caseload and then take the documentation of these health services to the next ACR.

### **Health Care Information System (Cook County), Cornerstone Program Data (Downstate) and SACWIS Development**

Through the DCFS Health Care Information System (HCIS), staff of the Cook County lead agency, Healthcare Consortium of Illinois (HCI), is able to enter information regarding Initial Health Screenings, Comprehensive Health Evaluations, well-child examinations, enrollment with a primary care physician and assignment to interim medical case management (during the first 45 days of custody for all DCFS wards) and ongoing medical case management (for DCFS wards who are under age 6 or who are pregnant) into the HCIS. There are a number of HCIS reports that help the lead agency manage their work (e.g. daily notification of changes in ward information, such as caseworker or living arrangement changes). Other reports are used by both the lead agency and DCFS to monitor performance and to identify issues requiring follow-up.

Cornerstone, the database maintained by the Department of Human Services, provides data regarding immunizations, well child examinations, Initial Health Screenings and Comprehensive Health Evaluations to the Department for wards residing downstate. During SFY02, DHP continued to consult with the Department of Human Services, Division of Family Health to ensure the data is maintained for all wards.

During SFY02, DHP actively participated in the development of the health components of the DCFS/SACWIS (State Automated Child Welfare Information System) database. This database allows the Department to internally track and report on the health status of all wards residing in alternative care.

### **Quality Assurance Activities**

DHP is involved in a variety of activities to improve the quality of health services provided to DCFS wards and to improve access to care. During SFY02, DHP finalized the Quality Assurance objectives, as reported in the previous Title IV Progress Report, and expanded its activities on several fronts:

### **Casey Foundation**

The Casey Foundation and the Institute for Health Improvement selected DCFS as one of eight teams to receive a scholarship to work on Improving Healthcare for Foster Children. This project, originally planned for nine months, focuses on learning and implementing “rapid cycle change” to improve healthcare in Cook County. This project has been extended to operate until September 2002. One major focus of the project is to improve gathering and documenting health care information. To achieve this, DCFS has implemented the following projects: testing optimal means for gathering health information from birth parents; improving the documentation tool for the comprehensive physical assessment and incorporating the information of a child’s health needs into the child’s service plan.

### **Asthma**

DHP continues to participate in the Illinois Asthma Partnership. The Partnership is a statewide group with representatives from DCFS, the Illinois Departments of Human Services, Public Aid and Public Health, and various local and not-for-profit agencies.

DHP completed a policy guide outlining proper treatment for DCFS wards with asthma, which was issued as Policy Guide 2002.01 “Case Management Guidelines for Children’s Asthma Management” on January 9, 2002. Since issuance, over 125 children have been identified with asthma. Their physicians have developed an Asthma Action Plan for each child and caseworkers and substitute caregivers retain copies of the asthma action plans. The Department’s regional nurses are also notified of children diagnosed with asthma. DHP continues to provide consultation and training on the use of this Policy Guide.

### **Increased Access to Dental Care**

DHP staff currently participates in IFLOSS quarterly meetings. These meetings include representatives from the Department of Public Health, Illinois State Dental Society, and local health departments and clinics. IFLOSS is working to improve the oral health of low-income and Medicaid-eligible children and adults in Illinois

DHP staff also works with the Illinois State Dental Society (ISDS) on an outreach initiative to dentists who are unwilling to serve Medicaid clients but may be willing to serve DCFS wards. The Division of Health Policy collaborates with the Department of Public Aid (the agency that provides payment for dental care to DCFS wards) on general access issues and case-specific issues. The division also provides consultation to field staff for individual cases requiring dental services

In January 2002, DHP completed an in-depth, statewide, geographical analysis of the number of Medicaid-enrolled dental providers in relation to the number of DCFS wards. This analysis compared the ratio of providers to wards by county, Lead Agency, and Local Area Network. In addition to general dentistry providers, this analysis addressed ratios for specialty dentistry providers such as orthodontists, pediatric dentists, oral surgeons, etc.

### **Unmet Medical Needs**

In addition to verifying compliance with immunizations and medical examinations, ACR reviewers are to send written feedbacks to DHP after an ACR identifying: unmet medical needs of wards that are acute and serious in nature; asthma-related problems or a specialty medical service that the caseworker is unable to secure. In SFY02, DHP has worked with ACR to refine this process and to improve subsequent follow up on the feedbacks as they are received and processed in DHP.

### **Other Medical Services**

DHP provides consultation, referral information, and intervention as needed for individual cases where there are difficulties with a ward obtaining a medical card, vision care or medication. This is achieved by working in tandem with the DCFS Office of Federal Financial Participation.

## **3.9 Improve the Department's response to children with physical disabilities.**

Staff in the Division of Health Policy work closely on case-specific issues with department and private agency caseworkers, staff at the University of Illinois' Division of Specialized Care for Children and the Department of Public Aid, medical providers and equipment/home modification vendors to resolve issues related to DCFS wards with specialized medical needs and durable medical equipment.

In SFY02, DHP increased its direct involvement in securing durable medical equipment for DCFS wards. This frequently required working with the Department

of Public Aid to determine why payment for certain medical equipment was denied and what additional information was needed for the Department of Public Aid to approve the equipment request. DHP would then work with direct service staff to secure the additional documentation.

DHP developed a medical conditions database in August 2001. This database has the capacity to track case specific issues in which DHP has been asked to intervene. This database also maintains information about children with specific medical conditions and durable medical equipment. The database is continually updated from all available sources as DHP learns of new and existing wards with medical conditions.

DHP provides intervention, where necessary, and consultation to field staff regarding DCFS policy guides issued in SFY01 that impact DCFS children with physical disabilities. These policy guides provide guidance on:

- The process for determining whether a child or youth is eligible for specialized or treatment foster care; and
- The application process for the Illinois Department of Human Services' Home Services Program. This policy helps to ensure that referrals on behalf of children for whom DCFS is legally responsible are made appropriately to the Home Services Program, which is designed to provide in-home supports to children and adults with disabilities who need services that are not funded through other sources.

The Department continues to coordinate its efforts with the Illinois Department of Human Services for children transitioning out of the DCFS system who would become ineligible for DCFS services as an adult. This coordination provides a continuum of care for these children.

### **3.10 Improve coordination of care for children with behavioral health needs.**

The Department has established an Integrated Assessment Model that includes all of the service components described in the following paragraphs. The screenings will be completed on all wards and birth parents to better address the goal of well-being and to assist in achieving permanency for families involved in the child welfare system. Currently, it has been implemented in the Cook North Region of the Department. The plans are to implement this model statewide on July 1, 2002.

This model integrates the Behavioral Health, HealthWorks and Health Assessment screens, creating a comprehensive plan with specific timelines for each of the screening and assessment functions. This plan represents the Clinical Division's implementation of a seamless integration of services and planning.

Working in tandem, the Behavioral Health Screen, the HealthWorks Screen and the Comprehensive Health Assessment ensures that, at minimum, upon entry to

our system, wards are screened for Alcohol and other substance abuse; Sexual Abuse; Sexually Transmitted Diseases & HIV; and SED.

The child's age and presentation will trigger periodic screens and will prompt the use of mandatory multidisciplinary team (MDT) staffing. The MDT will make recommendations regarding the four key stages of the Department's care of wards: Assessment; Service Planning; Service Delivery; and Permanency/Placement.

The MDT spearheads the development of a treatment plan with timeframes for the completion of all plan goals leading up to case closure. Use of the multidisciplinary team encourages prompt identification and action planning with respect to all issues affecting the ward's well being.

This model also establishes the use of a family meeting at a set time in the engagement process for the purpose of involving parties in the safety and permanency goals that guide the Department's work.

### **3.11 Increase the number of children placed in least restrictive, most clinically appropriate settings.**

1,994 children in SFY00 and 1,985 children in SFY01 were moved from residential to less intensive settings. It is estimated that in SFY02 an estimated 1,900 children will be similarly moved.

The number of children in out-of-state residential placements has decreased from 79 at the end of SFY00 to 36 at the end of SFY01 and is expected decline further to 25 by the end of SFY02.

The number of children in hospitals for psychiatric reasons decreased from 90 in SFY00 to 80 in SFY01 and is estimated to be 85 by the end of SFY02.

The Department supports Pre-Admission/Post-Discharge Screening and Assessment Services for its clients (referred to as SASS). Before admission to a psychiatric hospital, every Department client is assessed to determine if the admission is necessary or if other services can meet the child's needs. Services are available 365 days per year, 24 hours per day. The 30 providers who operate the system plan services, review recommendations for children who are hospitalized, plan for discharge, and create packages of post-discharge psychological services to prevent the need for re-hospitalization. This system serves all eligible children and has been strengthened to provide more intensive hospitalization monitoring and follow-up services. The SASS programs have reduced psychiatric hospitalizations of Department clients and have saved the Department of Public Aid in excess of \$15 million per year in costs for such care.

### **3.12 Improve the availability of resources in each LAN.**

LANs are groups of providers serving a defined geographic area within the state. They develop and organize community-based services to better serve both intact families and children in placement. Along with the State Board of Education, the Department provides flexible funding grants to help these local organizations pay for innovative solutions to the problems children and families face which cannot be addressed through existing categorical grant programs. The Department works with LAN conveners to develop models to help ensure that immediate and appropriate services are available. Initially, child protective investigators and/or intact family workers refer families to community-based services in LANs. LANs also serve as a resource in the prevention of residential placement and for the step-down of children placed in residential settings.

Wraparound services are comprehensive packages of individually tailored services, developed by Local Area Networks (LANs), to meet particular children's needs. These services help children avoid placement in increasingly restrictive settings. These include maintenance at home with their families, placement in less restrictive settings, or return home. The Department funds the wraparound costs for children under its custody or guardianship. For non-wards, the community (through Local Area Networks) must take the lead in developing and funding services. The Flexible Funding Initiative, which DCFS supports jointly with the State Board of Education, helps provide assistance in this latter area.

The Department contracts with LAN Wraparound System Administrative Agents (WSAA) to provide a variety of administrative functions, in their designated LAN, to support community-based services through a Wraparound planning process for children in the care and custody of the State and their families.

Each WSAA provides the following administrative functions for managing the program:

- Wraparound registration, service payment, service tracking and reporting, and wraparound exit;
- Development of service provider network and service provider directory;
- Conduct local quality assurance review and reporting; and
- Program reporting and evaluation.

### **3.13 Provide appropriate assessment and services for all youth in care, age 14 and over, to aid in their transition to adulthood.**

The Department's continued goal of maintaining its COA accreditation has established a Division of Quality Assurance and Quality Improvement which has given workers and caretakers a clear message regarding their expectations to deliver appropriate and timely quality services to our adolescent population.

Additionally, the Department's philosophy has been modified regarding adolescent permanency to state that all youth need preparation and transition to adulthood regardless of identified permanency goal.

The formation of the Division of Education and Transition Services (DETS) has resulted in policy changes supporting assessment and transitional services for all youth. The following outlines policy and services provided by DETS.

- DETS staff have been hired and assigned specific job duties related to adolescent needs, i.e. educational advisors, independent living coordinators, transition managers, college specialists, pregnant and/or parenting coordinators, and employment specialist. By limiting the scope of individual job responsibilities, it enables the DETS staff to specifically target problems, resolutions and supportive technical assistance skills to staff and youth.
- Policies and services related to adolescents, such as transition planning, independent placement, youth in college and DCFS scholarship, youth in employment, pregnant and parenting, etc. are reviewed, modified and updated to reflect the Department's commitment to improve outcomes for adolescents emancipating from the child welfare system. For example, youth moving into independent living are required to have a Life Skills Assessment to ascertain their competency to live independently in the community. A WRAP plan is developed to insure added success and provide support as they begin this new living arrangement. Additionally, the local area networks (LANS), and child and family teams are available to provide added supports and community linkages for youth.
- Monthly and quarterly contract monitoring with life skill providers to maintain communication and insure quality services.
- Facilitation of positive empowering of youth through established statewide and regional youth advisory boards, youth in care network, and rites of passage programs.
- Formation of a youth hotline to empower youth with the ability to seek information for advocacy support and problem resolution.
- This new Division has placed major emphasis on providing training on new policy, practice and support for adolescents with new hire, regional and purchase of service agency staff training; and presentations at foster care conferences.

### **3.14 Provide appropriate service linkages to wards with special needs transitioning out of the system.**

The transitioning out of special needs youth from the child welfare system is greatly aided by the network that the Department has established with other state agencies. Youth with special needs are referred to the Office of Rehabilitation Services (ORS), Department of Human Services (DHS), to determine eligibility for in-home and community services as they age out of the child welfare system. As each youth with special needs turns 18, they are referred for SSI eligibility.

They are also referred to an outside contractor for determination of adult guardianship needs.

Additionally, the Department has entered into a special agreement with the Department of Human Services (DHS), Office of Developmental Disabilities (ODD), to provide a seamless transition to adult services for persons with developmental disabilities. Beginning at age 17.5, youth with developmental disabilities are identified for ODD officials enabling them to adequately plan for program and fiscal needs. The Department of Human Services has agreed to assume program and funding responsibility for these youth as they age out based upon their individual needs. For the federal fiscal year 2002, DHS committed funding to 23 youth who were preparing to age out of the child welfare system.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 2**

#### **Systemic Factor: Policy Changes**

Policies are an integral part of the Department's infrastructure for delivering services to children and families. Policies drive Best Practices and service delivery processes. Policy changes in SFY02 focused on the four core goals of the Department: Safety, Permanency, Well-being and Quality.

#### **Safety**

The first merger of Best Practice and protective services policies was introduced with the rollout of the new child abuse and neglect investigation procedures. Procedures 300, Reports of Child Abuse and Neglect, was revised and reordered to reflect the flow of required reporting and investigative activities tasks. The allegations were expanded to add the required investigative standards for each type of allegation. The new model provides prescriptive pathways that lead to a thorough, evidence-based investigation. The process stresses earlier and more accurate decision-making while recognizing that the family is in crisis and needs assistance with problem solving and social services as needed. Teamwork and case continuity are assured through face-to-face hand-offs between investigators and follow-up workers or between workers when cases are transferred. Better assessment tools and clearer protocols make the investigative process and subsequent decisions less subjective, resulting in more accurate safety decisions.

Safety of children in substitute care was also addressed with the revisions to licensing standards for foster family homes. Changes included requirements for smoke detectors, safe storage, disposal of medications and hazardous materials, requiring separate beds for children and annual checks of driver's licenses for those that transport children. The rule on behavior management in childcare facilities was also amended. The amendments are based on the latest research and Best Practice and provide guidance to residential care providers that will minimize the risk of injury to children while in restraint or seclusion and protect the rights of children.

#### **Permanency**

Revisions to the Department rules and procedures governing adoption assistance and subsidized guardianship were aimed at increasing the number of children placed in permanent homes. The age at which a child could be considered "special needs" was reduced from three to one year. The amount of time a child is required to spend in the legal custody of the Department in order to qualify for subsidized guardianship was reduced from two years to one year. In addition, employment related day care payments were made available to families adopting children under three years of age. Tools were added for assessing children who are free for adoption and the suitability of homes in which they were living to determine whether the conversion to an adoptive home would serve the child's best interests. Procedures were also added describing post adoption services available to families after the finalization of the adoption or transfer to

guardianship. Such policies underscore the Department's commitment and concern for these families even after they leave our system.

### **Child and Family Well-Being**

New procedures governing frequency and quality of contacts with families, children, and caregivers were distributed to provide enhanced services to families. A team approach was adopted for quick and compassionate responses to children, families, and caregivers facing sudden crisis, such as death, illnesses, and disaster related loss of property. Concurrent child abuse/neglect and licensing investigation procedures were adopted to minimize disruption in the homes of foster parents and relatives, as well as in other placement facilities.

A policy for monitoring compliance with visitation requirements was implemented. New procedures were developed in Cook County to facilitate placing siblings together from the point of case assignment. It also requires agencies to submit to the Department documentation of a sibling visitation plan when siblings are placed apart. Also, as a part of Best Practice and to comply with Council on Accreditation (COA) standards, a new behavior and medication log was implemented for use by foster parents.

Older wards became the focus of increased attention. Federal Chafee Foster Care Independence Program funds allowed several program changes. A new \$3000 incentive payment is given to youth who are adopted or transferred to subsidized guardianship when they are between the ages of 15 and 18. The incentive is given when the child reaches 18 years of age. More services in the form of cash and housing advocacy are available to youth who leave DCFS guardianship.

New collaborations were made between colleges and universities to serve DCFS wards. A special textbook reimbursement program was established with state universities whereby the Department wards receive required textbooks and the expense is billed to the Department. An agreement with the Illinois Community College Board provides tuition payment for wards attending any Illinois community college.

### **Quality and Accountability**

The Division of Quality Assurance (DQA) is comprised of four units. The Field Review Unit conducts comprehensive reviews of Department service programs. The Regional Quality Assurance and Quality Improvement Support Units provide assistance and guidance on implementing an all-inclusive model of quality improvement in each region and provides information for analysis. The Program Analysis Unit provides computer-based information and analysis of Department programs. The Accreditation, Aristotle P. and Special Projects Unit manages the accreditation process throughout the state and monitors compliance with the Aristotle P. Consent Decree regarding the department's burden to perform a search for joint placement for siblings as well as sibling visitations.

One of the major activities the Division engaged in during the year is the preparation of the Department for the 2003 Child and Family Services Review to be conducted by the Department of Health and Human Services. All Department regions and several purchase of service agencies will be reviewed by the end of the federal fiscal year 2003.

The Department was accredited by the Council on Accreditation in June 2000. Some offices are now participating in the reaccreditation process. Cook North and the Northern Region will be reviewed by the end of the fiscal year. The DQA is coordinating the development of the Department's Self Study for the reaccreditation process.

The Data Analysis Unit of DQA developed new reports to assist Department staff in monitoring performance. One report is the "Child and Family Outcomes Measures." Over 30 outcomes in categories of safety, permanency and child and family well-being are evaluated over the course of a state fiscal year. Another series of reports, "By Worker Reports", provides performance data at the worker level. They have become an invaluable tool for supervisors and managers to quickly spot potential problems, as well as identify successes.

The DQA worked with the regions during 2001 to standardize the Department's Peer Review process. Revisions to the Peer Review instrument for Child Protection are being completed to reflect Best Practice. Division staff also worked with the Administrative Hearings Unit to develop a data system to record and monitor the progress and outcomes of investigations and service appeals.

This year the Department began offering grand rounds where the Department staff attends forums where experts present information regarding individual cases, as well as possible diagnostic approaches and case management tools aimed at improving outcomes for clients. The objective is to help staff boost their understanding of clinical and treatment issues surrounding both traditional and difficult cases. The day-long events are limited to 45 participants to encourage interaction among attendees. Presentations have thus far touched on issues involving child abuse, chronic neglect, substance abuse, separation and loss, clients with developmental delays, and permanency planning.

**FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**  
**Chapter: 3**  
**Systemic Factor: Service Array and Resource Development**

The Department has taken into consideration the following principles, listed in 45 CFR 1355.25, as a guide for developing, improving, administering, and delivering the continuum of child and family services:

- The safety and well-being of children and of all family members is paramount. When safety can be assured, strengthening and preserving families is seen as the best way to promote the healthy development of children. One important way to keep children safe is to stop violence in the family, including violence against their mothers.
- Services are focused on the family as a whole. Service providers work with families as partners in identifying and meeting individual and family needs. Family strengths are identified, enhanced, respected, and mobilized to help families solve the problems that compromise functioning and well-being.
- Services promote the healthy development of children and youth, promote permanency for all children, and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.
- Services may focus on prevention, protection, or other short-term or long-term interventions to meet the needs of the family and the best interests and needs of the individual(s) who may be placed in out-of-home care.
- Services are timely, flexible, coordinated, and accessible to families and individuals. Services are principally delivered in the home or the community. They are delivered in a manner that is respectful of, and builds on, the strengths of the community and cultural groups.
- Services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial to meeting the families' and children's needs. Examples are housing, substance abuse treatment, mental health, health, education, job training, childcare, and informal networks.
- Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client's needs.
- Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive (family support) and crisis intervention services (family preservation), based on the changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis to receive services.

In all programs and services administered or supported by DCFS, the safety of the child is of primary concern. All of the programs and services discussed in this chapter are accessible to families and children, who are eligible or are in need, on statewide basis.

## **Levels of Service Intervention**

The Department will provide families with the level of service that best meets the health and safety needs of the child.

### **Level One (No Services Needed)**

Children are assessed as safe. There is no to extremely low risk to the child, and, the family is able to manage any risk issues using its own strengths and resources.

### **Level Two (Referral for Community-Based Services)**

There is low risk to the child, but the family is able to use community resources for support without further DCFS intervention. The purpose of DCFS involvement is to actively link the family with those services and resources that effectively and safely address their needs.

### **Level Three (Short-Term Intact Family)**

There is low to moderate risk to this category of cases. The purpose of Level 3 services is to enable the family to resolve minor to moderate needs that are contributing to risk and safety concerns for the children within short time frame. The assessment must include a determination that the child's safety can be assured during the short-term provision of services.

During the short-term involvement, permanency workers will assess the family's service needs, implement indicated services and develop a service plan, refer the family to appropriate programs or agencies in the community and briefly provide on-going assessment of the family to assure that the children are safe and to monitor/assess their use of services to which they are referred.

### **Level Four (Regular Intact Services)**

There is moderate to high risk as assessed by the referring CPSW. The children may be evaluated safe or unsafe. The assessment may reflect that formal protective services are needed. A viable safety plan will be in effect at the time of the referral if the child has been assessed unsafe. Casework responsibilities include assisting the family in meeting minimum parenting standards through the professional comprehensive assessment of problems; the timely development of a formal service plan; the provision of necessary services; and the development and implementation of timely and appropriate safety plans. The duration of service is intended to average 12 months. Some cases with court orders may be appropriate for this category.

### **Level Five (Intensive Family Preservation Services)**

Intensive family preservation services are indicated where there are significant risk issues, and the child is at imminent risk of placement. Services at this level enable

families to resolve moderate to significant needs that are contributing to risk and safety concerns for the children. Families receiving Intensive Family Preservation Services will: have a high motivation to change; willing to cooperate with services; have little or no support systems; and have no serious/debilitating substance abuse or mental health issues unless they are complying with necessary treatment for the diagnosed conditions.

### **Level Six (Substitute Care)**

There is an assessed severe risk and or safety issues that cannot be adequately controlled or mediated through service provision and necessitate the removal of the child from his or her caregivers via a juvenile court order. The case will be opened for permanency services.

## **Purchased or Referred Services and Resource Manual**

### **Service Implementation**

Delivering services directly or ensuring that appropriate and effective services are delivered is one of the most important determining factors in accomplishing permanency. Providing families with appropriate, accessible and timely services can help caseworkers and the courts quickly decide whether the child will be able to return home safely. When a child or family needs a service that cannot be provided directly by DCFS, caseworkers must arrange for the service to be delivered. Services can be delivered by other, related agencies such as the Office of Alcohol and Substance Abuse (OASA), Department of Public Health (DPH), Public Aid, etc, or through private provider networks such as LANS. The specific array of services to be delivered will depend on a thorough and complete assessment of the issues necessitating Department involvement.

Each Department office has been provided with a region specific resource manual that contains community resources for payments, goods and services related to living circumstances and includes providers with whom the Department has contracts. Workers shall make use of their manuals when attempting to locate services that would reunite children separated from their families because of living circumstances.

### **Service Selection**

The caseworker must use the assessment, along with all other available information regarding the family, to select appropriate services. The caseworker, in conjunction with the supervisor and treatment provider, must ensure that the treatment selected directly addresses the client's problem. Treatment plans must be individualized to the specific needs of the client and have clear objectives. In both placement and intact family cases, the caseworker and treatment provider must maintain at least monthly contact. Significant family issues and case related matters must be shared with the provider within the bounds of confidentiality. The caseworker and supervisor should invite service providers to all administrative case reviews and family meetings. The caseworker must obtain written progress reports that outline the identified treatment issues, progress in treatment, as well as future treatment recommendations.

## **Child Protection Services**

A child abuse or child neglect report, which is accepted by the Child Abuse/Neglect Hotline that meets certain standards, results in an investigation. If credible evidence of abuse or neglect is found, placement services are offered if an imminent risk of death or harm to the child is believed to exist if the child remains under the supervision of his/her parent/guardian/caretaker. A physical examination by a physician takes place immediately prior to placement. The finding of imminent risk is determined by a Juvenile Court hearing within 48 court hours of the finding. Casework services are offered to the child and family throughout the investigation and may include referrals for front end Services or placements, and discussions and explanations of the findings of the investigation and of available services.

## **Placement Prevention/Emergency Services**

The family may be in immediate need of services or a child in imminent risk of harm, yet the worker may be able to avoid placement by the provision of or referral for in-home services. As soon as the determination has been made that emergency in-home services are appropriate, the worker shall print and forward the SACWIS Handoff Document to the follow-up unit within 24 hours of the decision to provide in-home services.

DCFS staff shall utilize available sources to advocate for financial assistance and other services which meet the basic needs of families in preventing the placement of children or assist in the return of placed children back to the home. Such services shall be provided directly, obtained by referrals and/or purchased by providers.

When appropriate, placement prevention services shall have been provided prior to placing a child. The worker shall consider whether the following placement prevention services are appropriate: 24-hour emergency caretaker, homemaker services, day care services, crisis counseling, individual and family counseling, emergency family shelter, self-help groups, parenting training and other placement prevention services. The worker shall also consider whether services to meet the basic needs of children and families would prevent placement of the children. Services to meet basic needs may include but are not limited to, cash assistance, food, clothing, furniture, housing, advocacy and other appropriate services for children at risk of placement due to living conditions or lack of subsistence needs.

## **Front-End Services**

Cases requiring short-term intact services that can be successfully and safely completed within 60 days of the Initial Oral Report (IOR) or Subsequent Oral Report (SOR) will remain with the Child Protection Services Worker (CPSW). These cases typically must be opened to access funding (e.g., Norman services). Appropriate services may include short-term interventions such as homemaker, crisis counseling, Norman services and supportive casework. These are services that will generally be in place by the completion of the investigation.

If the identified service cannot be fully implemented by the 60-day completion date, the CPSW must confer with his or her supervisor to determine the level of risk and if the case needs on-going intervention. If the case requires this intervention, the CPSW must hand-off the case to a community service provider or DCFS follow-up unit within 48 hours.

### **Protective Day Care Programs**

These programs serve children in the DCFS caseloads. Protective Service Day Care is provided to children in "indicated" reports of child abuse or neglect; the services help to prevent and remedy the abuse, neglect or exploitation of children.

### **Child Welfare Services**

Child welfare services means publicly funded social services that are directed toward the accomplishment of the following purposes:

- Protecting and promoting the welfare of all children, including homeless, dependent, or neglected children; preventing, or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children;
- Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible;
- Restoring to their families children who have been removed, by the provision of services to the children and the families;
- Placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate;
- Assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption;
- Providing supportive services and living maintenance which contribute to the physical, emotional, and social well-being of children who are pregnant and unmarried;
- Providing shelter and independent living services for homeless youth; and
- Placing and maintaining children in facilities that provide separate living quarters for children under the age of 18 and for children 18 years of age and older, unless a child 18 years of age is in the last year of high school, enrolled in educational or vocational training, in an approved individual or group treatment program, or in a licensed shelter facility.

## **Family Maintenance/Preservation Services**

The primary objective of DCFS involvement with families is to ensure that children are safe from moderate to serious harm from child abuse and neglect. Child safety must be assured before any other intervention objective, such as permanency, is pursued.

If imminent risk of harm or death to the child is not present if the child remains at home, but it is believed that services can be helpful in preventing abuse or neglect, intact family services are offered. Although acceptance of intact family services is urged, it is generally not legally required. Whereas, acceptance of placement services is mandatory. Intact family services will include assessment and casework services and may include community intervention, family preservation, counseling or homemaker service, protective day care, support of drug or alcohol treatment, and will include Norman emergency cash assistance and housing locator services if necessary in order to prevent placement solely for environmental reasons.

Family preservation services are directed toward ensuring the child's development, safety and well-being in his/her home and preventing placement or reducing the time a child is away from the family. They include crisis intervention, counseling, home-based services, family and individual risk assessment/monitoring, family and individual service assessment, service/treatment planning, casework and case management services, parenting training, day care services, homemaker services, collateral service linkage with public agencies (including DHS, DPA, school districts, public health and medical services), referral and linkage to continuing community services, and limited emergency cash assistance.

Intact services are initiated with a family when children have been assessed to be at risk of maltreatment and the family is presently unable to ensure the safety of the children without DCFS intervention. DCFS, in partnership with the family, provides for the safety of the children through mobilizing internal and external resources and services to address the safety factors that the family is not yet able to control. Through jointly developed and carefully monitored CERAP safety plans, both the family and DCFS are free to better understand and change those behaviors and conditions that are contributing to the risk and safety concerns. As the family strengthens and makes the changes needed to meet the essential needs of the children, the need for externally imposed safety services begins to diminish. Ultimately, the successful family will learn to use its own (strengthened) resources to deal effectively with risk factors so that both the family and DCFS can have confidence that the ongoing safety of the children is assured.

However, the existence of a CERAP safety plan does not in itself mean that the children will be protected. The safety plan must also be actively managed, continually evaluated as to its effectiveness and adjusted as needed. Some families may experience periods of regression during the course of change, making it necessary to re-evaluate the adequacy of the CERAP safety plan. Likewise, enhancement of family strengths and abilities is encouraging, but not sufficient to relax vigilance concerning the safety of the children. Therefore, the caseworker must be continually aware of child safety indicators

throughout the course of his/her involvement with the family, and he/she must be particularly aware of critical safety issues for intact families.

Completing the CERAP form is not assessing safety in general; it is documenting the caseworker's assessment of safety at a particular point in time. The most effective assessment is the continuous process of weighing each new piece of information against what the caseworker knows about the family, as well as against the caseworker's knowledge of the factors and dynamics of risk and safety. With each new piece of information, the caseworker considers the impact on child safety. At any time that some information or observation raises a red flag, or even just seems unusual or out of place, the caseworker must inquire further, assess safety implications, and take appropriate action.

Partnering with a family does not mean abandoning appropriate professional distance in the relationship and the ability to maintain a critical perspective on family behavior. Both of these qualities are essential in enabling the caseworker to fulfill his/her primary duty of ensuring the safety of children.

When family preservation is the goal, services are directed toward ensuring the children's development, safety and well-being in the home of their family and preventing placement of children away from their family. Such families may have been reported to the Department for alleged child abuse or neglect or referred to the Department for services. The service constellation for these children and families may include:

- Counseling/advocacy;
- Emergency caretaker;
- Homemaker;
- Protective and family maintenance day care and child development;
- Family planning;
- Parent education;
- Self-help groups;
- Emergency family shelter;
- Intensive family preservation services;
- Other placement prevention services;
- Referral for substance abuse treatment services;
- Referral for financial assistance and employment related day care;
- Referral for housing assistance or housing advocacy; and
- Referral for legal services

### **Family Maintenance Day Care Services**

These services are provided to high-risk families whose children have open DCFS cases; they are used to prevent and reduce parental stress that may lead to child abuse or neglect. The services also help children to develop properly and enable families to remain together.

## **Placement and Reunification Services**

For placement to continue, a specific legal status must be present: temporary custody, surrender with consent to adoption, Department custody or guardianship, or temporary custody with the written consent of the parent or guardian (for 60 days only), or termination of parental rights. Depending on the child's needs, placement may be in a foster home, specialized foster home, group home, institution, or (for children nearing adulthood) independent living setting. Any of the services mentioned above under intact family services may be offered (except that cash assistance and housing locator services are now for the purpose of reunification).

In addition, children receive, as needed, a through medical examination and subsequent medical care through the Health Care Network providers, foster care day care providers (if all of the foster parents work outside the home for some period), psychological assessment, intensive treatment services, pre-and-post-psychiatric hospitalization services, including case management and case planning, sexual abuse counseling, sexually aggressive child assessment and treatment, community wraparound services designed to serve all of a child's critical needs comprehensively and simultaneously, educational, transitional, and independent living services, and services for pregnant and parenting teens. The services are provided on an as needed basis based upon what will improve the child's well-being. Reunification services are offered to the parent(s) and children. This may include drug and/or alcohol treatment support for the parents, counseling, homemaker and other services (including the Norman Services identified above) to prepare the family to care for the child's safety, without further child abuse or neglect. Regular testing with the CERAP profile designed to identify risk of abuse or neglect is both a right of parents and a requirement imposed upon them in the interest of the child's safety. The best interests of the child are paramount in the decision making regarding whether to return a child home.

Children who are returned home, and their families, receive aftercare services designed to assure that the home remains safe and nurturing, and that abuse or neglect does not occur.

When family reunification is the goal, services are directed toward returning a child to his parent or private guardian's home. Family reunification services are directed toward helping the children's parent(s) or private guardian(s) achieve minimum parenting standards and ensuring their safety and well-being upon return home. The service constellation for these children and families may include:

- Counseling/advocacy;
- Homemaker;
- Protective and family maintenance day care and child development;
- Foster family home care;
- Relative home care;
- Residential care;
- Family planning;
- Parent education;

- Intensive family preservation services; and
- Referral for substance abuse treatment services

### **Substitute Care Services**

Substitute Care Services involve temporary placements to ensure safety. For example, placing a child in a foster family home, group home or institution. Also included are numerous treatment and support services that are designed to improve the child's physical, educational and emotional welfare, and ensure the child's safety. Substitute care is not intended as a permanent living arrangement for the child, but as a core service to protect the child while the ultimate goal of return home or another permanent living situation is pursued. Substitute care placements are selected to provide secure, nurturing and homelike settings, preferably in a child's home community. When it is not possible to return a child home and ensure the child's protection, the Department seeks to create a new family through adoption. Stable foster care with relatives or other foster parents is also considered. In SFY99, DCFS integrated services previously provided through Illinois' PAL (Preparation for Adult Living) program so that all adolescent youth in substitute care receive appropriate planning and services to support a successful transition to adulthood. In SFY00-01, the Department expanded the transition services pursuant to the federal legislation.

The list below includes treatment and support services available to improve a child's physical, emotional and educational well-being. All of these services are designed to ensure a child's safety.

- Residential Care and Treatment in institutions or group homes designed to help children with emotional disturbance and/or behavioral disorders;
- Pre-Admission/Post-Discharge Screening and Assessment Services to prevent unnecessary psychiatric hospitalization and to provide monitoring and case planning services for children who need hospitalization;
- Psychological Evaluations of Department wards and their parents to determine their need for service;
- The Health Care Network, which ensures that consistent medical care following professional standards is accessible to Department wards and that there is an accessible record of it;
- Alcohol and Substance Abuse diagnostic, treatment, and support services provided by private agencies and funded cooperatively by DCFS and IDHS's Office of Alcohol and Substance Abuse;
- Programs to Transition Adolescents to Self-Sufficiency – services to adolescents to ensure that every youth under the Department's care receives appropriate life skills assessment, transition planning, and services to support self-sufficiency; and
- Programs for Pregnant and Parenting Teens – a system designed to manage the cases of adolescents to ensure that a range of services is available to promote positive parenting and healthy child development.

### **Visitation Services**

The Department recognizes that there is a strong correlation between regular parental visits and contacts with a child and the child's discharge from placement services. Therefore, when a child is in placement and the permanency goal is return home, parent-child visits, telephone calls at reasonable hours, and mail are encouraged unless they have been prohibited by court order.

### **Family Reunification Services**

Family reunification services are provided to children as well as parents during the months that a child is in substitute care and after the child is returned home. They may include general counseling, substance abuse treatment, mental health services, domestic violence counseling, temporary childcare, crisis nurseries, and transportation to and from service appointments. Their purpose is to facilitate the timely and safe reunification of children with their families.

### **Crisis Response Services**

In the delivery of casework intervention and social services, children and families face unexpected or accidental life events. These events may impact the child in placement or those with whom the child has a significant relationship.

The Department is responsible for attending to the acute grief and needs of DCFS wards and their families. These individuals include the foster parent, parent, and relative caregiver as well as the caseworker. This protocol will address the various responsibilities of child welfare staff when crisis situations arise.

The Division of Clinical Services will insure delivery of services to Department involved families in the event of a crisis. Crisis events dictate an immediate response that is consistent with best practice.

### **Support to Birth Parents**

Birth parents need support in a variety of ways as they work toward reunification. Caseworkers can provide support in the following ways:

- Plan with the birth parents for how to respond to crises, including whom to contact and how, and what the caseworker and birth parent will do. Provide referrals as appropriate.
- Negotiate a plan for communication (calls, visits, documentation) between the caseworker and birth parents. Workers should return all telephone calls to birth parents within 24 hours.
- Ensure that all required forms and paperwork are completed in a timely manner and promptly resolve any problems.
- Recognize, assess and address any indication of unusual stress or problems within the birth parents' home as it affects their ability to engage in their service plan.

- Proactive intervention will go a long way toward enabling the birth parents to keep focused on their goal: reuniting with their children.
- Acknowledge and address separation and loss issues experienced by the birth parent(s) with regard to the removal of their child(ren).
  - Inquire if the birth parent(s) needs additional support or assistance with carrying out their service plan.
  - Provide reimbursement (as appropriate) to birth parents for transportation costs, day care or other expenses incurred as a result of parent-child visitation or engaging in necessary services.
  - Always treat birth parents with empathy, respect and genuineness.

### **Transition to Independence**

The Department is currently working to revise procedures to better meet the needs of youth who will receive transitional and independent living services.

It is the Department's position that all youth in placement, regardless of permanency goal, will be provided developmental activities and support services designed to enhance and monitor their independent living skill development. Transition planning for adolescents for whom family reunification, subsidized guardianship, or adoption is not an option must be an ongoing process beginning with an assessment of the adolescent's needs and allowing for input from the youth, caregiver, teachers, counselors, youth's family, and caseworker. It must also ensure accountability on the part of the youth, the Department and other service providers. The plan should include periodic reassessment of needs in light of services provided to ensure successful transition to independence.

When youth development is the goal, services are directed at helping youth live independently or assisting pregnant or parenting youth for the birth or care of their child. The Department may provide these services to:

- Youth 16 years of age or older for whom the Department has legal responsibility, to help them live independently of adult caregiver supervision and achieve economic self-sufficiency;
- Youth for whom the Department has legal responsibility who are high school graduates and have been awarded scholarships in accordance with the Children and Family Services Act [20 ILCS 505]; and
- Pregnant or parenting youth for whom the Department has legal responsibility.

The service constellation for youth for whom the Department is legally responsible may include:

- Counseling/advocacy;
- Day care for the children of pregnant or parenting youth;
- Homemaker;
- Family planning; and

- Maintenance payments or foster family home, relative home or residential care payments except that maternity home payment shall be limited to a maximum of ninety (90) days.

All adolescents are unique. However, they share the following common needs when preparing for adulthood.

- **Life Skills Assessment**

The objective of the life skills assessment is to establish a base line for education, housing, employment, and health areas to be addressed in individualized transition plans.

- **Life Skills Training**

Critical to the achievement of economic and social self-sufficiency is the acquisition of daily living skills. The caseworker will develop transition plan objectives, tasks, and resources in consultation with the youth, caregiver and involved providers using the youth's assessment as a guide.

- **Vocational and Career Planning**

The purpose of vocational and career planning is to ensure that Department youth are prepared for post-secondary school employment or continuing education.

### **Youth in Transition Programs**

The following Department, State and Federal programs are available to wards to assist them in becoming successful members of their community, work and school.

#### **Youth in College Program (YCP)**

The Youth in College Program provides supplemental services and cash stipend payments to youth for whom the Department is legally responsible and who are enrolled full-time in college or a post-secondary school program.

The Department has entered into an agreement with the Illinois Community College Board (ICCB), which will provide a greater number of DCFS youth with the opportunity to obtain a college education. The Department will pay a maximum four semesters of tuition for wards who are accepted/enrolled in an Illinois community college and the ICCB will encourage community colleges to provide other supportive services such as career counseling, financial aid application assistance, placement services and tutoring.

#### **Independent Living Placement Services (ILO)**

The Supervised Independent Living Program provides supportive services and living maintenance to youth for whom the Department is legally responsible. The purpose of the SILP is to assist youth who have demonstrated the minimum requirements for living independently to progress toward their goal of independence.

### **Department Scholarship Program**

The Department Scholarship Program provides a maximum of 48 scholarships each year, four of which are awarded to children of veterans. The Department Scholarship Committee awards scholarships to students for whom the Department has legal responsibility or had legal responsibility immediately prior to the adoption being finalized, or who are in the subsidized guardianship program. Scholarship recipients receive up to four consecutive years of tuition and academic fee waiver to be used at participating Illinois state universities, a monthly stipend and a medical card.

### **Pregnant and/or Parenting Program**

The Pregnant and/or Parenting Program provides supportive services and living maintenance to pregnant and/or parenting children and youth for whom the Department is legally responsible. The Department recognizes that these wards and their children are a family, and this program is designed to ensure that the ward's role and responsibility as a parent are respected and supported.

### **Youth in Employment Program (YEP)**

The Youth in Employment Program provides supplemental services and cash stipend to youth who are 17 but not yet 21 years of age for whom the Department has court-ordered legal responsibility or where legal custody has been transferred to a private guardian in accordance with Rules 302.405. The youth must be employed and working a minimum of 20 hours per week and have received basic independent living skills training and achieved minimal readiness for independent living. Services offered through YEP represent the combined efforts of the Illinois Employment Training Centers, Welfare to Work providers and the Department's Statewide Youth Employment Coordinator.

### **Youth in Vocational and Technical Training Program (YVTP)**

The Youth in Vocational and Technical Training Program provides supplemental services and cash stipend to youth who are 17 but not yet 21 years of age who have graduated high school or have obtained a General Equivalency Diploma. The Department must have court-ordered legal responsibility for the youth or legal custody of the youth must have been transferred to a subsidized guardian in accordance with Rules 302.405. The youth must be enrolled in a vocational or trade program and attending as a full-time student or must be enrolled in a

vocational or trade program and attending as a part-time student and working a minimum of six hour per week in a vocational occupation or trade.

### **Lincoln's Challenge Program**

The Illinois National Guard's Lincoln's Challenge Program is a federally funded youth program for 16–18 year-old at-risk youth. This program is designed to offer students a variety of educational and vocational opportunities as well as the necessary life skills to be a successful member of their community, work and school. This is a 17-month, two-phased military modeled training program. Youth who complete the program are eligible for a continuing education stipend of \$1,000. Graduates are also eligible for a renewable \$1,000 scholarship from the Illinois Community College Board.

### **Job Corps**

The Job Corps is a residential education and training program for disadvantaged youth between the ages of 16 and 24. There are 110 Job Corps centers throughout the United States, the District of Columbia and Puerto Rico. The program offers students the opportunity to enroll in basic education and GED classes while they receive vocational training.

### **Adoption and Family Guardianship Services**

Based on court decisions using criteria defined in Permanency Legislation passed by the Illinois Legislature in 1997 and codified in Department rules and best practices, the Juvenile Court will terminate parental rights, making a child eligible for adoption or, in some cases, family guardianship. Adoption is a comprehensive process in which a child's legal relationship to his/her biological parents is severed, either by the parents' voluntary choice or by termination of parental rights. The probate court creates a new legal relationship between adoptive parent(s) and the child. The best interests of the child are the first and foremost consideration in this process. Family Guardianship is the transfer of guardianship of a child from the Department to a relative or interested party (typically a foster parent) who has had a stable and constructive care taking relationship with the child and who desires a long-term, legal relationship with the child. Likewise, the best interests of the child are foremost in this determination. Only those children for whom adoption is not the best option are offered private guardianship. Adoption is a permanent legal relationship identical to the relationship between a child and biological parent. Guardianship is intended to be permanent, but the legal relationship ends when the child is 18. Services include matching the child to an appropriate home, studying the home and providing services to enable the new, permanent legal relationship to occur successfully and providing services after the adoption or family guardianship to assure stability. Subsidies are provided for eligible adoptions and guardianships. Counseling, therapeutic day care for which there is a diagnosed need, medical services (most of which are paid by DPA MANG card), and adoption preservation services are among those available.

Services are offered both for the purpose of adoption and the purpose of private guardianship. These include: recruitment; adoption listing service; selection of families; preparation and training of families; the identification and preparation of children for adoption; freeing children for adoption either through voluntary surrenders by the parent(s) or by termination of parental rights; adoptive or guardianship placement; post placement services; legal consummation of the arrangement in court; and post-adoptive services. Post-placement services are offered only between the time of placement and consummation, while post-adoption/post-guardianship services are offered after legal consummation of the new, permanent family arrangement.

When adoption or attainment of a permanent living arrangement is the goal, services are directed at securing a new legal status for children who cannot return to their birth families. The service constellation for these children may include:

- Counseling;
- Adoption;
- Subsidized Guardianship;
- Relative Home Care;
- Foster Family Home Care; and
- Intensive Family Preservation Services.

### **Adoption Listing Service**

The Adoption Listing Service (ALS) manages the statewide listing of Illinois children in need of adoptive resources as well as a listing of licensed Illinois foster and adoptive families who wish to adopt. It also provides links to specific recruitment opportunities in television, newspaper and newsletter features, and other ALS publications. The ALS provides children and families with matching opportunities through the listing service, national adoption exchanges, and the Internet.

### **Adoption Promotion and Support Services**

Adoption Promotion and Support Services are provided by DCFS or its contractors to encourage more adoptions for children who cannot safely return home. They include recruitment and preparation of prospective adoptive parents, preparation of the child for placement, pre-and post-placement counseling for the child and family, adoptive subsidies for special needs children, post-legal adoption services, and subsidized guardianships. From SFY99 to the present, the Department has greatly expanded the provision of these services and has added two new classes of providers: Child & Adolescent Local Area Networks and Performance Foster Care providers.

### **Post-Placement Services**

Post placement services are services provided to the child and adoptive family from the date of placement in the adoptive home to the date of finalization of the adoption. The purposes of these services are:

- Continuing the activities around the preparation of the child for adoption;
- Ensuring the health and safety of the child;
- Ensuring successful integration of the child in the adoptive home;
- Providing continuing support and placement stabilization in order to minimize the risk of placement disruption and multiple placements of the child; and
- Facilitating adoption finalization.

The services provided by the Department or adoption agency will be related to the needs of the adoptive family and the special needs of the adopted child, particularly if the child is older, has medical conditions, or physical, mental, or emotional disabilities, or is of a different ethnic, racial, or cultural background than the adoptive family. The assessment will explore the level of attachment occurring within the adoptive family and will utilize specific activities designed to promote and enhance attachment.

Although the goal of post-placement services is to maintain the adoptive placement, it may be necessary to provide disruption services when it has been determined that continuation of the placement is not in the best interest of the child and family and removal is necessary.

### **Post Adoption services**

These services are meant to assist and support the family in maintaining itself in a healthy and nurturing environment and in preserving the adoption. Post-adoption services may include, but are not limited to, social, psychological, psychiatric, health, educational and adoption preservation services. Financial services are available to families and adoptees following the legal consummation of the adoption, when they are eligible for adoption assistance. Post-adoption services also address the needs of adult adoptees and their biological families to seek information and contact if desired. Provision of these services has been greatly expanded since SFY98.

### **Post Adoption Services to Members of the Adoption Triad**

Because adoption is a lifelong process, developmentally the child will have different needs over time that may require therapeutic intervention or other types of support. The adoptive family may need help to prepare for the child's changing needs following the adoption. Additionally, birth parents may seek services related to the loss of their legal relationship to their child. Post adoption services are offered/provided to members of the adoption triad to prepare them for potential issues they may face.

Information and referral to services available in the community, which would be of benefit to the adoption triad, will be made as appropriate. These services include, but are not limited to: adoption preservation services; therapists sensitive to the issues of adoption; education advocates to assist families to obtain special services such as mental health agencies, support groups, respite care, financial services and professional search groups.

## **Adoption Preservation Services**

Adoption preservation services are intended to assist the adoptive family that is in need of intensive adoption sensitive intervention. Adoption preservation services are available statewide through contracts with agencies experienced and skilled in adoption practice. The core services available from these agencies include: crisis intervention; individual and family therapy; family and child support groups and advocacy. Some agencies may also provide other services such as respite care, camps, emergency cash assistance, lending libraries, and “buddy” programs. Provision of these services has nearly doubled from SFY00 to SFY02.

## **Ongoing Therapeutic Intervention**

The adopted child and his or her family may need ongoing therapeutic support at a less intensive level than that provided by Adoption Preservation Services.

### **Adoption Sensitive Therapy or Counseling Services**

The adoptive family seeking aid for individual or family therapy should be referred to service providers knowledgeable about adoption issues and how they impact family relationships and the adopted child’s behavior.

### **Adoption Support Groups**

These groups provide opportunities to group members to explore feelings and issues about their adoption experience with others with similar experiences. Participating in these groups can help normalize the adoption experience for group participants and make their daily experiences less overwhelming.

## **Search and Reunion Services**

All members of the adoption triad may at some time have a legitimate need to access or provide information important for the adoptee or may wish to establish contact. It may be appropriate to refer the member of the adoption triad, depending on the specific circumstances, to one or more of the following services:

### **DCFS Information, Search and Reunion Services**

Any child, who is a former ward of the Department, their adoptive parent and/or members of their birth family, may obtain non-identifying information about the child and/or birth family from Department records.

### **Adoption Registry**

The Department of Public Health maintains confidential computerized records regarding birth parents, adult adoptees and birth siblings who wish to share information or make contact with one another. Any birth parent, adult adoptee or their siblings may register by paying the required fees and submitting the required documents containing identifying and other background information.

### **Confidential Intermediary Program**

An adult adoptee, 18 years or age or older, or parent of a minor adoptee, may attempt to locate birth parents in order to request health or psychological information related to a medical problem experienced or expected to be experienced by the adoptee. This information may be sought by asking the Court to appoint a certified Confidential Intermediary to review information from the sealed court adoption file or records of any agency involved with the adoption.

### **Family Centered Services**

Family Centered Services are those provided under terms of the federal “Promoting Safe and Stable Families” initiative, formerly Family Preservation and Support Services. They may consist of support services, preservation services, early reunification services, adoption support services or a blend of some or all of these. Support services are preventative in nature and are directed toward a general population, such as young parents in a community. Preservation services help stabilize troubled families in times of risk, crisis or other special need. Services include family support, family preservation, short-term family reunification and, adoption promotion and support services. All of these services build on family and individual strengths. All are planned and provided at the local level and relate to child abuse and neglect.

### **Strengthening Parental Relationships and Promoting Healthy Marriages**

Strengthening parental relationships and promoting healthy marriages is an integral part of DCFS efforts to promote child safety, permanency and family well-being. Through Local Area Networks, Faith-Based Providers, Traditional Child Welfare Agencies and grassroots organizations, the Department plans to spearhead a statewide movement to craft strategies that strengthen parental relationships and promote healthy marriages.

The Department will use a dynamic and innovative family-centered approach in which:

- Parents play a pivotal role in helping to design and shape program outcomes;
- Program decisions are designed to embrace multiple, healthy family formation patterns;
- All at-risk parents, regardless of marital status, will have access to information, and supports to strengthen their relationships;

- At-risk couples will be targeted for help when they are most ready and willing to accept it; and
- Single parents or single individuals will not be stigmatized.

The majority of this work will be linked with other family support services. Strong parental relationships and healthy marriages constitute family well-being. The focus of this work will remain on promoting strategies to help youth reap the advantages of consistent nurturing interactions. The following is a brief list of concrete activities that are likely to be used:

- Parenting Training and Outreach;
- Referrals, Intake and Assessment;
- Information Sharing and Material Distribution;
- Parent/Family Support Community Events;
- Collaboration and Resource Development; and
- Family Dispute Resolutions and Mediation

Since this is a new component of the Department's "Promoting Safe and Stable Families" work, it must be careful not to limit its imagination and creativity for refining and enhancing it. The Department must guarantee that coercive and punitive policies do not emerge solely for the purpose of promoting marriage and that traps like monetary gains and incentives are not touted as the primary reason and influencing factor.

**FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**  
**Chapter: 4**  
**Systemic Factor: Promoting Community-Based Service Delivery**

Promotion of community-based service delivery is an integral part of the Department's infrastructure for delivering services. As a systemic factor, the community-based service delivery system facilitates the Department's capacity for delivering services leading to improved child, family and service outcomes.

DCFS provides an array of community-based services statewide to children and families. Community-based services are customized plans that meet the individual child's needs by relying on a wide range of individuals and agencies within his/her community. When DCFS has custody of a child, it assumes legal responsibility not only for the physical custody, but also the physical health, mental health and well-being of the child. Therefore the goal of these services is to improve the permanency and well-being of children. The goal of these services may also be to improve the well-being of the family so the child can return home if a return home can be safely accomplished. If the child cannot return home to a rehabilitated family, or if rehabilitation may take so long that the child's permanency is compromised, then a different permanency goal must be determined. Improving the well-being of a child at the community level is achieved through several mediums: Child Welfare Services, Local Area Networks (LANs), Extended Family Support and Cash Assistance and Housing Locator Service. In addition, each region has a community-based advisory group representative of widely varying constituents and stakeholders.

Community-based services involve a wide range of individuals and agencies. They make it possible to customize service plans to children's needs by wrapping services around them. This process heightens a community's awareness of its needs and capacities. The alternatives produced are more community and family based and, less expensive than institutional care. The following are some of the special initiatives the Department is participating in to foster a community-based service delivery approach.

**Local Area Networks (LANs)**

LANs are groups of service providers within a defined geographic region within the state. They develop, organize and deliver community-based services to better serve both intact families and children in placement. Along with the State Board of Education, the Department provides flexible funding grants to help these local organizations provide solutions to the problems that children and families face that are not able to be resolved through existing grant programs. The Department works with LAN conveners to develop program models to help ensure that immediate and appropriate services are available to children and families. Initially, child protective investigators or intact family workers refer families for services. LANs also are key to a major part of the Promoting Safe and Stable Families (formerly Family Centered Services) Initiative by improving local service delivery systems. LANs serve as a resource in the prevention of residential placement of children and for the step-down of children already placed in residential settings.

The Department, in collaboration with the Illinois State Board of Education, and the Department of Human Services (DMHDD and OASA Organizational Units), established Local Area Networks (LANs) statewide as a comprehensive way to address the needs of children, family, and youth services at the community level. These LANs are building a continuum of integrated, community-based services, including child abuse and neglect prevention and family support services and resources to meet the needs of their area's families.

### **LANs & Wraparound**

Local Area Networks (LANs) are community-based entities with the sole purpose of improving the welfare of children. They are responsible for developing a community-based system of care for children and teens in the community. The Department works with LAN conveners to develop a variety of models for ensuring immediate and appropriate services.

One key task of LANs has been to implement the Wraparound service model in the local community of the child or family being served. Child and Family Teams, facilitated by a DCFS worker or community member, are created with supports that are both traditional and nontraditional. Wraparound services, which are tailored to individuals, may include counseling, advocacy, mentoring, psychological or psychiatric services, therapeutic recreation, and other services. When the needs of children and their families cross agency boundaries, interagency cooperation becomes an integral part of the wraparound planning process. The ultimate goal is for the child to live an independent, law-abiding and constructive life in the community with minimal special supports.

The state of Illinois adopted the Wraparound process to strengthen the system of care for youth and families. Wraparound is a dynamic process with core elements, not a program or service. This process is based on individualized, strength based, needs-driven service planning and delivery. These fundamental principles merge with a philosophy that embodies an unconditional commitment to team development, family empowerment and outcome based interventions.

Oftentimes, children and their families have needs that cross agency boundaries. Interagency cooperation is an integral part of the wraparound planning process. It is essential that all services are developed cooperatively and are coordinated by a child and family team. The team shares responsibility, expertise, and mutual support, while designing creative services that meet an individual's strengths and needs across home, school, and community. A wraparound plan is continually reviewed and modified based on the child and family's developing strengths and evolving needs. Wraparound interventions are flexible because the approach is multifaceted, taking all aspects of the child's history and current life situation into account.

The principal features of the Wraparound model are:

- A Child and Family Team, consisting of the people who know the child best, develops an individualized plan;
- This service plan is needs-driven rather than service-driven; services are not based on a categorical model;
- This plan is family centered rather than child centered;
- The parent is an integral part of the team and has ownership of the service plan;
- The service plan is strengths based. The human services profession has traditionally relied on the deficit model, focusing on pathology. Positive reframing directed to strengths and skills is a key element in all wraparound service planning;
- The service plan is focused on normalization; normalized needs are those basic human needs that all persons (of same, age, sex, culture) possess;
- The team makes a commitment to unconditional care; services are adapted and tailored to meet the needs of the family;
- Services are created to meet the unique needs of the child and family. Many wraparound service plans rely on blending and reshaping categorical services, teams have the capacity to create individualized services;
- Services are community-based; restrictive care is accessed only for brief periods of stabilization;
- Services are culturally competent; the composition of the team assures a fit to the family's culture and community;
- Planning for services and their delivery is comprehensive, addressing needs in three or more life domain areas. These life domains are: family, living situation, educational/vocational, social/ recreational, psychological/emotional, medical, legal, and safety/crisis;
- The service plan is financially supported by the flexible use of existing categorical dollars or through a flexible funding mechanism; and
- Outcome measures are identified and evaluated often.

Wraparound is a service planning process designed to help people meet their needs. One of the key products of this process is coming up with a service plan designed to meet those needs identified as most important by the child and family. Wraparound Plans that work include the following:

- Concrete tasks which will be carried out;
- The person responsible for carrying out each task;
- The time frame for completing those tasks;
- An outcome which describes when life is better; and
- A match between the strategies used and strengths.

### **Child Welfare Services**

Child welfare specialists are responsible for the continuity of all services to children and families, from the first sign of family disharmony through case plan implementation. Services provided may include: therapeutic intervention and support, homemaker services, psychological evaluations, attending to the child's personal needs of clothing

and special equipment if needed, programs transitioning teens to self-sufficiency, alcohol and substance abuse diagnosis, and pregnant and parenting teen services.

### **Extended Family Support (EFS)**

The Department and its community partners provide assistance to adults who are already caring for their relatives' children. The children may not be abused or neglected but social services may still be needed to stabilize the relative caregivers' household or prevent a later placement away from the relatives. An array of services, provided through collaborative efforts between DCFS, the probate court, the Department of Public Aid, the State Central Register, and public schools, focus on short-term interventions to help relatives continue to provide quality care.

### **Cash Assistance and Housing Locator Service**

Some families that come to the attention of the Department benefit from community based non-protective services when, with these services, the level of risk can be reduced to a level that does not merit opening a service case. By law, the Department is required to provide emergency assistance when environmental issues such as inadequate food or shelter are the only reasons a child might be placed in state care or unable to return home. Emergency assistance includes cash assistance provided to the person or company providing this family with a service, such as the utility company, landlord, electrician, or plumber. Housing locator services are also provided that train and guide parents to locate housing and negotiate with landlords as well as locating housing options for the family.

### **Community Based Family Resource and Support Program (CBFRS)**

Another program that collaborates with the Local Area Networks (LANs) is the Community Based Family Resource and Support Program. This program is an expansion of earlier federal programs that focused on the prevention of child abuse and neglect. To further enhance its statewide network of community based prevention programs, the Department, with the Prevent Child Abuse Illinois as the Lead Agency, initiated the Prevention Resource Development Project through the use of CBFRS funding. This project began developing and maintaining a statewide network of community based prevention programs through the efforts of Prevention Resource Developers (PRDs) who are assisting local communities and targeted families by working through the local offices of the Department with local service providers to prevent child abuse, domestic violence, and alcohol and other drug abuse (AODA). The PRDs participate in collaborative efforts, assist in identifying and addressing services, facilitate case coordination when needed, and provide technical assistance and training for our network partners.

The focus is now upon maintaining a statewide network of community based prevention programs. The CBFRS is designed to modify, expand and strengthen the continuum of services to help improve the safety, permanency and well-being of children and families by:

- Ensuring that parents have the resources and opportunities to promote the healthy

- development of their children in their own homes and communities;
- Ensuring that community networks have access to the resources needed to promote the success of parents; and
- Ensuring that community networks have the capacity to access technology, knowledge, and best practices, to assist families in coping with stresses that interfere with family well-being.

In promoting this continuum, the lead agency and community networks focus on breaking the cycle of abuse/neglect by supporting a wide variety of projects and programs, including:

- Parenting training sessions to improve their coping skills;
- Family support sessions to improve parental self-esteem; and
- Outreach to help at-risk families access the resources and opportunities they need to reduce stress.

A substantial share of this work is aimed at improving access to services by racial and ethnic minorities, children and adults with disabilities, homeless and at risk homeless families, and other underserved at risk families.

The CBFRS Program works in collaboration with others to integrate its objectives and programs into the local community. It embraces inclusive membership of diverse stakeholders as the vehicle for system change. It is directed at making collaboration possible among social service professionals, parents, residents, community leaders, business people, and service recipients to address the needs of children and families within their geographical area.

### **Other Community-Based Program Initiatives**

#### **Peer Review/Evaluation**

Recognizing the importance of a peer review component as an integral part of programming and, consistent with CBFRS funding requirements, the Department developed a peer review work plan. In this plan, the Department targeted select pilot projects for evaluation by the peer review process. The effort includes the development of training and assessment tools and other materials needed at each pilot site. Additionally, training, technical assistance and support are provided to the pilot sites as the implementation process unfolds.

Peer review teams are comprised of variety of people. The scope is determined by the type and size of each project. The process will focus upon the system rather than individuals. The intent is to improve prevention services and strengthen the system of care.

#### **Plan for Parental Involvement**

Another component of the CBFRS program is to involve parents in all phases of the services planning and delivery processes. Technical assistance was provided through focus groups and town meetings. Parent advocacy, childcare, transportation, and parental involvement in program planning and service delivery are important features of this component.

### **Parents Care and Share**

An outcome of the CBFRS-supported Parents Care and Share initiative is the fostering of parental development skills. In turn, this instills confidence in the participants to be leaders in their community. Parents took the initiative in developing a parent handbook, Finding Our Way, which was distributed to all current parents involved in the program and will be given to all new parents at their first meeting. Requests were received from many states to share this informational resource. Every year, Parents Care and Share hosts a heavily attended two-day state conference.

### **Summer Reading Program**

IMANI Inc. provides a Summer Reading Program to youth in Sangamon County. The Summer Reading Program provides services to 35 or 40 youth who are homeless or are from very-low income families. Volunteer teachers from the State Board of Education and District #186 develop a reading program that fosters learning with books, videos, and games. Summer youth workers and parents assist volunteer teachers in the reading program activities. Field trips are used to reinforce topics about which the children have read. A family picnic is held at the end of the summer session.

### **The Parent Place**

The Parent Place has been providing parent support services to Sangamon County residents since 1974. During this time, it has grown from a small community-based agency, with one Parents Anonymous peer support group led by a volunteer coordinator, into a professional staff offering a variety of services for families. The Parent Place currently employs one full time and 20 part time staff. Many of the staff are parents who received services from The Parent Place and understand the underlying philosophy of the organization as empowering parents through peer-to-peer support. The programs the agency provides have a primary focus of family preservation and prevention of child abuse and neglect.

### **The Illinois Family Partnership Network (IFPN)**

The Illinois Family Partnership Network is comprised of parents and partners from a broad cross section of each service area. IFPN is charged primarily with building regional networks of social services agencies to serve as vehicles for training, mutual support, and connections to leadership opportunities. The Department, through Family Centered Services, continues to provide major financial support for IFPN's training, regional network development and statewide coordination. IFPN is committed to

insuring that parents are active in decision-making regarding LAN planning groups and committees. Both Southern Region and South Cook networks have active participation of parents who also serve in LAN capacities.

## **Respite Care**

### **Chase House Respite Care Centers**

The Chase House Respite Care Centers provide care and family support services for children and families affected by HIV/AIDS. All respite services include developmentally appropriate activities for the children including toddlers and preschoolers. Family and caregiver support services include, at a minimum, resource identification and referrals to services. Administrative functions, for meeting client needs and facilitating services, include recruiting, screening and training of staff and volunteers.

All women, children and families affected by HIV/AIDS are accepted for services. HIV/AIDS medical providers, social service providers, foster care agencies, and community residential agencies refer clients to the Chase House Respite Care Centers. Services for HIV/AIDS affected families consist of child care services, center-based respite care, and in-home respite care with an educational component, family support services, and community networking. Chase House also provides mental health and case management services that assist families affected by child abuse and neglect.

### **Illinois Respite Coalition**

Although some respite providers already work together, many still serve only families with targeted needs and are not linked to one another. In 1998, the Illinois Respite Coalition (IRC) was formed by a group of parents and concerned respite providers to address a variety of respite care needs appropriate for individuals throughout their lifetime. IRC's mission is to develop and encourage statewide coordination for respite services and to work with community-based agencies and interested citizens groups from different parts of the state. As part of the Illinois Respite Coalition, Illinois families, caregivers and respite providers are formally meeting on a quarterly basis to communicate, collaborate and coordinate respite care services.

Some additional services the IRC provides are:

- Building public awareness about the availability of respite care and crisis care services to promote their utilization for all ages, primarily through consumer involvement;
- Developing and distributing respite service information via the website and newsletters;
- Connecting families to respite resources in their community;
- Providing technical assistance to respite service providers in program development and service delivery;
- Working to develop a variety of respite options for families;

- Providing information on various respite programs in the state;
- Conducting a family forum where families will teach and learn about respite care to develop strategies for utilizing respite services;
- Recruiting members through a membership drive; emphasizing involvement of families and parents as leaders in the coalition; and
- Gathering and analyzing data through surveys completed by parents and direct care staff to improve practices and assist in community planning efforts to strengthen respite options and availability.

The goals of the IRC relating to the implementation of the respite network model are:

- Universal availability of respite services;
- Widespread acceptance to ask for and receive help;
- Heightened awareness of caregiver needs;
- Easy access to an array of affordable respite services;
- Flexibility to meet diverse needs; and
- Strive for a system that meets the comprehensive needs of caregivers to locate, train, and pay for respite services.

### **Outreach to Special Populations**

#### **HIV-Infected and Affected Families**

In Illinois, the Department tracks families and children affected by HIV in the child welfare system for the purpose of developing resources and providing case consultation. A needs assessment of this target population indicated that:

“These families have come to the attention of IDCFS because of child abuse and neglect, often related to substance abuse, domestic violence, and poverty. These families are often isolated and lack the resources to strengthen the quality of family life. The stigma of HIV compounds this isolation even more. IDCFS believes there is a tremendous need for programs that bring HIV affected families together for recreational and therapeutic experiences.”

One such program is **Families’ and Children’s AIDS Network’s (FCAN) Red Ribbon Trails**. This program strengthens HIV-affected families through therapeutic activities in a camping atmosphere. Red Ribbon Trails was designed to respond to families’ need for respite, support, and education about HIV-related issues and permanency planning. A four-day/three-night family camp is held each summer and a three-day/two-night family retreat is held each winter. This program utilizes a regional approach to recruitment of families to ensure diversity. The geographic area served by Red Ribbon Trails includes urban centers, suburbs, small towns, and rural areas of Illinois.

Low-income women of color are the primary caregivers in many of the HIV-affected families from urban centers such as Chicago, Peoria, East St. Louis and Rockford. These families often have a history of substance abuse and involvement in the child welfare

system. The majority of these women are unemployed and uninsured. Many live below the poverty level and often rely on public assistance or disability payments for their income. Chronic illness, inadequate housing, drug abuse and crime burden these women and their families. They may also lack resources and access to services, which often leaves them isolated and without social support.

HIV-affected families from small towns and rural outposts are predominantly white, low-income and completely isolated. These families perceive that they are the only ones living with HIV in their entire area. This is often not the case. They lack access to support groups and educational programs and may have to drive long distances to access medical care. These families tend to be overwhelmed and stressed by stigma and isolation. They also face some of the same problems as urban families do related to housing, substance use, and lack of adequate resources.

A mix of programs at both the summer and winter retreats provide family and group activities that are interwoven with separate, age appropriate sessions for younger children, adolescents and adults. The goal of the therapeutic programming for adults is to provide support for dealing with HIV/AIDS-related issues as well as to enhance coping skills and stress management capabilities. Information is provided on the following topics: how to arrange for permanency plans to be legal so that someone will take care of the family's children if the need arises; how to cope with parenting and being a better parent; legal issues; public benefits and insurance; returning to work after an absence; and nutrition, fitness and fatigue. An important part of adult programming is completing a legacy project. Legacy projects are powerful therapeutic interventions that help HIV positive parents create a legacy of memories of love for their children that will endure long after the parent dies. Legacy projects are accomplished through letter writing, audiotaping, videotaping, story telling, memory boxes, art projects or books. These projects are intended to help children and families cope with the difficult time that accompanies the loss of a loved one to AIDS.

Children exposed to the isolation, shame and secrecy that typifies HIV-affected families, have been clinically observed to exhibit general behavior problems such as: high risk sexual behavior; drug abuse; acting out behavior; problems in school; depression; heightened anxiety; and decreased self-esteem. All children attending Red Ribbon Trails, whether adolescent or younger, are given opportunities to participate in swimming, boating, canoeing, horseback riding, target sports, outdoor games, and arts and crafts to alleviate those behavior problems.

Sessions with a certified grief counselor are held daily for children ages 4-11. The session objectives are: to provide an opportunity for children to come to know other HIV-infected and affected children; to encourage children to identify the range of feelings they experience in response to their life situation; to enable children to express all of their feelings in a safe and constructive way; to guide children in telling their stories and in sharing them with others; and to create a ritual to honor living family members and to remember those who have died.

Daily adolescent therapeutic sessions are designed and conducted by the Health and Education for Youth (HEY) staff, which serves HIV-infected and at-risk youth in the St. Louis metropolitan area. It is offered to HIV-infected and affected youth to reduce the sense of isolation, increase the sense of belonging and to improve coping skills. Topics include: talking about HIV, taking care of themselves, families and advocacy. HEY staff also provides youth with sensitive risk reduction and prevention programming to help adolescent campers learn to reduce risk taking sexual and substance using behaviors. Facilitators help youth improve their refusal and negotiation skills.

## **Latino Services**

Not unlike the current trend across the United States, the Latino community in Illinois is increasing rapidly. Many families are moving directly from Mexico and South America to Illinois. Providing outreach to this special population are two successful projects – La Comunidad Unida, located in Champaign-Urbana and La Voz Latina, operating in Rockford. Both programs have created a culturally sensitive environment where Latino families find advocacy, education, training and employment. Staffed by bilingual personnel, both programs provide in-home, client-centered services. Each provides home outreach services to parents requesting additional assistance in parenting techniques. La Voz Latina also provides home-based outreach services to those Hispanic families assessed as high-risk by the Adult-Adolescent Parenting Inventory (AAPI). Additional outreach includes contacting all local health and social services that impact Latino families in order to inform families of the schedules and services that are available. Those local providers may include: County Health Departments, local hospitals, area clinics, and bilingual health care providers. Both programs provide linkages to: social services, housing, spiritual resources, financial management, legal consultation, labor rights, education-related issues, and translators. Additionally, La Voz Latina utilizes the following to inform the Spanish-speaking public about the organization’s prevention services: La Voz Latina’s monthly newsletter, which is distributed to 2500 Hispanic households in Winnebago County; local television, radio, and print media, such as “La Vida Buena” which airs on Channel 17 and the *El Hispano* newspaper; personal visits with representatives of churches, clubs and organizations patronized by the Hispanic community.

La Voz Latina provides a series of child abuse and neglect prevention programs that take into account the distinct needs and cultural differences of the Hispanic community. Referrals to the program are from school counselors, teachers, Healthy Moms/Healthy Kids, Prevention Initiative, Foster Care Alliance, IDCFS, the WIC program, hospitals, social workers, and other health and human service providers. About 100 families are recruited annually to participate in the parenting classes and support groups. Parents and caregivers who engage in willful neglect or are at high risk for child abuse and neglect because of stressors, i.e., poverty and cultural norms, are actively recruited through the aforementioned referral networks. Additionally, more than 2500 Hispanic households are exposed to information in Spanish and English regarding child abuse and neglect through the La Voz Latina newsletter, brochures, and educational materials. All of these materials are distributed throughout Winnebago and Boone counties.

Further evidence of La Voz Latina's outreach is their established credibility and close working relationship with the Crusader Clinic and the University of Illinois College of Medicine. In 1996, La Voz Latina organized a Hispanic Health Advisory Board. This Board met for three years to plan collaborations to improve access and utilization of health services for Hispanic families and to sponsor events such as conferences and health fairs. The culmination of this collaboration was the formalized Hispanic Health Partnership and the development of a Hispanic clinic within the Crusader Clinic.

There are approximately 120 Latino children making their home at Shadowwood Mobile Home Park where La Comunidad Unida operates a Drop-In Center. These children experience poor academic performance due to the language barrier and the lack of assistance they receive at home. Bilingual staff communicates with school district personnel and focus on each child's academic tutoring. Both the lack of parental supervision and the poor academic performance led to involvement in the child welfare and juvenile justice systems. Therefore, La Comunidad Unida provides the youth a place where they congregate after school, receive social and cultural opportunities, and connect with organizations such as the Boy and Girl Scouts. .

### **Parenting Education Groups**

The Children's Home and Aid Society (CHASI) met with various agencies in Illinois to explore further partnerships for establishing additional **Parent Care and Share** groups in at-risk and underserved communities. An affiliation agreement was signed with the Visiting Nurses Association of Aurora, a Healthy Family Program. A new group was opened at Tuscola High School for teen parents. A new partnership was developed with RAMP in DeKalb, which serves parents with disabilities and EPIC, which serves parents of children with a mental disorder diagnosis. Linkages are also being explored through the Illinois Fatherhood Initiative and Boot Camp for New Dads both on the statewide and regional level. Additional groups, around the state, serve the following at-risk populations: Latino parents; teen parents; parents whose children have been diagnosed ADD/ADHD; divorced parents; and grandparents raising grandchildren.

Another possibility is the development of Parent Care and Share groups in prisons. CHASI seeks funding to support work with the corrections professionals in Illinois to develop various modifications to the Parent Care and Share model to serve both male and female prison populations. Parent Care and Share is actively working with the ATC in Peoria to create housing, educational and employment linkages for their clients as they move back into their communities.

In addition to the outreach connected with Parent Care and Share's usual work, they disseminated the third edition of the positive parenting calendar, "Connecting with Children", written in both Spanish and English. Also, Parent Care and Share's main brochure and three parent's tip cards were reprinted in Spanish to reach the Latino population.

Further outreach activities include media releases periodically submitted about parenting topics to local news outlets and flyers distributed across the state on a regular basis. Parent Care and Share's quarterly newsletter is incorporated into CHASI's newsletter to increase its distribution.

Parents Care and Share was one of the leads in founding the National Family Support Roundtable (NFSR), a confederation of mutual self-help groups from across the country. The NFSR, in collaboration with Prevent Child Abuse America, received a three-year federal grant to support the networking of mutual support groups.

**The Hobby Horse House Child Welfare Agency** and Jacksonville School District #117 offer a four-week long joint parent educational series. This program provides services to any family in Scott, Morgan or Cass Counties. The mothers and fathers in this group are considered to be at-risk parents with a desire to learn healthy parenting skills. Children who enter the program are at-risk of failure or abuse/neglect. These clients are referred by IDCFS, the justice system, self-referred or other agencies. Community outreach activities during the last year included a "Diaperbags to Backpacks" childcare fair, a school chili supper and a family "Skate Night".

*Passport to Parenting* classes are held on Monday evenings with transportation, dinner and a snack provided. The children participate in activities at a nearby daycare center while parents attend each session. Typical participant demographics are not unlike the first two sessions of the year. One of the families was a blended family with stepparent issues. Another family was multigenerational – grandparents raising a grandchild. The child's teenage mother also attended. Additionally, there were two other parenting teens. One mother in the class had a child in foster care due to her drug addiction. She completed treatment and attended class with her boyfriend. Another set of parents has three children diagnosed EMH and they are in disagreement about the best parenting approach. Of the nineteen parents attending the first two sessions, eighteen completed the parent education classes successfully. At the end of each four-week course, a knowledge and client satisfaction scale was administered. Staff was quick to state that it was not uncommon for parent participants to be of limited ability and non-readers, thereby resulting in lower scores in the knowledge acquired area. If a client admits the inability to read, write or take tests, the assistant works with that client. However, participants do not often disclose the true nature of their disabilities.

**IMANI, Inc.** provides homeless and very-low income parents with the following services and items: Effective Child Abuse Prevention and Intervention Classes; transportation to and from parenting classes; childcare for children of parenting class clients while class is in session; nutritious snacks for children and parents during class break; nutrition education and low cost recipes; HIV/AIDS prevention education materials; Life Skills and Teen Pregnancy Education; after school youth athletic development program; Food Pantry; clothing; furniture; house wares; appliances; personal hygiene items; baby food and Pampers; toys; books and annual Christmas baskets. There is an annual banquet during which certificates are awarded for service participation and/or acceleration.

IMANI uses outreach workers, fliers, newspapers, access TV, radio, word of mouth and parenting class packets mailed to other social service organizations to make the Springfield community aware of its effective parenting classes and other supportive services. This organization has an assertive outreach philosophy. As a result, strong connections were forged with local agencies in the City of Springfield. IMANI's collaborations include: local IDCFS staff, the Local Area Network (LAN #15), Kumler Neighborhood Ministries, the Springfield Community Federation, Boys & Girls Clubs of Springfield, Prevent Child Abuse Illinois, Serving Jesus Willingly Urban Ministries, Inc., Voices for Illinois Children, Zion Missionary Baptist Church, Catholic Charities, Gateway Foundation, the Central Illinois Economic Development Corporation, Positive Options Referrals and Alternatives (P.O.R.A.), Helping Hands, The Kids Café, the Salvation Army, the Junior League of Springfield, Family Service Center, The Sojourn House, The Interagency Council, S.A.R.A. Center, The Springfield Housing Authority, The Springfield Children's Museum, The Central Illinois Food Bank, Inc., University of Illinois at Springfield Minority Affairs, Care Center of Springfield, Central Illinois Economic Development Corporation, The Lee Resource Center, Mini O'Beirne Crisis Nursery, the Youth Service Bureau, the Lawrence Adult Educational Center, and The Arvenia L. Winger Center.

Census Bureau data shows that 85 percent of the individuals living in IMANI's target area are below poverty level, 41 percent are unemployed, 52.1 percent are African-Americans, 46.7 percent are Caucasian and 1.3 percent represent other ethnic groups such as Latino or Asian Americans. Staff completes a thorough assessment for each client and family, many of whom are homeless, participating in the program. Subsequently, referrals are made to other human service organizations so clients can access services that IMANI does not offer. IMANI also accepts referrals from other social service agencies.

IMANI accepts volunteers from: Illinois Department of Human Services, Capitol Township Earnfare Program, Adult and Juvenile Probate Court, and other community volunteers. Individuals are referred from other agencies to work community service hours at IMANI or to compensate for a cash grant and link cards.

**The Parent Place** has a primary focus of family preservation and prevention of child abuse and neglect. It is the only agency in the area currently providing an educational support group called "D.A.D.S" for fathers. Also, in response to the needs and concerns expressed by community parents in a stepfamily, a special six-week class is offered. Other services include: conducting Family Ties parenting education sessions accompanied by home visits; providing child care and transportation at no cost to program participants; facilitating at least 48 peer support sessions per year; providing parent advocacy services; distributing educational and promotional materials; and providing educational and informational programs for interested community groups. Additionally, programming addresses these specific populations and topics: parents with children 2-10 years of age; techniques for a calmer, more peaceful home life; sibling rivalry and ways to resolve it peacefully; pre-teen years; teenagers; IDCFS and other social service referrals; grandparents raising grandchildren; and parents who stay at home with their young children.

The Parent Place serves Springfield and Sangamon County along with other communities and counties. There is a monthly support group for the City of Litchfield and surrounding communities. Staff traveled to Rockford and Cicero to work with IDCFS foster parents. Over 50 percent of the population served required financial assistance just to access and utilize services.

### **Community-Based Approach to Diversion from Child Welfare**

**The Family Support Initiative** was developed as a collaborative effort with IDCFS, The Baby Fold, and Illinois State University primarily to divert at-risk and high-risk families from the child welfare system in McLean County, while intensively training social work interns for employment in the child welfare field. All referrals to this project come directly from the Bloomington IDCFS Field Office. Throughout the life of the case, a team of interns and staff are actively involved in an ongoing assessment of services provided and an evaluation of their effectiveness. Outreach and community contacts have occurred to secure all necessary linkages to assist this special population. These at-risk and high-risk clients are linked most often to the following services: housing, food, medical care for parents and children, temporary respite, parenting skill development, and counseling. Cash assistance to these at-risk and high-risk families is also available on a limited basis. Parents from two of the families involved with this initiative's pilot project were invited to sit on this program's Advisory Board

The Family Support Initiative's work was replicated, although using different models, in a project operated by LAN 29 of Rock Island and Moline. In addition, a community based assessment and case review model was developed in Bloomington/Normal under the auspices of community-based agencies.

**The Prevention Resource Development Project** is administered by Prevent Child Abuse Illinois and is a community approach to the prevention of child abuse and neglect. Children, who are in families where there is substance abuse, and/or domestic violence, are at greater risk of being brought into the child welfare system. The goal of this project is to intervene and prevent child abuse through collaboration between IDCFS, Purchase of Service agencies, and other providers of child welfare, substance abuse, and domestic violence services.

Primary project goals include: increase community outreach efforts; referrals and engagement of diverse populations in prevention and intervention services; increase public and community involvement in child abuse prevention; and increase awareness and utilization of community resources and services on a local level. The bulk of this work is conducted by eleven Prevention Resource Developers (PRDs) who are stationed within IDCFS offices scattered across each of the Lead Agency's subregions. While they do not provide direct services to families, the PRDs do provide training to IDCFS and private agency workers about the types of domestic violence and substance abuse services that are available in their area and, how to refer clients to the services. The PRDs also facilitate cross-trainings between agencies and develop resource lists.

Typical outreach occurs and community partnerships are forged across the state among: IDCFS, other child welfare agencies and programs, substance abuse treatment programs, domestic violence programs, established community-based service networks, Local Area Networks (LANs), family violence coordinating councils, partner abuse intervention programs, child abuse and other prevention programs, local school districts, community law enforcement agencies, local judges, states attorneys and other governmental agencies.

**Voices for Illinois Children** supports the **Illinois Family Partnership Network (IFPN)** by serving as the fiscal agent, providing free office space, equipment, office supplies and mailing. Voices for Illinois Children has designated funds to support training and/or conferences for parents and IFPN events. IFPN staff, volunteers and partners also connect to advocacy efforts on behalf of children and families as well as learn about state policy developments through association with Voices for Illinois Children.

Last year, the Southern Regional IFPN opened the Southern Region Parent Resource Center. Outreach to numerous partners made this a successful event. Assisting in the Center's development were: Illinois State Board of Education; IDCFS; Circuit Court Judges; Young Marines; Ministerial Alliance; Parents Care and Share; and Project Success. The Illinois State Board of Education was generous in their support of start-up costs, as well as providing ongoing funding to support a part time coordinator, training of parents, and an 800 number telephone line. This Center has had a significant impact in the local schools, courts and social service agencies.

In addition to working with families to address crises and problems, the Southern Region Parent Resource Center advocates for families to insure that children and families receive the services they need and to which they are entitled. The Southern Region IFPN sponsors quarterly conferences and trainings for parents and partners. Topics include: advocacy, diversity among families and working in partnership. Also sponsored are trainings for parent liaisons to learn how to register families in Kid Care, to lead Active Parenting groups in their own communities and to provide mentor training.

One year after its first meeting in South Cook County, the South Cook IFPN has a core group of parents who meet regularly to map out a strategy to build an IFPN network. They organized four training conferences, made presentations about IFPN at more than 15 local organizations, met with local leaders and elected officials and joined in efforts to secure needed funds for services for children and families in South Cook. In March 2001, South Cook IFPN received its charter as a not for profit organization in Illinois.

Key alliances were forged with: South East Economic Development Association and its affiliate Head Start programs; South Suburban YMCA; the Parent Committee of LAN 85; Solid Foundation Program of South Suburban Cook County; Aunt Martha's; the Regional Education Offices of South Suburban Cook County; Safe Start Violence Prevention for Children 1-5; and Metropolitan Family Services of Blue Island-Calumet Park. South

Cook IFPN elected leaders and also hired a part time coordinator to produce promotional materials, distribute fliers and other mailings, and make arrangements for meetings.

A Central East IFPN and a Chicago IFPN are in the planning stages. Presentations were made to a number of organizations and meetings. However, at this point, only initial connections have been made that are needed to build a successful network.

IFPN continued to work with the Illinois Violence Prevention Authority (IVPA) on the implementation of its Safe to Learn (STL) initiative. In year two, IFPN changed its approach to working with the Regional Technical Assistance teams in hopes of customizing the technical assistance for each team. Also, IFPN STL Coordinators scheduled monthly phone calls for all Family Leadership Specialists, distributed materials on family involvement to regions upon request, provided training at the STL quarterly meetings and assisted in identifying parent leaders.

As a result of IFPN's involvement with STL and in recognition of the fundamental importance of family-school partnerships in supporting children's learning, IFPN convened two meetings of parent leaders, representatives from organizations, schools, universities and agencies to explore possible joint strategies. As a result of these meetings, IFPN developed new partnerships with several organizations that share a commitment to this issue.

Last year IFPN co-hosted a Springfield meeting with Parent Help Line of Sangamon County for representatives of help lines, 800 phone lines and state clearinghouses. This organization's interest in parent help lines stems from part of its vision statement: "all parents who need help know where to find it and are not afraid to ask". IFPN is making sure that parents get connected to the appropriate resources. Building a more coherent system linking databases and 800 numbers to help lines would insure that families get personalized service with access to a wide range of resources. This will alleviate the need for each help line or resource center to create and maintain its own resource files,

DCFS continues to provide major support for IFPN's training, regional network development and statewide coordination. IFPN is very committed to insuring that parents are active in local decision-making. The parents who serve in LAN capacities actively participate in the Southern Region and the South Cook IFPN.

The National Parent Information Network-Illinois (NPIN-I) grew side by side with IFPN. NPIN developed IFPN's website and will oversee IFPN's work on expanding and improving the same.

The Illinois Family Education Center (IFEC) is working in local schools across the state to engage families in helping their children read by the time they are age 8. IFEC is supporting the upgrading and operation of IFPN's website so parents and schools have access to information about opportunities to learn more skills, meet other active parents and get involved in improving their communities.

**The Child Abuse Council's** Parent Aide Program works with parents or guardians of children under the age of 18 who are experiencing difficulties that, without assistance, are high risk for child abuse or neglect. Some clients are open cases with IDCFS. Parents and aides meet regularly in the client's home to build a working relationship based on mutual respect. Aides assist clients in defining their concerns, setting reasonable goals, exploring possible resources, and learning how to cope with the stresses of parenting. Aides offer parenting and child management information, encouragement, and support so parents can gain a sense of competency and self-sufficiency. Volunteer staff of the Child Abuse Council's Parent Aide Program are recruited through local media, churches and community organizations. Helping parents develop personal and community resources is a major emphasis.

The Child Abuse Council cooperates with the Quad Cities community and service providers toward an effective and coordinated response to the problem of child abuse and neglect through systems coordination, program planning and development, case coordination, education, public awareness, and primary prevention activities. Linkage agreements have been established with IDCFS, Healthy Families Illinois of Rock Island County, other social service organizations, schools, religious organizations, daycare providers, healthcare workers, and law enforcement agencies.

Additional community outreach occurs through the following services: planning and grant writing, multi-disciplinary case assessment and coordination, sexual abuse treatment, parent support groups, resource library, education and training, a 24-hour Helpline for Parents, and a speakers bureau. The Child Abuse Council also provides the UDIS program in Rock Island County and the local SB1500 Board with administrative services.

**Tri-County AmeriCorps** serves the rural communities of Mason, Menard and Logan counties in central Illinois. The Menard County School and Community Task Force, Incorporated, Tri-County AmeriCorps' lead agency, was formed in 1992 as a collaboration of schools, service organizations, local government, law enforcement, social services, business communities, and parents with the goal of improving the lives of children and families. The Task Force provided the vehicle for securing grant funds to initiate Tri-County AmeriCorps. Meeting community needs is AmeriCorps' goal. To that end, gaining and maintaining a thorough knowledge of those community needs was achieved by collaborating with the Task Force and the prevention team network in all three counties served. The prevention team network consists of area service providers, school officials, and law enforcement. Meetings occur on a regular basis to ensure that Tri-County AmeriCorps is meeting its mission of assisting families in their natural care giving roles. Enhancing those services already available, as well as developing services to address any unmet needs within the communities accomplish this.

The AmeriCorps members are in a position to offer assertive outreach services to families based upon an assessment of family needs and strengths, thus fully engaging the family. The program serves at least 23,000 beneficiaries during each program year and has the support of 1258 community volunteers. It impacts children, youth, families and

communities by advocating for families in a positive, nurturing, supportive way. Tri-County AmeriCorps has developed objectives called “Getting Things Done”. Activities attached to these objectives include, but are not limited to: crisis assistance; mentoring and tutoring for after school programs for at-risk youths; food; clothing distribution; sign language instruction; parenting skills instruction; intergenerational reading programs and service to victims of child abuse and neglect through referrals from the IDCFS Field Office in Lincoln and other community agencies in Logan, Mason, and Menard Counties. Snacks and materials are supplied through in-kind donations.

Tri-County AmeriCorps recruits members from all areas of the three counties to maintain a corps of twenty members. These efforts include advertisements, flyers, quarterly newsletter and the positive media feedback from the service projects. The agency recruits from colleges throughout the state as well as through the national referral system. Members are from rural and urban areas and from all levels of socioeconomic backgrounds. Although none of the members have come to AmeriCorps directly from TANF roles, several have been on welfare in the past.

A typical day for a Tri-County AmeriCorps member might go from tutoring assignments in the morning to serving lunches at the senior center or homeless shelter. From there, the member might participate in mentoring activities with children who need positive interaction with a caring adult, or perhaps to the local libraries to read to children after school. All the while, the members respond to emergency requests for transportation for the elderly, disabled, or disadvantaged to doctor appointments. The local housing authority may need assistance with intake of clothing donations that come in with little advance notice. A member’s time may also be utilized to organize and help maintain food pantries to provide for those without enough to eat. Days are spent collaborating with existing service providers and initiating services where there are needs, such as adult literacy instruction at the local probation department.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 5**

#### **Systemic Factor: Agency Responsiveness to the Community**

The Department effectively responded to the community at the state, regional and local levels. This responsiveness is evident in the Department's interaction with stakeholders who play direct or indirect roles in the delivery of services to children and families. The Department has been very effective at coordinating its services with the benefits and services of other public and private child welfare agencies in order to better serve children and families. The statewide, regional and local advisory committees serve as on-going, year round forums of exchange between the Department and the community.

#### **Stakeholders Input**

The Department is constantly interacting with all segments of its stakeholder community, which provide input about the best means to manage the Illinois child welfare community. The Department's standing advisory committees include representation from advocates, private agencies, Department wards, foster parents and other providers of services to children and families. Over eighty percent (80%) of the Department's wards receive services through the three thousand (3,000) contracts with private human services agencies throughout the State. These contract relationships enable the Department to identify and meet the needs of the Illinois child welfare community (service providers and clients) as well as identify and implement solutions to accommodate future needs of all stakeholders.

The Department established committees pursuant to State laws or in accordance with Part 428 of the Department's rules and procedures. The purpose of these committees is to advise the Department and to provide a forum for exchange between the Department and community in order to encourage long-term development and maintenance of social services delivery systems that are effective, efficient and humane. These committees include the following:

- Children and Family Services Advisory Council;
- One Church, One Child Advisory Board/Committee;
- Child Welfare Advisory Committee;
- Statewide Citizens Committee on Child Abuse and Neglect;
- Statewide Foster Care Advisory Council;
- African-American Family Commission;
- Regional Advisory Committees;
- Regional and Statewide Youth Advisory Boards (or Committees);
- Citizen Review Panels;
- Children Justice Task Force; and,
- Family Centered Services Advisory/Steering Committee.

The following are members of the child welfare stakeholder community that the Department relies upon for input that is subsequently used to improve programs and services of the child welfare system in Illinois:

- Children in care;
- Families of children in care;
- Families involved in protective services;
- Foster families;
- Adoptive Families;
- Subsidized Guardians;
- Intact Families;
- Illinois Citizens;
- Legislature;
- Governor's Office;
- Judges;
- State Attorneys;
- Public Defenders
- Local School Districts;
- DCFS Employees;
- Law Enforcement;
- Service providers;
- Community child care groups;
- State Universities' Schools of Social Work;
- LAN Regional Implementation Teams (RITs); and,
- Juvenile Courts.

### **Governmental and Interagency Coordination**

DCFS collaborates with other State or public agencies: the Illinois Attorney General; the Illinois State Board of Education; the Department of Public Health; the Department of Public Aid; the Department of Human Services – Division of Disability and Behavioral Health Services, Community Operations, and Office of Alcoholism and Substance Abuse; the Illinois State Police; the U.S. Department of Health and Human Services; state's attorneys, local school districts, county and local police departments, the private child welfare sector, child and adolescent Local Area Networks, local service initiatives, schools of social work at the Illinois universities, local school and special education districts, and various advisory or advocacy groups in the development, delivery, and evaluation of services. Examples of such collaborations include joint efforts – that involve planning, service coordination, the use of cross-jurisdictional resources, joint funding of a program, the resolution of eligibility issues, interagency agreements, amended contract language, research projects, new rules and procedures and the staffing of individual cases. The purpose of these collaborative efforts is to ensure consistency, accessibility, accountability and the efficient use of services and resources.

## **Collaboration for Educational Services With Public Schools**

Educational services are offered through Northern Illinois University under the “DCFS Educational Access Project.” The purpose of this project is to assist DCFS involved children and youth in obtaining quality educational experiences. Central to the project are Education Advisor offices that are located throughout the state and offer the following services:

- Collaboration- work proactively with individual school districts, early intervention providers and communities to build collaborative relationships regarding educational issues such as academic performance, truancy, discipline and appropriate services.
- Training- provide training for DCFS and POS staff, foster and adoptive parents, POS Educational Liaisons, and school personnel regarding educational issues, including implementing DCFS educational policies, procedures and educational advocacy.
- Technical Assistance- assist with individual cases that are particularly problematic such as: disciplinary issues, appropriate special education services, enrollment and placement issues, school fees, transition and other areas such as tutoring, transportation and accessing school records.
- Volunteer Education Advocates- responsible for coordinating a cadre of volunteer education advocates within the region to support foster and adoptive families in obtaining special education or early intervention services for children in their care.

## **Local DCFS Community Based Coordination**

In order to more effectively utilize social service resources at the local level, the Department and the State Board of Education co-sponsored the development of an effective, community-based system of 62 geographically-defined Local Area Networks (LANs) in order to promote collaboration between local child welfare, mental health, juvenile justice, youth serving agencies, parent support groups and others in planning, organizing and/or providing services to children and families. At all levels, the child welfare system firmly believes that a multi-disciplinary linkage, through the LANs, is essential to the success of all children and especially for those who are emotionally disturbed.

Each LAN has a Wrap Facilitator to facilitate the following: 1) work with the family on developing a Child and Family Team 2) development of an individualized Wraparound Plan 3) approval of the Wraparound Plan and 4) monitor the delivery of services as outlined in the Wraparound Plan. Each LAN has a Wraparound Committee that approves the funding and budget for individual Flexible Funding Wraparound Plans and offers additional ideas to the Child and Family Team regarding programs and funding.

Wraparound is a dynamic process that is based on individualized, strength-based, needs-driven planning and service delivery. A Wraparound Plan is developed by the Child and Family Team after its members have agreed on the strengths and needs of the child and family and the specific services/interventions are needed. The team shares responsibility, expertise and mutual support and designs creative services and chooses service providers that meet the needs of children and families at home, in school and in their community. Wraparound Plans are continually reviewed and modified based upon the child and family's developing strengths and evolving needs. Wraparound interventions are flexible because the approach is multi-faceted and accounts for all aspects of the child's life and personal history.

### **Human Services Reform**

During the mid-1990's, the Governor's Task Force on Human Services Reform was appointed to craft improvements in the Illinois human services delivery system. One of the key goals adopted by the task force was to help ensure that the State's eleven billion dollar investment in social services achieved best practices and desired outcomes. It recommended fundamental systemic changes in the planning and delivery of these services and created multiple proto-types that were both responsive and efficient.

The early recommendations of the task force spearheaded the creation of five distinct Federations that were located in different sized communities including the Grand Boulevard Neighborhood of Chicago, DuPage County, Waukegan, Springfield and the Southern Seven Counties. These Federations or "pilots" provided infrastructures for the state and communities to work together in order to address local welfare reforms.

Each Federation maintained memberships that represented inclusive cross-sections of local constituencies and agencies. The membership included representation from the faith-based community, education sector, private industry, city/county governments, social service providers, consumers of human services and the community at-large. The major stakeholders who were concerned about "self-sufficiency", "family well-being", and improving the lives of children and families were invited to the planning and implementation tables.

These Federations were designed to be more than advisory groups, planning bodies or coordinating councils. The goal was to use the combined influence of both public and private sector leaders to make strategic decisions and recommendations on how services should be provided and funded. The federations have been successful and have helped to make system-wide changes that decrease fragmentation and improve coherence and responsiveness to the identified needs of communities. Each Federation adopted the strategy of strengthening the family support network by alleviating poverty and simultaneously sought to address other complex societal issues like transportation, homelessness, employment, health care, money management and child care.

These Federations pioneered the concept of neighborhood "one-stop" shop for human services. These entities recognized early in the process that families have multiple

problems and that community-based resources can play a pivotal role in helping to resolve problems. Also, they embrace the "strength-based " approach and recognize that families have the capacity to help find the most appropriate and healing solutions.

Although their pilot phase has long passed, the Springfield and Grand Boulevard Federations are actively involved with DCFS. They continue to play pivotal roles in promoting system change, removing barriers to service delivery and obtaining consumer input in planning, implementation and evaluation phases.

### **Purchase of Service (POS) Monitoring**

Until SFY96, DCFS provided oversight to private agencies through liaisons that monitored 100 individual cases held by the agencies and as a result there was little coordinated review of the overall performance of individual agencies. To address this limited capacity for performance assessment, DCFS created Agency Performance Review Teams. These teams monitor total agency performance and pay more attention to performance measures including the movement of wards to permanency. Purchase of Service (POS) redesign has since been implemented, with some variations, downstate. In response to a management audit, the Department further recognized its oversight of purchased services and consolidated various monitoring functions under a single division within the Department, the Division of POS Monitoring. This unit includes the APTs, field auditors, and agency and institutional licensing staff, including day care licensing staff. POS Monitoring functions include the following: quality control/improvement, field auditing, independent utilization review, training, and technical assistance.

Under the original B.H. consent decree, DCFS monitored private agency foster care cases at a ratio of 100:1. POS monitors spent most of their time completing tasks that essentially duplicated the work of private agency workers, such as appearing in court and at case reviews. Monitors had too many cases to know much about the progress of individual children. Also, their cases were scattered across many agencies and this inhibited their ability (as well as the Department's ability) to objectively assess the performance of individual agencies.

### **Functions of the Purchase of Service Monitoring Division and its Units**

Over the last several years, the Department has moved increasingly from operating as a provider of services to operating, principally, as a purchaser of services. Over 80 percent of child welfare services are provided through purchase of service agencies. An External Management Audit recommended that DCFS improve the communications system with external providers, provide a direct link between evaluative data and contracting decisions, link the quality of monitoring information to the process of placing children, establish an independent performance monitoring unit, establish a strong fraud detection program, implement a strong provider technical assistance system and assist in the development of a management assistance program.

The Purchase of Service Monitoring Division is responsible for providing oversight, information gathering, continuous quality improvement and resource development to private agencies. Additionally, this Division focuses on foster care, adoptions, home of relative care and independent living programs. These functions are now operationalized statewide.

The Purchase of Service Monitoring Division is responsible for most of the licensing functions for which DCFS is responsible. It monitors purchase-of-service agency compliance, including Child Endangerment Risk Assessment Protocol, court proceedings and service delivery. The Division also oversees agency performance, operations analysis and field audits.

The Purchase of Service Monitoring Division is comprised of multiple organizational units, which are described below:

### **Agency and Institutional Licensing**

Agency and institutional licensing manages the licensing of Day Care Homes, Day Care Centers, Group Day Care Homes, Day Care Agencies, Child Welfare Agencies (which may license private agency foster homes), Child Care Institutions and Maternity Centers, Group Homes and Emergency Shelters.

### **Agency Operations Analysis**

Agency Operations Analysis assesses compliance with licensing standards, other rules and the Child Care Act. In addition, this organizational unit conducts licensing studies, assesses results of "non-bar" background checks and processes requests for background checks for all persons associated with all license types (e.g., applicants, household members, employees/volunteers), including DCFS and private agency foster homes.

### **Office of Field Audit**

The Office of Field Audit investigates licensing complaints in licensed facilities (other than foster homes) and investigates complaints about unlicensed facilities. The Office also handles license revocations, refusals to renew and refusals to issue full license.

### **Performance-Based Contracting**

In the early 1990's, Illinois had one of the nation's worst records in the movement of children to permanency. In order to reform the system, which essentially included disincentives to providers for moving children to permanency, the Department implemented a performance-based contracting system. The system was initiated in Cook County home of relative cases in SFY98. The system was further extended to all regular and relative foster care in SFY99. Under performance-based contracting, providers

receive additional resources and financial incentives to move children to permanency. They also are required to achieve a substantial improvement in the movement of children to permanent homes and a substantial reduction in the movement of children into higher intensity settings. With performance-based contracting, the proportion of children moving to permanency roughly doubled in SFY98 and the movement of children to higher intensity settings fell by more than half statewide. The positive change was even more dramatic in Cook County. Under this initiative, community based permanency services have developed to stabilize children and their families after permanency has been attained. This includes early and other reunification services and post-adoption support groups. The Department was recognized and rewarded for the innovation and success of performance-based contracting with a 2000 Harvard Innovations in American Government Award

### **Compliance with ICWA and Services to Native American Children and Families**

There are no State recognized Indian tribes within Illinois, but there are numerous tribal members from other states who reside permanently in the Cook County area. The Native American population in the balance of the state is more diffuse. In the most recent census, approximately 78,000 Illinois residents claimed some degree on Native ancestry.

Over the past three years, DCFS has focused on developing a statewide training program as a primary tool for informing child welfare personnel (including private child welfare agency and county court personnel) about ICWA compliance responsibilities, particularly in identifying Native children entering or already in the child welfare system. The project represents a major collaboration between the Department, Loyola University School of Social work and Chicago Child Law Center, the Indian Child Law Center (Minneapolis) and the Native American Foster Parent Association (Chicago) to develop and implement a competency-based training curriculum for working with Native American children and families in an urban setting. It is particularly important to train staff, who work in locations where Native Americans are not highly visible as a community (and that includes most of the Chicago metropolitan area), to ensure that Native children and families are properly identified during initial contact with the system either at the beginning of service provision or placement. It is critical to train staff in order to ensure that other basic requirements of ICWA, e.g., notification to tribes, following placement preferences, are understood and properly carried out.

The Department designed the ICWA training system with accessibility in mind because ICWA responsibilities are substantial and are carried out or reviewed by the county juvenile court personnel and the downstate workforce, which encounters Native cases only rarely but needs to acquire a basic level of competency. The curriculum and resource materials were specifically designed for the entire child welfare system and are helpful in a variety of settings including DCFS, private agencies, juvenile court and universities

In addition to training design, in SFY02 the Department completed the integration of ICWA compliance steps into the design of Phase I of SACWIS, which covers the child

protection investigation process. The integration of this information enables child protection investigators to move through the required action steps and critical decisions in ICWA compliance throughout the investigation process.

Loyola University completed the development of the training materials over the course of last year and piloted the training with a cross section of DCFS, private agency and Cook County court personnel and was also integrated into the schedule of the DCFS Training Division.

The completed system contains a number of components or features:

- A comprehensive Indian child welfare training curriculum is organized into four interrelated modules: an historical review of the relationship between the Federal government and Native American tribes; an overview of Native American cultural values and practices; a thorough review of ICWA, detailing the specific provisions of the Act and its proper implementation; and a presentation of practice competencies for culturally responsive, strengths-based social work practice with Native American children and families. The practice competencies module addresses numerous social/psychological issues that are specific to urban Indian communities. All four modules include trainer's notes, a bibliography, handouts, several case vignettes and exercises, a pre/post test and accompanying power point presentations. The modules are compiled into separate trainer and trainee manuals (the latter given to all trainees as a reference book.) The manuals also contain resource documents in the form of appendices. These include: 1) ICWA Compliance Checklist, 2) Answers To Frequently Asked Questions Concerning the Native American Community, 3) Directory and Guide to Native American Organizations and Websites, 4) Demographic Overview of Illinois Native American Population and 5) Annotated Bibliography.
- Two legal resource tools that were developed under this collaboration, an ICWA Sourcebook and a Case Briefs Reference. The ICWA Sourcebook is intended to serve as a comprehensive resource for legal practitioners working with child welfare cases involving Indian children and families. The Sourcebook uses ICWA as its outline; each section of the law is in bold type and, within each section, relevant case holdings and dicta from both state and federal case law and BIA Guidelines are inserted. The second resource tool presents a large number of ICWA-relevant case briefs, which are particularly useful for practitioners seeking legal precedent where specific state laws and subsystems may be incorporated into decisions regarding ICWA cases.
- A four-part companion training video which focuses on 1) the Chicago Native American community, 2) Native American culture, 3) culturally responsive social work practice and 4) the Indian Child Welfare Act. The videos feature local and national figures in Indian child welfare, including many elders from Chicago's diverse Native community.
- A website (not yet completed) which will provide the opportunity for self-guided study of the entire curriculum from any location in the state. It will present a full copy of the curriculum, enhanced with artwork, graphics, sound and active links

to other sites and resources. The website is being developed by Loyola University for transfer to the Department's website next year.

- A cadre of Native Trainers from the community and Department trainers were co-trained and prepared for implementing the training in a team-teaching model around the state.
- A credit course was developed during the year to be offered at the Loyola University School of Social Work in the fall, 2002 semester on a permanent basis. Loyola University is an educational partner of the Department and prepares a significant number of bachelor and master's level child welfare social workers for work in the Illinois system each year.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 6**

#### **Systemic Factor: Administrative Infrastructure and Organizational Design Facilitating Capacity for Delivering Services**

The Illinois Department of Children and Family Services is committed to ensuring that children are safe, have loving and permanent homes and that their physical and emotional needs are met through quality services. Meeting the needs of children and families, in a rapidly changing child welfare environment, has required a number of organizational changes to ensure that Department services are both responsive and effective.

This chapter summarizes the functions of the major organizational units of the Department that directly affect, contribute to, promote and facilitate its capacity for service delivery that subsequently leads to improved agency performance and outcomes.

#### **Division of Child Protection**

The Division of Child Protection maintains a child abuse and neglect hotline that operates 24 hours per day, investigates all child abuse and neglect allegations and provides child protection and welfare services to all Intact Family Cases in Cook County. The Division provides quality services that maintain the safety and well-being of children, promotes the best interests of children and results in earlier permanency for children in care.

The Division also oversees the Child Advocacy Centers, which are county-based programs that coordinate child sex abuse allegation investigations by the Department, law enforcement agencies and the State's Attorney's Office. In addition, The Division administers three intensive Substance Abuse Treatment and Support Programs that are operated by private agencies in Cook County. The programs aim to assist parents with alcohol and substance abuse problems and prepare them for reunification with their children.

The functions of the organizational units of this Division are described below:

#### **Child Abuse/Neglect Investigations**

This organizational unit initiates and conducts investigations statewide, assures the safety of the alleged victims, identifies and connects alleged victims with needed services and determines if there is a need for protective custody

#### **Emergency Resource Center**

This organizational unit provides emergency shelter for all DCFS involved children who need placement in Cook County and locates relatives or a foster care placement for these children.

#### **Federal Demonstration Grants Unit**

This organizational unit monitors existing federal grants for child protection, reviews the federal register to identify new grant opportunities and oversees all prevention programs.

### **Intact Services (Cook County Only)**

This organizational unit completes assessments and provides services to families that have an indicated report for abuse or neglect and whose children remain at home.

### **State Central Register**

This organizational unit accepts and assesses all calls to the Child Abuse Hotline, conducts background checks on reported individuals, tracks investigations, transmits child abuse and neglect reports to local Division of Child Protection (DCP) teams, monitors legal compliance, approves foster and relative care placements and oversees the internal appeal and review process for indicated reports.

### **Division of Operations and Community Services**

The Division of Operations and Community Services provides statewide administration of direct services to children and families, including critical permanency services to children who are wards of the state and are assigned to DCFS caseworkers. The Division orients all work toward the goals of safety, permanency and well-being of the children served and assures that the health, safety and best interests of children are paramount.

The Division also manages adoptions, adoption follow-up and foster care services. In addition, the Division handles administrative functions including business and contracts, performance services, operations and personnel.

In Cook County, the Division provides child welfare and permanency services to children who are placed in substitute care and their families. Outside of Cook County, the Division serves children who are part of Intact Families and children who are placed in substitute care and their families.

The Division also administers the following activities:

- Recruitment, development, licensure and support of foster homes that are supervised directly by the Department;
- Management of the Department's system of community-based Local Area Networks (LANs);
- Administration, (outside of Cook County) of Purchase of Service Agency contracts that outline the provision of child welfare and permanency services to children who are served in relative and foster care placements; and,
- Management of the use of residential care for children who are unable to be served in a less restrictive, family-like, community-based placement.

The functions of the major organizational units of this Division are described below:

### **Administrative Services Management Unit**

This organizational unit is responsible for the authorization and ongoing review of regional budgetary allocations relative to the assessment of operational needs and identified priorities. The Unit makes payments to service providers, monitors contractual utilization and expenditures in an ongoing manner to ensure the appropriate allocation of resources, determines the need for contractual amendments, reallocates funds and makes utilization projections.

### **Child Welfare Services**

This organizational unit includes direct casework services, permanency support services and targeted case management services. Child welfare specialists are responsible for the service continuum from engagement to intervention, through case plan implementation for families and children. Child welfare permanency staff provides expertise and support in reunification, adoption and subsidized guardianship efforts.

### **Foster Parent Reimbursement/Placement Stabilization**

This organizational unit includes Family Development Specialists that are responsible for licensure, development and oversight of DCFS foster homes as well as participation in foster and adoptive home recruitment activities for the region. This unit also includes contractual Foster Parent Support Specialists who provide additional support to foster parents and act as advocates/liaisons between the foster parents and caseworkers as well as Family Development staff.

### **Program Services**

This organizational unit is responsible for oversight of, determination of administrative direction for and systems support to the regions relative to casework management, interstate compact management, residential care management and utilization reviews. The unit is also responsible for the movement of children from restrictive settings to less restrictive settings in a timely manner and specialized programs that assist in the stabilization and effectiveness of community placements for children.

### **Regional Clinical Management Unit**

This organizational unit provides consultation to the regional staff on clinical matters, best practice service delivery and implementation, evaluation and interpretation of the practical application of specialty services in client service planning and delivery. Clinical staff serves as gatekeepers for residential facilities in order to ensure appropriate placement of children and monitor DCFS wards while in residential treatment to avoid unnecessary time in these restrictive environments. The Clinical teams in each region assume a leadership role in the integration of uniform core child welfare principles and

services into daily service planning and delivery as applied in the field. Clinical teams are actively involved in a peer review process with local field offices, which promotes a sense of concern and pride in the highest standard of service delivery to children and families.

### **Regional Program Management Unit**

This organizational unit is responsible for ensuring the safety, well-being and permanency of children who are in Department foster care, residential treatment facilities or are part of open family cases.

### **Regional Resource Development Management Unit**

This organizational unit is responsible for the coordination of community organizing and outreach activities and community-based resources to support casework management in the region. LAN Liaisons are the primary Department contact with the LANs relative to LAN development and ongoing activities and are responsible for overseeing various Department initiatives within the LANs working to promote a collaborative partnership in the development of a responsive local system of care. Resource staff (primarily Cook County at this time) is responsible for processing requests and monitoring the utilization of support services to children and families.

### **Resource Development**

This organizational unit is responsible for the oversight of, determining the administrative direction of and systems support to the regions for the development and implementation of community-based resources. This process occurs through the LAN initiatives, Child and Family Team development, foster parent recruitment and specialized programs to enhance services to children and families.

### **Division of Quality Assurance**

The Division of Quality Assurance (DQA) was created to ensure that quality child welfare services are delivered in a timely manner. Division staff conducts comprehensive reviews of DCFS direct service operations and produce and evaluate outcome information. In addition, the Division of Quality Assurance formulates recommendations about overall service delivery process in order to achieve desired outcomes.

The DQA is comprised of three units: Field Review Unit, Regional Quality Assurance and Quality Improvement Support Unit and the Program Analysis Unit. Together, these units ensure the delivery of quality child welfare services, conduct comprehensive reviews of DCFS direct service operations, conduct computer-based analysis of Department programs, facilitate the development and operation of DQA and monitors accreditation compliance. All Division of Quality Assurance units collaborate with the

Children and Family Research Center (University of Illinois) on specific research and evaluation projects related to Department work.

### **The Field Review Unit**

The Field Review Unit conducts reviews of DCFS operations through on-site audits of casework activity and management systems. Staff participates directly in regional quality assurance activities by conducting independent evaluations of regional performance in all program areas.

This unit monitors action plans that result from quality assurance activities. In addition, this unit provides guidance, assistance and technical support to the regions in order to implement their respective Quality Improvement plans and assure that all offices meet or exceed the accreditation standards set forth by the Council on Accreditation and encourage critical thinking through clinical consultation.

This unit is comprised of two teams, one located in Springfield and the other in Chicago. The unit conducts comprehensive reviews of direct service operations and Department programs. Case records are randomly sampled and are reviewed for compliance with Department rules and procedures, accreditation standards, good casework practice and may also include the measurement and evaluation of outcomes. In addition, the unit staff may also interview staff, service consumers or other stakeholders and integrate these interviews into an evaluation of process, performance and outcome achievement. Preliminary findings are shared immediately with management and staff through exit interviews and subsequently followed by a written report to the team, office or management group and through Department administration to the Director's Office.

### **The Regional Quality Assurance and Quality Improvement Support Unit**

This unit facilitates the development and operation of Quality Assurance and Quality Improvement processes in the regions. This unit provides guidance, assistance and technical support to the regions in order to develop and implement Quality Improvement plans.

This unit assists the regions to meet COA standards on services and Quality Improvement. Additionally, it assists the regions to implement standard Quality Improvement program of Peer Reviews, Consumer Satisfaction surveys, examination of incidents, accidents and grievances (or appeals) and program evaluation.

This unit is comprised of Regional Specialists and Management Analysts located in each of the six Regions with primary responsibility to facilitate the development and operation of Quality Assurance and Quality Improvement processes within the Regions. The quality improvement process is implemented at the team, local office/site, and Regional levels. Additionally, this staff maintains and analyzes data relative to performance and conducts independent reviews of casework activity.

## **The Program Analysis Unit**

This unit prepares, compiles and analyzes information relative to the Department's program performance. It also prepares monthly management reports and analyzes information from Department databases. Additionally, this unit produces several monthly management reports as well as the annual report of child abuse and neglect statistics, an annual five-year trend report and the Department's Child and Family Outcomes report. In order to support better management of Department caseloads and performance, the unit developed and maintains a Computerized Case Counting System, CANTS Log Tracking System to track and monitor caseloads and a Performance and Outcome Tracking System to help Department managers monitor regional and statewide performance in key program areas.

## **Division of Foster Care and Permanency Services**

The Division of Foster Care and Permanency Services serves as a liaison to foster parents, including the implementation of the foster parent law. The Division also facilitates the movement of children to permanency through the development of improved policy and practice and administers post-adoption and post-guardianship services. This Division supports the following functions:

### **Reunification, Adoption and Guardianship**

The Division promotes policy and practice that move children to permanency.

### **Foster Parent Law Implementation**

The Division serves as the primary liaison to foster parents and acts to emphasize the importance of foster parents and to represent their interests in policy, training and practice issues. The Division also supports the Statewide Foster Care Advisory Council.

### **One Church One Child**

The Division administers the One Church One Child minority adoption campaign, which was founded by Father George Clemens in Chicago in 1980 and challenges primarily African-American churches to recruit at least one family from each congregation to adopt one child. The nationally recognized One Church One Child program has become a model for similar partnerships in 32 states and the District of Columbia.

### **Corporate Partnership for Recruitment of Adoptive Only Families**

The Division administers the Corporate Partnership for Recruitment of Adoptive Families, which was launched in 1998 and is a statewide adoption recruitment initiative that encourages hospital-affiliated employees to adopt children. The program provides recruitment materials that are targeted toward individual hospitals. Hospitals host training

sessions and licensing is generally completed in 75 days. The Partnership also acts as an advocate for adoptive families and children.

### **Post-Adoption & Guardianship Services**

The Division provides a broad based program of post-adoption and post-guardianship services, including financial subsidies, information and referral, counseling, intensive preservation services and training. The Division also provides search and reunion services available to adoptees, birth parents and adoptive parents.

### **Division of Administrative Case Review**

The Division of Administrative Case Review (ACR) manages the independent case review process for every child in substitute care that is required by federal and state law. The purpose of the review is to assure that foster care plans are family-focused and accomplish permanency from both clinical and monitoring perspectives.

The Division also serves as an oversight mechanism for good child welfare practice for all divisions within the Department, as well as for private agencies who contract with DCFS. ACR schedules and conducts foster care reviews, reports findings and makes written recommendations for every case that is reviewed.

The Division incorporates both clinical and monitoring perspectives in conducting case reviews. Clinically, reviewers assess the services needed by a child and family, based upon the assessment completed by the caseworker and the service plan presented during a review. The reviewer makes recommendations to staff to ensure the facilitation of good child welfare practice and sound planning towards safety, permanency and well-being for children.

### **Foster Care Reviews**

The Division conducts foster care reviews, determines case eligibility and must schedule and provide a 90-day review, 6-month review and a review every six months thereafter.

### **Service Plan Progress**

The Division reviews service plan progress and must provide the Child Welfare System with a report that identifies service plan elements that are effective and provide recommendations for necessary changes for every case that is reviewed. The written summary may be categorized as a monthly, alert, chronic and/ or critical feedback report.

The service plan review process is designed to 1) assure permanency and continuity for every child in out-of-home care, 2) assure that substitute care is essential and that every effort to provide in-home care has been made, 3) assure that every effort is made to involve the family in the development of the plan for the child and family, 4) assure that all parties involved in out-of-home care have an opportunity to participate in an objective

review, 5) assure that a case plan moves forward in reducing and/or alleviating delays and barriers in the system, 6) promote needed changes in systems to provide more effective treatment and care for children and families, 7) shape public policy 8) actively promote conditions that ensure that every child lives in a safe, secure, healthy and permanent home and 9) preserve families.

### **Monitoring**

The Division provides a monitoring function to public and private providers on all chronic and critical feedback reports. These monthly summary reports are developed to serve as a management tool for upper level managers regarding case-specific issues identified during the review process requiring immediate attention.

### **Surveys**

The Division completes special surveys in areas of service delivery as it affects the safety, well-being and permanency of children.

### **ACR Information Line**

The Division provides Purchase of Service (POS) caseworkers with scheduled ACR dates, times, locations and case reviewer names. The ACR information line addresses questions or problems regarding scheduling procedures and directs caseworkers to appropriate contact persons.

### **Office of the Inspector General**

The role of the Office of the Inspector General is to assure accountability for services to children and families. It performs this function by conducting investigations of complaints regarding the quality and appropriateness of services and making recommendations about needed changes.

In accordance with Public Act 88-0007, HB 1886, the Office of the Inspector General fulfills a number of mandated responsibilities including investigation and LEADS inquiries for the purpose of investigating allegations of misconduct, malfeasance and violations of rules, procedures or laws by employees, foster parents or contractors of the Department. The Office responds to and investigates complaints filed by the State and local judiciary, foster parents, biological parents and the general public. The Office of the Inspector General staff will conduct a systematic review of the issues or practice raised by the Director or when the Office identifies a high number of complaints in a specific area. Investigations result in recommendations regarding the particular subject and additional recommendations for systemic changes. The Office then monitors compliance with all recommendations. It also investigates the Illinois child deaths that appear to have been the result of abuse or neglect that are or were involved with DCFS in the previous 12 months. The Inspector General submits a report of these findings to the legislature each year on January 1.

## **Office of the Guardian and Advocacy Office**

### **Office of the Guardian**

The DCFS Guardian is appointed by the Director of the Department to serve as legal guardian of the person and/or custodian for all children accepted by the Department pursuant to the Juvenile Court Act of 1987. The duties and responsibilities of the guardian of the person of a minor are specified in that same legislation. A guardian is accountable to the court of jurisdiction and may be cited in court and required to make a full report on his or her actions on behalf of his or her ward at any time. Unless terminated earlier by court order or by the ward's legal adoption, marriage or death, the guardian's responsibilities and relationship to the ward continue until the ward reaches age 19, or until age 21 if he/she has special needs.

The DCFS Guardian's Office plays a critical role not only because it ensures that the Department acts in the best interests of children and families but also because it determines that all information of each case is in order to guarantee that the best decisions are made for the child and family. The Office is involved in many complex issues relative to legal and care issues for children in the Department's custody. These issues include, but are not limited to, consent for medical treatment and hospitalization, as well as consent for major decisions in the lives of children in care. There are also legal issues relative to litigation that involves wards including civil lawsuits, in which wards may be either plaintiffs or defendants and financial issues regarding monies that are held in trust for wards.

The provision of consents is a majority responsibility of the Office of the Guardian. The Guardian is permitted by statute and Department rule to authorize other individuals to act as an agent with signatory authority. In order to provide consents for wards, the Department must have legal authority to do so. Consents can be provided by trained authorized agents of the Guardian who are located throughout the state in regional and field offices or through the centralized Consent Unit. The purpose of the centralized Consent Unit is to perform the consent-giving function of the Guardian for a variety of reasons, including medical treatment and school-related matters for wards served by private agencies in Cook County, to provide consents to the admission in psychiatric hospital programs statewide and to consent to the administration of psychotropic medications.

The Office of the Guardian maintains an extensive service appeals system to ensure that appeals are processed objectively and in a timely manner. Expungement and service appeal hearings concerning children, their families, indicated abusers or child care agencies are conducted by attorneys that are Administrative Law Judges within the Administrative Hearings Unit. The hearings are an important tool to protect the rights of children and their families.

### **Advocacy Office**

The Advocacy Office for Children and Families addresses issues and complaints regarding the quality of services, responsiveness of workers and problems related to the application of Department rules and procedures.

The Advocacy Office, formerly known as the Ombuds Office, is charged with responding to complaints, concerns, inquiries, and suggestions that are related to the child welfare system. The Office receives information about concerns through a variety of means including letters to the Director, the toll free Help Line and walk-in visitors. The Office responds to issues and concerns from foster, biological and adoptive parents, subsidized guardians, caseworkers, service providers, and the general public. The Office also operates the Department's Youth Hotline, which provides an outlet for youth to contact the Office for consultation and direction. The Office also helps to ensure that recurring complaints, systemic issues or agency structural concerns are brought to the attention of appropriate Department leadership in order to improve the service delivery system.

The Advocacy Office has dramatically increased its size and scope and has added staff and a new phone and data tracking system to address issues and more accurately capture office activities, respectively The Department worked to inform the general public of the improvements in the Advocacy Office in order to improve overall service provision.

The major functions of the Advocacy Office are described below:

#### **Liaison to Governor's Office**

The role of the Liaison to the Governor's Office is to provide daily reports to the Governor's Office on media contacts and critical issues regarding DCFS wards and foster parents.

#### **Liaison to the Office of the Inspector General**

The Liaison receives and disseminates all reports from the Office of the Inspector General, tracks the Department's progress on OIG recommendations forwarded to the Directors Office and coordinates the Department's response to OIG recommendations.

#### **Toll Free Help Line**

The Help Line manages all calls from service providers or foster, biological and adoptive parents regarding child welfare issues. Complaints or concerns are researched and delegated to the appropriate Department staff to resolve the problem and make suggestions for improvements to and changes in the functioning of the Department.

**Process Waivers (expanded capacity and criminal convictions)** The Office receives and reviews requests, makes recommendations to the Director's Office, writes letters to requesting agencies with recommendations and submits for Director's final approval and signature.

## **Youth Hotline**

The Youth Hotline accepts complaints, concerns, inquires and suggestions made by youth callers and contacts the appropriate private agency and Department staff to resolve the problem and makes suggestions for improvements to and changes in the functioning of the Department.

## **Division of Support Services**

The Division of Support Services manages the majority of fiscal functions for the Department. It oversees the processing of vouchers and board payments for foster parents and private providers. It also ensures internal and external accountability to laws, rules and procedures.

The Support Services Division performs the majority of financial management and fiscal functions of the Department. They include: financial planning, fiscal management and monitoring, budget development and monitoring, rate setting, contract development and processing, centralized voucher verification and processing (payments), payroll services, information services maintenance operations and development (EDP), and administrative support (building and equipment leasing, printing, mail and property inventory control). The primary goal of Support Services is to insure internal and external accountability in accordance with laws, rules, procedures and good practice.

Every month, DCFS approves and processes vouchers and board payments for foster parents, adoptive parents, private guardians, private providers and others offering services to the more than 24,000 children in Department custody and the nearly 37,500 children receiving adoption or guardianship subsidies, as well as for providers offering services to about 8,300 intact families. The Division oversees the processing of all of these transactions.

The SACWIS program will develop a single computer system that will integrate all case-related information (child protection, follow-up and resources), public and private child welfare activities, other state agencies and the Cook County Juvenile Court, as well as support full compliance with the federal requirements of the Adoption and Foster Care Analysis Reporting System (AFCARS). This computer system will greatly improve both the Department and private agency workers' capacity to manage the service delivery for cases and to document family needs, services and outcomes. The major system development process and equipment purchases occurred over a five-year period that began in SFY99 and will end in early SFY03.

The Division of Support Services also manages the efforts necessary to determine eligibility of claimable costs incurred by DCFS for reimbursement by Title IV-E and other federal programs, which account for 34.5 percent of the Department's annual budget. In addition, management of Social Security benefits for children and youth with disabilities is assigned to this Division.

## **Administrative Support**

The Division handles issues regarding property management, real estate, leasing, security systems, telecommunications, printing services, mail processing services, postal services and property control and records management.

## **Budget Development**

The Division manages budget development, fiscal analysis, rate setting, program planning and policy analysis, payroll and timekeeping and the coordination of employee benefits.

## **Contract Administration**

The Division oversees contracts associated with adoptions, adoption preservation, equipment, healthcare networks, Local Area Networks (LANs) and community youth services.

## **Federal Financial Participation**

The Division oversees the issuance of medical cards for wards in substitute care and adoption assistance and also manages Title IV-E funds and monitors children's accounts.

## **Financial Management**

The Division is responsible for the oversight of accounts receivable, accounts payable, federal claiming and financial reporting on behalf of DCFS.

## **Division of Clinical Services**

The Division assists managers, caseworkers and investigators to assess and advance the state of clinical practice within local offices. The Division promotes optimum standards of professional social work practice and service delivery through both professional training and work with all regional clinical staff. It also assists in developing specialized services such as the assessment and treatment of sexually abusive children and teens and educational services, medical assistance and case management for children with AIDS.

Specifically, the Division supports a variety of specialized services, including:

- Comprehensive assessment of children in care;
- Parental Assessment Teams, which assess the mental health of parents and their ability to appropriately care for children;
- Services for sexually abusive children and youth (SACY);
- Early childhood services; and,
- Case management for children with AIDS

The following describes details of the major supports provided by the Division:

### **Field Teachers Program**

The Division supports ongoing efforts to strengthen and promote best practice in service delivery for families served by the Department. Field teachers model, coach and encourage critical thinking through clinical consultation and provide ongoing consultation, training and educational experiences in the areas of application and the reinforcement of skills and knowledge that focus on alternatives for the needs, conditions and behaviors leading to or resulting in the maltreatment of the child. .

### **DCFS AIDS Project**

The Division manages resources and clinical consultation for HIV-affected children and DCFS-involved families throughout the State of Illinois. The Division facilitates access to community HIV programs and counseling and legal services for any parent with HIV, who wishes to make permanency plans for their children. The AIDS Project also offers training for potential foster parents and staff.

### **DCFS Early Childhood**

The Division promotes early literacy for the children of teen parents and very young children in foster care. The purpose of the program is to increase the time parents spend on literacy activities with their children and to encourage every eligible child to acquire their own library card.

### **The Sexually Abusive Children and Youth Program**

The Division provides clinical consultation and oversight to case managers, supervisors and caregivers working with a child with problematic or abusive sexual behavior. The Division emphasizes the importance of community safety and develops written plans for the supervision of the child or youth and providing the child with appropriate clinical treatment. The SACY Program also provides training throughout the year for DCFS and private agency staff to better educate the child welfare community about children who abuse other children.

### **Domestic Violence**

The Division provides direction and clinical consultation on cases involving domestic violence and establishes policy and procedure guidelines related to DCFS –involved families

### **Collaboration**

The Division collaborates with Department's Office of Quality Assurance, the Child Welfare Training Institute, and the Children and Family Research Center at the

University of Illinois to advance empirical research, enhance practice knowledge and skills and provide instruction in new and proven interventions and their application.

### **Placement Review Teams**

Clinical staff serve on regionally based Placement Review Teams that provide clinical consultation and direction to determine the most clinically appropriate, cost-effective service for each child in need of specialized care. Maintaining children in their home communities is emphasized.

### **Division of Health Policy**

The Division of Health Policy oversees the provision of health care services provided through HealthWorks of Illinois, a statewide, comprehensive health care delivery system for children in foster care. Health care services are administered to ensure that all wards have access to quality health care and that they receive appropriate health services when necessary. HealthWorks includes four primary components:

- A network of more than 3,000 physicians, including hospital emergency departments, and public and private clinics;
- Operation under a set of standards specific to children in foster care specified by the Child Welfare League of America;
- Specific tracking and documentation process called Health Passport which follows the child through placement in substitute care; and,
- Medical case management for children age five and under.

The Division also oversees the provision of all substance abuse treatment services offered under the alcohol and other drug abuse waiver and those offered jointly by DCFS and the Office of Alcohol and Substance Abuse, a unit in the Illinois Department of Human Services.

### **Division of Education and Transition Services**

The Division of Education and Transition Services focuses on comprehensive educational services for all DCFS wards, ensures services for teens transitioning to adulthood and addresses the special needs of pregnant and parenting teens. The Division works to ensure that the needs of adolescents in foster care are met through a series of coordinated program efforts. Programs administered through the Division include:

- Independent Living Program;
- Transitional Living Program;
- Services to Pregnant and Parenting Teens;
- Youth in Employment;
- Youth in College; and
- Youth in Vocation and Training Program

The Division provides the following major supports:

### **DCFS Educational Access Project**

This project is designed to provide support to DCFS and POS staff through Educational Advisors and Educational Liaisons in order to accomplish the goal of obtaining a quality education. It includes the Educational Advocates Program, which provides training and support for DCFS foster parents and caregivers.

### **Developmental Disabilities Program**

In conjunction with the Division of Operations, this program coordinates the transition of older wards with developmental disabilities to adult living arrangements that are funded through the Department of Human Services. The Program also ensures that all disability codes for all Department children are accurately entered into CYCIS in a timely fashion.

### **Education Coordination Program**

This program provides statewide technical assistance to surrogate parents, local school district staff, DCFS and POS staff on educational issues involving DCFS youth and the Alternative Schools Network Project.

### **Pregnant and Parenting Teen Programs**

This program provides services that address the needs of youth as wards and as parents. The Division contracts with Uhlich Children's Home (Teen Parenting Service Network) and several other agencies to provide comprehensive services to pregnant and parenting teens in Cook County.

### **Transitioning to Adulthood Services**

This program is for youth ages 14 to 21 years old and provides services that assist adolescents' transition to adulthood and independence. The program includes the following: Youth in Transition Program, Youth in College, Youth in Employment, the Department's Scholarship Program and Statewide Independent Living Coordination placement review.

### **Youth in Employment and Training**

This program works with public and private agencies to help Department teens obtain employment and educational and vocational training opportunities. This division works with the Department of Commerce and Community Affairs, the Department of Employment Security and Job Corps. The Lincoln's Challenge Program, a federally funded youth program for at risk youth ages 16-18, is under this division. It offers students a variety of educational and vocational opportunities as well as the necessary life skills to be a successful member of the community, work and school.

## **Division of Training and Staff Development Services (DTDS)**

The Division of Training and Development Services (DTDS) provides training and staff development services throughout the Department.

- It designs and implements education, training, field support and professional development strategies that enhance the performance of Illinois child welfare staff.
- DTDS supports the comprehensive and competent delivery of service to children and families and helps to bring about safety, permanency and well-being for all children served.

The Division provides a full range of training and development programs for the Department including: Orientation, Basic Training for Direct Service Staff, Core Training for Specialty Functions, In-Service training, Leadership Development, Support of Professional Degree Programs and University-Based Pre-Employment preparation.

This Division develops and implements training programs for advanced knowledge and skills based on management and quality assurance findings. It evaluates the efficiency and effectiveness of the Department's training programs and designs comprehensive training curriculums. It also facilitates all training programs and facilitates access to conferences and other training opportunities for regional staff and foster parents.

### **The Office of Basic Training**

This Office coordinates and presents an orientation program for all new DCFS staff and delivers a pre-certification training program to prepare new direct service staff including job readiness, basic skills, basic specialty, mentorship and on-the-job preparation. This Office is responsible for the development, design and implementation of Core training for all positions.

### **The Office of Employee Instruction**

This Office is responsible for the coordination and delivery of in-service training to support advancement of knowledge and skills for Department staff. The principle responsibility of the Office of Employee Instruction is to deliver training programs on Department policy and procedures, specific content areas related to Department services, and Foster and Adoptive Parents issues. The Division also coordinates and delivers Department-sponsored conferences and assists other Divisions with specific work-related training and meeting needs.

### **The Office of Performance Support**

This Office serves to facilitate and coordinate both statewide and region-based training events within local offices. This office, through its professional development

coordinators, has the responsibility to assist the regional management staff in the identification of training needs based on assessment and analysis of performance, as reflected in management reports and guidance from Operations, Quality Assurance, the Education Partnership and the Clinical Division, culminating in the development and design of specific curriculum and training programs. This Office manages the Department's program for LCSW supervision.

### **The Office of Employee Development**

This Office is responsible for all leadership development programs for supervisors and managers as well as coordinating and supporting supervisory councils. It manages all programs related to professional degree education and provides evaluation and monitoring of all training methods and programs. The Office works in concert with the Office of Employee Support/Personnel on the Department's professional recruitment and screening program and also manages the DCFS library program.

### **The Office of Administrative Services**

This Office assists in the management, monitoring and evaluation of the Division's business functions, contract and payment processes, other fiscal operations and record keeping, certification and tracking systems. The Office provides oversight in the following areas: budget, contracts, vouchers and purchasing. This Office assists in the management and monitoring of the training budget, training contracts and procurement processes. The Office monitors divisional management policies and procedures and ensures compliance with Federal and State regulations relevant to federal reimbursement.

### **Purchase of Service Monitoring Division**

Over the last several years, the Department has moved increasingly from operating as a provider of services to operating principally as a purchaser of services. Over 80 percent of child welfare services are provided through purchase of service agencies. An External Management Audit recommended that DCFS improve the communications system with external providers, provide a direct link between evaluative data and contracting decisions, link the quality of monitoring information to the process of placing children, establish an independent performance monitoring unit, establish a strong fraud detection program, implement a strong provider technical assistance system and assist in the development of a management assistance program.

The Department established the Purchase of Service Monitoring Division, which is responsible for providing oversight, information gathering, continuous quality improvement and resource development to private agencies. Additionally, this Division focuses on foster care, adoptions, home of relative care and independent living programs statewide.

The Purchase of Service Monitoring Division is responsible for most of the licensing functions for which DCFS is responsible. It monitors purchase-of-service agencies'

compliance with various aspects of child welfare cases including the Child Endangerment Risk Assessment Protocol (CERAP), court proceedings and service delivery. It also oversees agency performance, operations analysis and field audits.

### **Agency and Institutional Licensing**

This organizational unit manages the licensing of Day Care Homes, Day Care Centers, Group Day Care Homes, Day Care Agencies, Child Welfare Agencies (which may license private agency foster homes), Child Care Institutions and Maternity Centers, Group Homes and Emergency Shelters.

### **Office of Field Audit**

This Office investigates licensing complaints in licensed facilities (not foster homes) and investigates complaints about unlicensed facilities. The Office also handles license revocations, refusals to renew and refusals to issue full license.

### **External Affairs**

External Affairs was created in 1999 to strengthen communication with external constituents of the agency, including the general public and the news media. The External Affairs Director works with child welfare partners, community leaders, foundations, news organizations, advocates and governmental entities on collaborative projects and works to resolve problems and improve relations.

The External Affairs Director serves as senior advisor to the DCFS Director and brings issues of concern from the agency's various advisory councils to the DCFS Director's attention.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 7**

#### **Systemic Factor: Training, Staff Development, and Technical Assistance**

The Division of Training and Development Services (DTDS) provides training and staff development services throughout the Department. It designs and implements education, training, field support and professional development strategies that enhance the quality and performance of child welfare staff in Illinois. The Division ultimately, enables the provision of comprehensive and competent services to children and families and helps to facilitate the safety, permanency and well-being for all children served by the Department and its private agency partners.

The Division promotes learning, builds child welfare expertise and guides professional development of both DCFS and private agency staff (child welfare, direct services, supervisory and support staff) in order to ensure that all staff:

- Receive basic training and in-service training, specific to work performance standards and state-of-the-art best practice;
- Demonstrate knowledge and practice work skills that promote child safety, permanency and well-being;
- Are aware of and prepared to follow all legislative mandates, policies and procedures; and
- Are prepared to engage collaborative work with community service providers, out-of-home placement providers, courts, police and extended families for the benefit of children/youth.

The current scope the Division of Training and Development Services includes:

- Developing and administering competency and outcome-based training programs that provide basic training and in-service, specialized training in order to advance best practices in child welfare for all staff working in the public or the private sector;
- Designing and developing specific training programs that further clinical practice and competency in child welfare by using higher education expertise;
- Coordinating and managing all major in-service training programs and conferences;
- Developing and administering programs to promote retention of valued direct service staff within DCFS;
- Developing instruction strategies utilizing state-of-the-art technologies that benefit the adult learner;
- Recruiting individuals holding MSW and BSW degrees to Department employment;
- Linking with institutions of higher education for the Department's Professional Degree Programs and coordination with the Department's Education Partnership, which is comprised of six graduate schools of social work and includes field based training and support.

- Establishing training standards and focused training for trainers;
- Training all new foster and adoptive parents using the Foster PRIDE/Adopt PRIDE curriculum, plus coordinating and tracking mandated continuing in-service training for foster parents;
- Collaborating with Quality Assurance and Regional Committees to assess program effectiveness and to identify additional training needs that can remedy deficits in performance in the field;
- Overseeing and coordinating the licensure of all child welfare staff in the public and private sectors;
- Facilitating and professionally supporting the training sub-committees of the Regional Quality Committees throughout the State;
- Providing statewide training through a core of in-house trainers for agency policy and procedure implementation;
- Managing the registration, testing and records process and maintaining all records regarding compliance with certification training requirements; and
- Refining curriculum and developing new curriculum to support best practice in collaboration with the DCFS Research Director.

### **Program Innovation – Enhanced Training IV-E Waiver**

Under existing federal regulations, states are reimbursed for 75 percent of training costs for public sector employees. In Illinois, this provision creates a financial barrier to providing the same level of training for not-for-profit agency partners that serve nearly 80 percent of the children in substitute care. This year, the Department received permission from the federal government to test whether or not this restriction is in the best interest of children. Beginning in April of 2002, Illinois will undertake implementation of its third federal Title IV-E waiver, and will offer enhanced training for private agency staff. This training, claimed at the 75 percent level, is designed to improve services to children and subsequently secure specific outcomes including improved permanency, foster care placement stability and health.

If successful, Illinois will make an important contribution to the national discussion on the value of training for private agency staff. Under the signed terms and conditions, the waiver will be in effect for five years and will be subject to a rigorous evaluation.

For details on the training and staff development activities, please refer to the attachment “Division of Training and Development Services: Progress Report for SFY 2002.”

The Department plans to start implementing the Training Waiver, on or around, August 19, 2002. The Department, therefore, has not participated in the program for a long enough period of time to realize cost savings for reinvestment purposes.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 8**

#### **Systemic Factor: Foster and Adoptive Home Licensing, Approval, Recruitment and Retention**

The Illinois Department of Children and Family Services has demonstrated an effective strategy in the implementation of its recruitment and retention strategies of foster and adoptive homes.

The Department makes special efforts for the diligent recruitment of potential foster and adoptive families that meet the placement needs of children belonging to diverse ethnicities and races. Special efforts include contacting and working with community organizations and religious organizations and may include contracting with those organizations, utilizing local media and other resources and conducting outreach activities. The efficacy of these strategies is evidenced by the fact that the large majority of DCFS placements are same race placements.

The Department also partners with the Adoption Information Center of Illinois (AICI), which manages the Adoption Listing Service. The Adoption Listing Service (ALS) manages the statewide listing of Illinois children in need of adoptive resources as well as a listing of licensed Illinois foster and adoptive families who wish to adopt. It also provides links to specific recruitment opportunities in television, newspaper and newsletter features and other ALS publications. The ALS provides children and families with matching opportunities through the listing service, national adoption exchanges and the Internet.

The ALS Recruitment Book is distributed broadly to adoption exchanges, agencies, libraries, churches and adoptive parent groups for use by citizens who may be interested in knowing about children who are legally available for adoption. The Recruitment Edition is designed as a recruitment and educational tool for the public, is updated every two months and provides limited non-identifying information on only children for whom parental rights have been terminated.

#### **Diligent Recruitment of Foster and Adoptive Homes**

##### **Recent Trends**

Illinois has witnessed substantial changes in substitute care over the past five years, including dramatic increases in the rate of permanency achievement and the number of completed adoptions as well as decreases in the number of children in foster and residential care (by approximately 50% since 1995.) This change has not reduced the need to recruit foster and adoptive homes, which is still a substantial need, but it has caused a change in approach toward recruitment strategies.

The systemic reform measures that were implemented over the last five-years and enabled large numbers of children to avoid foster care placement or achieve permanency

affected the profile of children remaining in care. For example, the current foster care caseload includes a significant concentration of older children, many of whom have been in foster care for prolonged periods of time and have special needs. General foster and adoptive home recruitment, which may result in an increase in the number of new homes during the year, does not necessarily yield actual foster or pre-adoptive placements for older and more difficult to place children, for whom these resources are most needed. The Department successfully increased its efforts to move children out of residential care this year. As a result, the Department needed to recruit homes that appropriately matched the needs of the child and enabled placement in less restrictive settings.

Coupled with the success inherent in achieving adoptions for children is the loss of committed foster homes because the majority of adoptions are 'conversion' adoptions and involve the foster parents who adopt the children in their care. The number of foster homes has also declined as a result of foster parent retirement and to some degree, foster parent dissatisfaction with the child welfare system. In regard to the latter issue, DCFS made significant efforts to retain currently licensed homes.

The Department's recruitment efforts with new foster families have shifted from the previous emphasis of general recruitment to a more targeted, child-specific and developmental focused recruitment effort. Even in areas where general recruitment efforts are effective, it is likely that these homes will be utilized less than 50 percent of the time for placement of children and youth during the first year. In SFY02, the Department devised and implemented new ways to improve the efficiency of its recruitment efforts through improved planning, particularly at the local level, better coordination and tracking of recruitment efforts and practice innovation.

A Statewide Coordinator of Foster and Adoptive Parent Recruitment was hired in SFY02 to coordinate all recruitment planning and activities, technical assistance to regional and LAN-based staff and systematic tracking of recruitment efforts. The Statewide Coordinator has developed and is refining a number of recruitment tools and started providing technical assistance in each region of the state.

Another promising development during the year was the work with the Annie E. Casey Foundation to implement the Family-to-Family foster care model in four sites (Peoria and Rock Island Counties in Central Illinois and Humboldt Park and North Lawndale in Chicago.) Inherent in the Family-to-Family model is a well-integrated approach to recruitment, which also addresses the issues of retention and utilization as part of a unified effort. Effective recruitment is viewed as a function of the support and services that are provided to foster parents rather than clever marketing. Foster and adoptive parents that are well supported and effectively utilized are allowed well-defined, central roles and responsibilities (instead of being marginalized as volunteer resources without professional skills) become the core element in successful local recruitment. The principal means of retention, which is nurturing the homes that you have, then becomes the most effective means of recruitment of new homes in the community.

## **General Recruitment: Progress and Accomplishments**

DCFS provides a regular stream of general recruitment activities in all six geographic regions which all operate under their own regional recruitment plan. Recruitment initiatives and activities are localized, with planning and implementation in Local Area Networks (LANs), utilizing local media, community organizations, businesses, churches and private child welfare agencies in carrying out recruitment. These activities have significant secondary value in that they promote public awareness and education and enhance public relations around issues of children in care, which in turn augment the efforts in child-specific and targeted recruitment. Typical activities employed in general recruitment include:

- Recruitment booths at malls, county fairs, community, seasonal and Head Start events, pancake breakfasts, school conference days;
- Distribution of brochures, posters, banners and novelty items; tray liners at local fast food restaurants; paycheck inserts; free book marks at bookstores and libraries, school essay and poster contests;
- Placement of posters and recruitment materials in local stores, Wal-Marts, K-Marts, malls, libraries, teacher's lounges, restaurants, doctor offices, movie theaters, video stores, driver's license examination offices, bowling league events and businesses;
- Distribution of fliers at ballgames and other sporting events;
- Church bulletin inserts;
- Direct presentations to community organizations, churches, schools and minority clubs and associations;
- English and Spanish language newspaper articles and advertisements, "child in need" articles;
- Radio and television media spots; cable crawl notices; area-wide radio blitzes for teen home recruitment;
- Billboards in rural counties, banners outside of DCFS offices and in local parks;
- LAN recruitment committees, including collaborative efforts with LAN-based private child welfare agencies;
- Mayoral proclamations for National Adoption Month & Foster Parent Awareness Month;
- Recruitment through current foster parents;
- Contacting previous inquiries about upcoming training cycles; contacting Christmas present-drive donors; and
- Theme-based recruitment drives

The Department's recent experience with the development and implementation of general recruitment strategies has demonstrated the difficult nature of this work. Recruiting foster and adoptive homes is labor intensive and does not always produce the results necessary to meet the placement and permanency needs of children. Despite the challenges inherent in this work, these general recruitment efforts have been effective in

that they have provided an avenue for information dissemination to the general public and have stimulated interest in the needs of DCFS involved children.

### **Targeted Recruitment: Progress and Accomplishments**

The Department sponsored a number of initiatives during the year to recruit new foster and adoptive homes throughout the state, particularly diligent recruitment efforts in Latino and African-American communities, which are populations that reflect the racial and ethnic diversity of children that need placement.

During the mid 1990's, the Department increased its capacity to recruit foster and adoptive homes by decentralizing the recruitment process to its private agency providers. These private providers were charged with recruiting foster and adoptive resources that reflected the child population served by each agency. This effort enabled the agencies to develop a pool of resources that reflected the racial and ethnic diversity of the respective client population and also dramatically improved permanency outcomes.

The Department does not currently have the capacity to track the racial and ethnic composition of current foster homes, but historical data suggests the vast majority of adoptions are same race adoptions. In fact, in SFY00, the most recent year for which data is fully available, 97.7 percent of adoptions were same race adoptions and only 2.3 percent of adoptions were trans-racial adoptions. In addition, the large majority (approximately 97 percent) of adoptions in Illinois are conversion adoptions, which are adoptions between foster parents and foster children in their care. Combined, these facts point to a trend for DCFS and indicate that the pool of foster and adoptive resources reflects the specific racial and ethnic diversity of the children and youth involved with the Illinois child welfare system.

In addition to the efforts to decentralize the recruitment process, the Department also initiated a number of targeted recruitment efforts that work within DCFS and with private agencies to recruit foster and adoptive families. These efforts, including One Church, One Child and the Latino Consortium, focus on the recruitment of African-American and Hispanic families respectively.

### **Child Specific Recruitment: Progress and Accomplishments**

In SFY00, under the sponsorship of the Freddie Mac Foundation, DCFS and NBC-Chicago initiated the Wednesday's Child program, which is featured twice per week on NBC 5 News and profiles foster children who need adoptive homes. The Adoption Information Center of Illinois collects, responds to and tracks all initial inquiries and also assists in the matching process. The program is child-specific and features children who are among the most difficult to place and who need immediate adoptive homes. Each segment is carefully planned and filmed around a child's special interest and hobbies. Since its inception in SFY00, 155 children have been featured, 53 since July 1, 2001, 92 children have been placed in adoptive homes and of these children 33 have finalized the

adoption process. As of May 5, 2002, 1,446 inquiries were received by the Adoption Information Center, (908 by telephone, 538 on the website) and additional inquiries were received by the National Adoption Center's Wednesday's Child website.

Since March 2000, the Department's Match and Place (MAP) project has worked to aggressively search for adoptive homes for waiting children, particularly those who have been waiting the longest. The program is administered by a veteran field manager and adoption supervisor and has been expanded in SFY02 to include a team of adoption caseworkers with many years of placement experience. The MAP process is closely coordinated with other recruitment efforts and initiatives, including the efforts of the Adoption Information Center of Illinois. The MAP process is designed to streamline the matching process for waiting children and reduce bureaucratic barriers. The MAP process provides all legally-free children with equal access to prospective families, allows waiting families direct contact with a person who is knowledgeable about the child prior to involvement with the system and aims to secure best match for each child without regard to agency or caseworker preference. The MAP project also offers guidance and technical assistance to adoption specialists in the field.

Since inception, the MAP Project has:

- Developed a unified, statewide matching process for placing children, which is used by both DCFS and the private child welfare agencies. The MAP matching and case action planning processes incorporate a deliberate individualized recruitment approach. The action planning process details the specific barriers that need to be addressed for each case prior to locating a permanent resource. The matching process is more recruitment focused and concrete in its approach to finding adoptive families. It assesses and explores the child's immediate past and present connections and actively markets and connects the child with agencies, groups and specific licensed families who are looking for a child;
- Focused on finding adoptive homes for the most difficult to place children, including those who are medically complex or developmentally disabled;
- Trained DCFS and private agency staff in all regions on the matching process;
- Created databases of 1040 waiting children for whom MAP is working with adoptions and permanency staff to find appropriate adoption home matches, as well as 300 families seeking children; and
- In SFY02, began working directly with referrals from the DCFS Division of Administrative Case Review and private agency cases that begin to show signs of becoming stalled in the permanency process.

In addition, the Department applied for and received a Federal three-year Adoption Opportunity Grant to implement the Legacy Project, which is designed to work systemically in order to increase permanency outcomes for approximately 1,600 children

who are legally-free for adoption but are without an identified adoptive resource and for an additional 700 children who are legally-free and have a goal of independence. A goal of the project is to increase the number of matched adoptions from (currently) 3 percent to 10 percent of all adoptions by the third year of the project.

In SFY02, the Legacy Project created a series of workshops, regarding the movement of children to permanency through matched adoption, for 80 DCFS and 80 private agency participants. In addition, the Project trained all adoptions supervisors and workers in the state on techniques to employ during family meetings in order to secure the caregiver's commitment to provide or facilitate adoption for the child in their care. The Project also developed child-specific recruitment tools including a video recruitment project.

### **Foster Parent Retention: Progress and Accomplishments**

The retention and development of existing foster homes was a priority issue for the Department during the past year. In SFY01, the Department established a statewide task force on foster home retention comprised of foster parents from each region, the six Regional Administrators and other Department managers in order to develop strategies to improve working relationships between foster parents and staff at all levels and to improve regional implementation of the state's Foster Parent Law and Bill of Rights. The group, a strong collaborative effort between foster parent advocates and senior regional administrators, has developed practical initiatives that are aimed at directly improving foster parent satisfaction at the local field office level. These efforts have included implementing a new grievance process for foster parents, improving communication, establishing local foster care enhancement committees and foster care councils.

The Department has maintained a statewide Foster Parent Support Specialist program that employs experienced foster parents as advocacy and support personnel for all DCFS foster homes since the 1980's. During SFY02, the Department worked with the Statewide Foster Care Advisory Council to completely revise the FPSS program plan in order to improve the effectiveness of the program.

### **Effective Use of Cross-Jurisdictional Resources to Facilitate Timely Adoptive or Permanent Placements for Waiting Children**

Illinois has drafted a proposal to employ the Internet to launch a centralized system to help minimize delays in the matching process across jurisdictional boundaries. The Interstate Compact on the Placement of Children unit (ICPC) will coordinate the matching process with the AICI, the MAP unit, the child's worker and the family in the other states. The ICPC unit will ensure that the ICPC approval is expedited and will provide technical assistance to all parties involved in the placement process. The centralized focus should allow for better communication and expertise on cross-jurisdiction issues to facilitate more adoptive placements across jurisdictional boundaries. In addition, the MAP unit has begun to develop a statewide database to match waiting children and potential adoptive families. It is currently working to include the AICI list

of potential adoptive homes and the Department list of homes licensed as “Adopt Only “ into their matching pool.

The accomplishments in this area include:

- The development of a cross jurisdictional protocol and checklist is nearly completed;
- The Department hired an Adoption Specialist in the ICPC office to assist workers in making out-of-state adoption placements;
- The Department consulted with national experts and invited them to speak at the annual meeting of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) in Chicago; and
- The Illinois ICPC Administrator initiated the process of the AAICPC’s review and response to programmatic and timeline concerns relative to out-of-state matched adoptions.

### **Licensing of Foster and Adoptive Homes**

The Illinois Department of Children and Family Services has been very effective and successful in establishing and maintaining standards for foster family homes, adoptive family homes and childcare institutions, in which children served by the Department are placed. These standards reflect the standards of the Council on Accreditation. In addition, the Department effectively met the requirement to assure that licensure standards are uniformly applied to all foster and adoptive homes and childcare institutions that serve children in the Department’s care.

The Department requires that all foster and adoptive homes and child care institutions meet licensing standards and that they maintain a valid license in order to have children placed in their care, without exception. Relative homes must also meet a set of prescribed standards and the Department provides incentives to and strongly encourages relatives to become licensed foster homes. The Department is accredited by the Council on Accreditation (COA) and sets licensing and placement standards to meet COA standards, which serve as national benchmarks.

The Department sets standards for licensing to insure the health, safety and well-being of children and continually reviews and revises these standards to reflect best practice, legislation change, programmatic change and/or child health and welfare research. Standards also might change in response to recommendations by the Department’s Inspector General or other various advisory groups. The Department recently adopted amendments to its Licensing Standards for Foster Family Homes in order to become consistent with the 2001 standards set forth by Council on Accreditation.

### **Background Checks**

The Department has been conducting fingerprint-based background checks on foster home applicants and on all household members age 18 and older, for years. Checks

include: Illinois State Police Criminal History records; DCFS Child Abuse and Neglect Tracking System records (CANTS); Illinois Sex Offender Registry (State Police); and FBI criminal history records if: (a) individual admits to a criminal history on authorization form; or (b) individual has not resided in Illinois for all of the prior three years.

The State of Illinois has a strong regulatory framework for establishing, reviewing/revising and implementing standards that govern the operation of child care facilities. The Illinois Statute, the Child Care Act (225 ILCS 10/1 et seq.), requires the Department of Children and Family Services to conduct a criminal history check, via fingerprinting, including a check of the Illinois Sex Offender Registry. The Act further requires the Department to conduct a search of the Illinois Child Abuse/Neglect Tracking System to determine if the individual has been a perpetrator of abuse/neglect. The Statute is supported by Department rule (Part 385, Background Checks). Individuals subject to the background check include:

- Any individual who applies for a license to operate a child care facility;
- Adult members of the household (in a family home); and
- Each employee of a childcare facility, as a condition of employment.

The Department has, by rule, uniformly applied the criminal background check requirements for foster and adoptive home license applicants since the late 1970's. The requirement has uniformly applied regardless of whether the proposed/licensed facility is licensed/supervised by staff of the Department or supervised by a licensed child welfare agency. The child abuse/neglect history check was added to the background check requirements in the early 1980's and included not only checking the history of the applicant(s), but also that of any adult members of the household. Employees of childcare facilities have been subject to criminal history checks since March of 1996 and have been required to authorize a check for history of child abuse/neglect since the mid 1980's.

The Department fingerprints all required persons in order to ensure uniform application of the criminal history check. A trained technician administers the fingerprinting process through an electronic scanner, at a prescribed fingerprinting site. The prints are electronically transmitted to the Illinois State Police and results are transmitted to a central database within the Department. The checks for a history of child abuse/neglect and Sex Offender Registry are conducted in-house and are initiated via submission of an official, Department- sanctioned, authorization form that is completed and signed by each individual subject to the background check.

Results of the background check fall into the following categories:

- The individual cleared the background check. There is no history of criminal conviction and/or child abuse/neglect;

- The individual has been convicted of a crime that serves to bar him/her from receiving a license, or residing in a licensed home or being employed in a child care facility; or
- The individual has been convicted of a non-bar crime and/or indicated as a perpetrator of child abuse/neglect.

The Department's Central Office of Licensing controls the dissemination of the background check results. A notice summarizing the results is forwarded to the agency (DCFS or licensed child welfare agency) that currently serves or will serve as the supervising agency for the license or employee. If the background check yields results that would bar the provision of a license or employment, the individual that is the subject of the background check will also be notified. Any individual that receives such a notice has an opportunity to appeal the results of his/her criminal history. The appeal is limited to the individual's ability to provide documentation to support that the report is that of another individual and not himself/herself or that they have been granted a full pardon by the governor or that the crime was amended and therefore does not rise to the level of a bar to license, residence or employment in a licensed child care facility.

In cases of non-bar convictions or reports of indicated abuse/neglect, the Department has established, by rule, a list of criteria that must be applied in an assessment format. The criteria includes determining the length of time that has passed since the incidents, rehabilitation and determining the seriousness of the crime or abuse/neglect in relationship to the individual's current ability to care for/be in contact with children. Licensing staff of the Department, the licensed child welfare agency or in the case of employment decisions, the employer, must meet with the individual, review the criteria and complete a written assessment. The assessment must be returned to the Central Office of Licensing with a recommendation to clear the individual or to deny a clearance based on the results of the assessment. It is important to note that the Department is notified of any subsequent criminal charges/convictions or child/abuse reports that occur in relationship to licensees, members of households and employees of child care facilities. The information comes to the Central Office of Licensing in the form of a revised criminal history or a pending child abuse/neglect report. A revised history results in a new notice to Department or agency staff or to an employer and must be assessed in the same manner as any report. A revised history may also result in the initiation of a licensing complaint investigation at the facility (family home) by the Department or a child welfare agency licensing worker.

The background check activity is integral to the licensing process and monitoring activities of the Department. In the case of family home licensure, a full license cannot be issued without a record that states that the applicant(s) and the adult members of the household have cleared the background check, including the possibility of individuals who have cleared with no history and/or individuals who cleared with history on their records. In either case, the Central Office of Licensing database maintains the confidential information that supports the issuance of the license. Licensed child care facilities, such as child care institutions, day care centers, child welfare agencies and residential group homes supervised by the agency must develop and maintain policies

that ensure that their employees, as a condition of employment, authorize a criminal background check via fingerprinting. The signed authorization for background check includes, as stated earlier, a check of the Child Abuse/Neglect Tracking System and a search of the Sex Offender Registry. A full license will not be issued to a childcare facility until the executive director or designee has cleared the background check and each employee may be left alone with children only after they have been fingerprinted and are awaiting the results and have cleared the child abuse/neglect and Sex Offender Registry checks.

### **Renewal of License**

License renewal is the process whereby the individual(s) that hold a valid license and are interested in continuing to provide services to children, is given an opportunity to reapply.

The renewal process allows the supervising agency staff to once again review, with the licensee, the rules/standards that govern the operation of the facility. It is a critical time to address any changes/revisions that have occurred and to determine the facility's ongoing compliance and continuing ability to comply with all applicable rules. The renewal allows for a careful look at not only the physical environment but also staffing of the facility and facility's capacity to meet the needs of the children in its care during the previous license period.

Department rule, for all licensed facility types, establishes a process for timely notification to the licensee that they must renew their license prior to expiration of the current license. The Central Office of Licensing, in an effort to ensure uniform, consistent notification of pending expiration of the license, currently mails a notice directly to all licensed foster/adoptive homes six months in advance of the expiration. The supervising agency receives a copy of the notification establishing the expectation that they will assist with the initiation of the renewal, via the submission of a renewal application and complete the subsequent renewal licensing study prior to the expiration of the current license. Reports are mailed to the supervising agency on a monthly basis, providing a status of any pending expirations or new notices sent from Central Office of Licensing during the current month.

Department rule requires that application forms for license renewal be mailed to a licensed child care institution six months prior to expiration of the current license. The institution must complete the renewal application and submit it to the Department within three months of receipt of the notice of expiration. Department licensing staff is required to conduct a renewal licensing study and to make a recommendation prior to expiration of the current license. It is important to note, in regard to all facility types, that when a facility makes a timely application for renewal, the current license remains in full force and effect until the Department makes a final decision on the application for renewal of the license.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 9**

#### **Systemic Factor: Promotion of Service Quality and Program Accountability**

The Department is committed to a comprehensive internal program of quality assurance and improvement because quality services are essential to production of good results and client outcomes. This commitment is evidenced by the fact that the Department, for a number of years, pursued a series of efforts in order to make improvements in service quality and program accountability. Some of these efforts involve performance measurement, whereas others have gone well beyond performance measures. In SFY96, the Department adopted a Quality Assurance Plan as evidence of its commitment to a strong quality assurance process. The plan identified monitoring and reporting activities, developed new linkages and quality initiatives and used information from these sources for corrective action, training and planning. A brief description of the most significant efforts for improving the service quality and program accountability in the Illinois child welfare system is outlined below.

#### **Accreditation**

The pursuit of accreditation is the foundation of the Department's efforts to improve service quality and program accountability. Accreditation assures policy makers and the public that service delivery practice meets a set of rigorous quality standards established by an independent group of experts. Many of the Department's efforts to improve quality and accountability are directly or indirectly related to the accreditation process.

In SFY00, the Department achieved its goal of becoming fully accredited by the Council on Accreditation (COA) for its foster care, adoption, protective service and in-home family service program areas. Illinois was the second state child welfare agency to become accredited. In addition, effective July 1, 2001, in order for private agencies to receive contracts to provide traditional or relative foster care services, they must be accredited as well. The Department is currently the largest child welfare agency, public or private, to have achieved accreditation. Illinois' successful achievement of accreditation has motivated many other States to seek accreditation of their own child welfare service delivery systems.

Accreditation means that the Department met a battery of standards in offices that serve in excess of 80 percent of the cases in the total caseload. Additionally, the Department is committed to achieving accreditation for all of its offices. As of June 30, 2000, 54 of the 62 field offices and all central office units individually passed accreditation. An additional 4 DCFS field offices have been reviewed by COA Peer Reviewers and the accreditation decision is pending. The remaining four offices are smaller offices downstate and will be reviewed during the reaccreditation process. This commitment to accreditation is rooted in the Department's belief that it is reasonable to assure clients that all offices, despite location, will meet the same standards statewide. Accreditation at the local level has also made the process more credible to local staff and the communities they serve and allows for satisfaction and pride when accreditation is successfully

achieved. This fact encourages continued efforts to maintain quality services. Finally, in order to uniformly apply the standards, it is expected that all DCFS field locations and private agencies will meet these same standards.

Accreditation was originally achieved in June 2000 and the reaccreditation process began in May 2002 for DCFS Offices and Regions, which will be the focus of the reaccreditation process. However, all DCFS offices within each region will continue to be visited and evaluated. Two Regions (Cook North Region and Northern Region) began the accreditation process in the spring of 2002 and the remaining regions will undergo the review throughout the remainder of 2002 and will complete the process in 2003. The Central Office for DCFS started undergoing its accreditation visit in May 2002. The Council on Accreditation's newest standards, which have been expanded and modified to meet the needs of public child welfare agencies, will be used to evaluate the offices during the reaccreditation process

### **Best Practice**

Best Practice is a multi-year, intensive effort to develop a practice model that emphasizes child safety, permanency and well-being from the moment of intake through case closure. This work promotes one consistent investigative and casework practice model statewide, with a constant focus on child risk and safety, rapid permanency and child well-being. Best Practice incorporates requirements which cut across the spectrum of child welfare service delivery, including:

- Requirements of the federally legislated Adoption and Safe Families Act;
- Illinois' Permanency Initiative;
- Recommendations from the Office of the Inspector General;
- Appropriate business standards; and
- Accreditation requirements.

The Best Practice effort provided the Department with a means by which to analyze and reform DCFS policy, protocols and practice in a manner that is supported by research, that is effective and is designed to meet the specific needs of children and families.

### **Organizational Development Demonstration (ODD)**

The purpose of the Organizational Development Demonstration is to provide the tools and training that purchase of service agencies (POS) require for establishing or enhancing their quality assurance and quality improvement systems.

Accomplishments of the ODD initiative during the past year include the following:

- The development of a manuscript for the guidebook that DCFS wrote and has been edited by the publisher, Child Welfare League of America (CWLA). Target date for publication is October 2002. The head of book publishing at CWLA has

renamed the book *Measuring Outcomes: A Quality Assurance Guidebook* (Guidebook).

- With the help of the African American Family Commission, the curriculum based on the Guidebook is in the final stages of pilot testing. A report on the pilot will be written after the final session, set to occur in mid-June. Participant evaluations indicate that the workshop is highly respected.

The project staff is currently engaged in discussions with the CWLA Training and Consultation divisions about using the basic curriculum and the Guidebook with CWLA members and at regional and national seminars. They will modify the curriculum for those purposes.

The next step for the curriculum is to work with Extended Learning at Governors State University to create multimedia distance formats of the curriculum.

- ODD staff provided presentations on IDCFS in several venues over the past year. Among these were a presentation at the annual conference of the DCFS African American Advisory Council and the annual conference of the CWLA Black Administrators in Child Welfare.

### **Quality Assurance and Continuous Quality Improvement Model**

The Department's quality assurance system utilizes a continuous quality improvement (CQI) model. The primary focus of CQI is to achieve positive outcomes and attain the highest quality of services for the children and families served by the Department. To achieve these goals, it is essential for the Department to: (1) institute a structured process by which to examine, evaluate and act on quality issues within the Department; and (2) involve Department staff, as well as stakeholders, in such processes.

This emphasis on quality through a CQI process in DCFS is not new. The Department first initiated its formal CQI process in 1997. Regions in the Department began by first implementing a peer record review process along with Regional Quality Councils. Since that time, each region's CQI process has grown to include Site and Local QI teams, as well as formal review processes that incorporate the access, use and follow up of consumer satisfaction, incident/accident/grievances and program evaluation information. Central office divisions in the Department (e.g. Training, Guardianship Services, Advocacy Services, etc.) have also initiated formal and informal QI processes as the Department's CQI process continues to evolve and expand.

There have been major achievements by the Department and its staff over the past several years as a result of its CQI process. Such achievements are a reflection of ongoing system changes as well as increased performance by the field. These achievements are

also evidence of more proactive child welfare system, in addition to improved management and service delivery mechanisms.

The continued implementation of the accreditation process and the initiation of a structured CQI process reflect the convergence of efforts to integrate these initiatives. The Department recognizes that accreditation and the CQI process are finite events or initiatives. Rather, accreditation and CQI together will continue to serve the Department as a fully integrated and on-going process aimed at structuring and focusing efforts on quality assurance issues and endeavors.

The Department's CQI process is closely tied with the Federal outcomes measures identified by the Department of Health and Human Services. These outcomes include:

### **Safety**

- Respond quickly and competently to reports of abuse and neglect;
- Prevent recurrence of abuse and neglect; and
- Increase the percentage of children who have been reported as abused or neglected who can safely remain at home or have safely been reunified with their families.

### **Permanency**

- Decrease the median length of time to achieve permanency;
- Increase the percentage of children who are safely reunified with their parents;
- Increase adoptions;
- Increase subsidized guardianships for those children for whom reunification or adoption is not possible; and
- Decrease adoptive and foster home disruptions.

### **Well Being**

- Ensure frequent quality visitation between the child and his/her parents;
- Provide thorough educational assessments and needed educational services to all children in care;
- Ensure all children in care receive basic screenings, annual medical and dental examinations, and appropriate follow-up services;
- Reduce reliance on institutional, psychiatric hospital, and out-of-state care;
- Place siblings together whenever possible or ensure frequent quality visitation among siblings when placement together is not appropriate; and
- Ensure services to families so children are not removed from their families due only to environmental factors such as inadequate food, clothing or shelter.

### **Philosophy of Continuous Quality Improvement (CQI)**

The Department of Children and Family Services embraces the following philosophy of Continuous Quality Improvement for implementing and fulfilling its core mission of insuring the safety, permanency and well-being of the children and families that it serves:

### **Quality Improvement is Inclusive**

A successful CQI program includes all levels of the organization's staff in the process of analyzing organizational performance and making decisions about next steps. This is based on the belief that all levels of staff have something significant to contribute to the problem-solving process and that everyone in the organization has a role or stake in implementing quality services.

### **Quality Improvement is Creative**

Solutions to problems and the process of change are tied to actions that are self-directed as well as self-determined. Managers and administrators play a key role in nurturing the creative process and instilling a sense of staff ownership and involvement in the CQI process.

### **Quality Improvement is Solution Focused**

A CQI program needs to have structured time set aside in order for staff to process and reflect on their individual and collective performance and the CQI process must occur at all levels in the Department. While all staff play a role in the analysis of their performance, the focus of the CQI process is not on the individual, but rather on the collective performance of every team, office, region and division of the Department.

All CQI teams in the Department are expected to adhere to the following standardized 5-point CQI agenda and to review the information on a quarterly basis.

- Peer Record Review;
- Review of Incidents, Accidents, and Grievances;
- Program Evaluation;
- Consumer Satisfaction; and
- CQI Projects/Action Planning.

The purpose of this agenda is to insure that process of service delivery as well as service delivery outcomes are analyzed and to obtain an appropriate response on a consistent basis. All members of the CQI team are expected to participate and contribute to the process equally.

### **Implementation of the CQI Process**

Each of the Department regions has a Regional QI Plan, which is updated on a regular basis. These plans provide the region's vision as well as the framework for the implementation of the regional CQI process. These quality assurance plans include input from regional staff and cover all service areas included in the region (i.e. child protective services, child welfare services, adoption services, administrative services and licensing

services).

Regions are expected to maintain a fully inclusive QI structure through a functioning Regional Quality Council (RQC), Site QI teams for regional offices and Local QI teams throughout the region. All QI teams that operate in the region are expected to adhere to the standard 5-point QI agenda.

### **Regional Quality Council**

The Regional Quality Council (RQC) has three primary roles; (1) to aggregate data, (2) set priorities, and (3) provide support and feedback to the site and local QI teams. The RQC has the additional responsibility to review performance information/data and set the tone for other regional QI teams by making the connections between the evaluation of work processes and the achievement of outcomes. The RQC is further responsible for overseeing the implementation of action plans in the region.

### **Regional Quality Council Membership**

RQC membership is comprised of staff from all regional offices or otherwise designated geographical QI teams. Such representation includes direct service casework staff and supervisors from all service delivery specialties, as well as other stakeholders including foster parents and community providers. In addition, the Regional Administrator, Child Protection Administrator, Program Manager and other regional managers serve as ex-officio members on the RQC. The participation of regional administration helps to build both knowledge and cohesion throughout the regional QI structure. All RQC's meet formally on a quarterly basis and some meet more frequently.

The RQC is expected to document its activities through meeting minutes, which are distributed to staff in the region. The RQC is also expected to provide direction and approval for regional action plans and other QI activities.

### **Local QI Teams**

Local QI teams are organized in a manner consistent with the present Department team structure (e.g. Child Protection teams, Intact Family teams, Adoption teams, Permanency teams, etc.). The focus of the Local QI teams is individual team performance and every member of the team participates including clerical and other support staff. Like RQC's, Local QI teams meet a minimum of once per quarter and follow the standard 5-point agenda. Local QI teams provide the core of QI activities for families and children. The goals of the QI process at the local level are the following:

- Services are individualized to meet the needs of children and families;
- Work is managed to produce outcomes, such as those mandated by the Federal government;
- All staff have the responsibility to continually examine the quality of services they provide to the clients they serve; and

- Staff can and should raise issues or suggest projects aimed at improving the quality of services.

### **Site or Office Based QI Teams**

Site or Office based QI teams are comprised of representatives from each of the Local QI teams occupying the office or designated geographical area. The focus of the QI agenda at the Site QI team level shifts from the individual team to the site or office and each Local QI team representatives discusses team issues and provides input to the site QI process. The Site QI team has the responsibility of reviewing action plans from Local QI teams and to determine the applicability of individual team issues to other teams within the site.

Both Local and Site based QI teams are also responsible for recording the events and outcomes of QI meetings and preparing minutes, which are distributed to staff on the team or at the site.

### **State Level – Performance Support Teams**

The Performance Support Team (PST) meets on a Regional basis to review, analyze and develop solutions to problems or issues facing the Region in the delivery of quality services to children and families. The PST's membership is comprised of Field, Regional and Central Office Divisional staff. The PST meets in each Region approximately every other month. Feedback from the PST process is provided to the RQC and staff of the Region.

The purpose or mission of the PST is to ensure:

- Efficient resolution of organizational problems (at all levels) that are barriers to positive outcomes for children and families;
- All organizational systems and work processes are efficient and cost-effective; and
- Successful implementation of Best Practice tenets.

The agenda for the PST can originate from the CQI process through the RQC, Regional Management, or Central Office Divisions. Action groups are formed in response to issues or problems that require attention. These action groups meet frequently and report progress back to the PST through updates and formal reports.

Representatives of the Regional PST's will meet on a regular basis to consider issues that are common across Regions from agendas and actions of all the PST's.

### **Federal Preparatory Review Process**

Recently, the Department of Health and Human Services (DHHS) finalized a list of child welfare outcomes and measures that will be used to assess the performance of states in operating child protection and child welfare programs. State compliance with the new

federal child welfare requirements will be assessed through Child and Family Services Reviews (CFSR). These reviews represent a significant departure from the former federal review process by utilizing a more results-oriented approach in which two areas are targeted: (1) outcomes for children and families served by the child welfare system; and (2) systemic factors that directly effect the state's capacity to deliver services leading to improved outcomes. The inability of the states to meet established benchmarks will result in implementation of Program Improvement Plans (PIPs) by DHHS. Subsequent failure to comply with the improvement plans will result in serious financial repercussions – a reduction of up to 40 percent of a state's administrative costs. In order for Illinois to meet the established benchmark, both DCFS and its private sector partners (POS agencies) must demonstrate continuous efforts to ensure safety, permanency and well being of children and families. To meet this goal, DCFS, in conjunction with the University of Illinois - Chicago Foster Care Utilization Review Program (FCURP), have implemented the following statewide review plan.

There are two components to the statewide implementation plan. The first component is a two-phased training program in which all DCFS regions, Purchase of Service (POS) agencies, and Agency Performance (AP) liaisons are required to participate. The two phases of the training program are comprised of classroom instruction and initial on-site reviews that mirror the Federal CFSR. The data gathered from the initial on-site reviews is then used as a baseline measure for the Department and provides valuable information about current performance. In addition, any Program Improvement Plans (PIPs) that have been developed to address deficits identified during these reviews have been utilized to initiate the second component of the implementation plan, a continuous quality improvement (CQI) process. To meet this end, DCFS regions and POS agencies have identified staff members at varying organizational levels that include quality assurance, programmatic and administrative staff to participate in the two-phase training program.

The second component of the statewide implementation plan is the utilization of the review results in the continuous quality improvement process. Currently, all Department regions have undergone their initial annual reviews and second round reviews have been initiated in some regions across the state. A statistically valid sample of cases is randomly selected for the annual reviews of Department regions and private agencies. The private agencies continue, after their initial review, to review one randomly selected case, per month. Data gathered during this process is utilized to improve both the outcome achievement levels and the quality of casework practices.

It is expected that this process will yield the following outcomes:

- The State of Illinois will meet and/or surpass the established Federal benchmark of 90 percent substantial compliance for the identified CFSR outcomes of safety, permanency and well-being.
- Results of the reviews will provide a baseline measure of how the State of Illinois is currently performing relative to the established CFSR outcomes.
- Results of the reviews will be used as a baseline measure for the implementation of Best Practice Standards (the Standards) in the State of Illinois.

- Subsequent reviews will ascertain if the implementation of the Standards have improved outcomes for children and families. The reviews will employ a tool to evaluate the overall effectiveness of the implementation of the Standards.
- The assigned supervisor and worker will use completed protocols as supervisory tools to ameliorate identified individual case practice deficits.
- Supervisory and administrative staff will be capable of utilizing the Protocols and/or its components to evaluate casework practice during the course of regular supervision.
- Casework staff will be knowledgeable of the casework processes measured by the Protocols and will enhance their practices to achieve the desired outcomes.

The results of the reviews are entered into a database in order to complete the analysis and provide reports on the results of the respective reviews. The completed protocols are returned to the Region/agency for review by the worker/supervisor assigned to the individual cases reviewed. Results of the review are shared with Regional/agency management and front line staff as available.

Regional staff participation in the process has thus far been excellent and many supervisors and caseworkers indicate that the experience has given them a different way of reviewing cases, approaching families, and assessing whether or not the goals of safety, permanency and child and family well-being were placed in the forefront.

### **Administrative Case Review**

Administrative Case Review (ACR) is the independent review process required by the federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). Reviews incorporate both clinical and monitoring perspectives and are intended to assure that the child's case plan assists to move them effectively towards his/her goals. Clinically, ACR reviews the services needed and received by a child and family, based upon the record and the service plan presented. The reviewer makes recommendations to responsible staff to ensure the facilitation of good child welfare practice and sound child safety, well-being and permanency planning for children. ACR is an oversight mechanism for all Department and private agency cases to ensure that staff utilizes good child welfare practice.

### **Upgrading the Social Work Education Staff**

In order to professionalize the management staff of the child welfare system, the Department implemented a policy that requires all direct service supervisors to possess a master's degree in Social Work or a master's degree in a related field as recognized by the Council on Accreditation. Over 100 supervisors returned to school under the Social Work Education Program (SWEP). All of the individuals in SWEP completed their degrees before the end of SFY99. The Department also now operates the Pena Professional Development Program. Department staff must apply and be selected on a competitive basis to return to school to earn their Masters of Social Work degree. Over

115 workers are currently participating in this program and 122 have graduated. Most are eligible for assistance under the Upward Mobility program.

### **Educational Partnership**

The Educational Partnership is a collaborative agreement between DCFS and the state's six accredited MSW programs. Each school works with an assigned region of the Department. The goal is to develop training to bridge the gap between the information that caseworkers learn in college and the information needed on the job. Field support by these schools includes field teaching, supervision, grand rounds, clinical guides and topic specialists such as psychologists, nurses and educational liaisons. Additionally, faculty from the partnership train field staff in small groups in order to increase their assessment skills and subsequently support the Department's accomplishments in achieving permanency for wards.

### **Statewide Automated Child Welfare Information System (SACWIS) and the Department's Best Practice Model As Its Foundation**

The goal of SACWIS is to improve the quality of the Department's data collection process. The purpose of SACWIS is to serve as an automated case management tool to assist workers, supervisors and managers to provide more effective and efficient services to children and families served by the Department. It will also facilitate and assure that the Department fulfills all federal reporting requirements including the requirements that are mandated by the Adoption and Foster Care Analysis and Reporting System (AFCARS).

The foundation of the SACWIS application is the Department's Best Practice Model. This is the result of a multi-year, intensive effort to develop a practice model that emphasizes child safety, permanency, and well-being from intake to case closure. The Best Practice Model incorporates the requirements of the federal Adoption and Safe Families Act, the Illinois Permanency Initiative, other laws and regulations, consent decrees, the Office of the Inspector General recommendations, business standards, accreditation requirements and principles of sound child welfare practice. The Department is using the new practice model to guide organizational changes and reforms, including policy development and training.

In addition, the development and implementation of the SACWIS application is guided by four principles. SACWIS must:

- Improve the quality of services to clients – with quality measured by outcomes;
- Aid individual caseworkers in the performance of their duties to the degree that caseworkers seek to use the system and feel ownership of the system data;
- Improve administrative efficiency by enhancing accountability of staff and reducing administrative burdens; and
- Be adaptable (capable of evolving) to satisfy the changing needs of the Department.

When SACWIS is fully implemented in August 2003, the Department will have one comprehensive, integrated case management information system to support the staff of DCFS and purchase of service agencies that serve children and their families. The system will permit staff to be more effective by providing new electronic tools and supports including 24-hour access to essential information, decision support tools and Best Practice guidance.

### **Purchase of Service (POS) Monitoring**

Until SFY96, under the original B.H. consent decree, DCFS oversaw private agencies through liaisons that each monitored 100 individual cases served by private agencies. However, there was little coordinated review of the overall performance of individual agencies.

POS monitors spent most of their time in tasks that duplicated the work of private agency workers, such as appearing in court and at case reviews. Monitors were responsible for too many cases to know much about the progress of individual children. Also, their cases were scattered across many agencies, so neither they, nor the Department as a whole, were objectively aware of the performance of individual agencies.

In SFY96, in response to the POS monitoring system's shortcomings, the Department revised the B.H. consent decree and replaced POS monitors with Agency Performance Teams (APTs) in most of the state. APTs focus on the performance of an agency as a whole using various reports, generated by the Department, and input from the courts and other interested parties. These teams are better able to monitor total agency performance. More attention is paid to performance measures including the movement of wards to permanency. POS redesign has since been implemented downstate with some local variations. This system proved to be a much more efficient and effective means of oversight, but a legislatively mandated management audit noted that responsibility for reviewing purchased services was scattered within the agency. In response to a management audit, the Department further consolidated various monitoring functions under a single division within the Department, the Division of POS Monitoring. This Division includes the APTs, field auditors and agency and institutional licensing staff, including day care licensing staff. POS Monitoring functions include the following: quality control/improvement, field auditing, independent utilization review, training and technical assistance.

### **Child Welfare Research**

The Department funds an extensive research agenda in child welfare, which is coordinated by the Office of the Research Director. The Department's research efforts include the Children and Family Research Center, established in SFY96 at the University of Illinois at Urbana-Champaign. It independently researches and evaluates the outcomes of services delivered by DCFS and private agencies. Other research includes the evaluation of the state's subsidized guardianship waiver by Westat. There will be a

similar evaluation of the state's new Alcohol and Drug Abuse (AODA) waiver as well as the state's training waiver. A significant evaluation component is also required by the increased funding connected with the federal Chafee Foster Care Independence Program.

### **Children and Family Research Center**

The Research Center was established in SFY96 at the University of Illinois at Urbana-Champaign, is housed at the School of Social Work and is intended to research and evaluate the outcomes of services delivered by DCFS and private agencies. It conducts research on critical issues that impact the performance of the child welfare system, pursues new areas of inquiry that directly inform child welfare policy and practice in Illinois and develops additional capacity within the state to support worker training and policy-related research in child welfare.

### **Worker Licensure**

Effective January 1, 2001, state law provides that a child welfare worker must be licensed in order to be a direct services worker with intact families, foster children or for conducting child abuse/neglect investigations. The goal of this requirement is to assure that workers meet a minimum set of basic competencies that are determined by a group of public and private child welfare providers. Workers are required to pass a basic examination that includes testing on the Child Endangerment Risk Assessment Protocol (CERAP). One of the reasons for the development of the new private agency Foundation Training Program is to train and test new workers for licensure in a uniform way.

### **Foster Parent Bill of Rights and Responsibilities**

Following the implementation of the Foster Parent Bill of Rights, all private agencies with foster care contracts and DCFS regions were required to submit annual plans that outlined strategies in order to adhere to its requirements. The Statewide Foster Care Advisory Council assists DCFS staff in evaluating each plan and utilizes a standardized review format. When an agency plan is found to be deficient it must make changes to be in compliance.

### **Performance and Outcome Evaluation**

The Department has implemented an extensive program of performance and outcome reporting. These efforts have included the following:

- Regional Management Agreements (RMA's) set goals for each region in about sixty different areas based on past performance, state benchmarks and performance targets that demonstrate improvement in the services the Department delivers.
- Performance measures that have always been included in the Governor's budget book.
- Service Efforts and Accomplishments (SEA) reported to the Comptroller's Office.

- Quarterly reports submitted to the Governor's Office of Performance Review. The SEA and Governor's Office goals have been merged to become identical.
- An array of monthly statistical reports produced by the Division of Quality Assurance, that helps the Department monitor progress in a variety of areas. A new series of reports lists performance data down to the case manager level.
- Several databases, maintained by the Office of Quality Assurance, that provide staff with on-line performance and caseload data. This data may be obtained from the state level down to an individual worker level.
- A weekly e-mail summary of the status of the caseload provided to Department leadership by the Division of Quality Assurance.
- A monthly trend analysis for regions and other Department leadership produced by the Office of Planning and Budget (OPB). This analysis assesses progress towards caseload goals and other goals and considers conditions that have affected recent performance.
- Monthly teleconferences, chaired by OPB, to discuss steps that might be taken to improve performance in light of known trends and upcoming events.
- Overseeing of the performance contracting system, by the ORD, and providing the Department and private agencies with intake, permanency, and stability performance data that is reconciled quarterly.
- The Department is preparing for a new federal performance evaluation process (child and family services reviews). Illinois will be reviewed in September of FFY03. Currently, the Department is actively tracking performance on many of these measures through RMA's, analysis of state data, and on-going evaluation of review result.
- The Purchase of Services Monitoring Division utilizes much of the data noted above and qualitative data from courts and other parties, along with fiscal data, to assess the performance of private agency providers.
- The Administrative Case Review Division collects detailed case information in their review process. It is analyzed and shared with key Department staff. This data can be viewed from the individual level caseworker up to the statewide level.
- Quality Councils review performance data at every Department level and recommend changes to improve performance.

### **Measures on the CFSP Objectives Relating to Quality and Accountability**

#### **4.1 All agencies and DCFS offices are to be accredited/reaccredited under the Council on Accreditation by 2002.**

In SFY00, the Department achieved its goal of becoming fully accredited by the Council on Accreditation for its foster care, adoption, protective service and in-home family service program areas. Illinois is now the second and largest state child welfare agency that is currently accredited.

Accreditation means that the Department has met a battery of standards in offices that serve in excess of 80 percent of the cases it carries. Additionally, the Department is committed to achieving accreditation for all of its offices. As of June 30, 2000, 54 of the

62 field offices and all central offices units individually passed accreditation. An additional 4 DCFS field offices have been reviewed by COA Peer Reviewers and the accreditation decision is pending. The remaining four offices are smaller offices downstate and will be reviewed during the reaccreditation process.

Accreditation was initially achieved in June of 2000 and the reaccreditation process began in May 2002 for DCFS Offices and Regions, which will be the focus of the reaccreditation process. However, all DCFS offices within each region will continue to be visited and evaluated. Two Regions (Cook North Region and Northern Region) began the accreditation process in the spring of 2002 and the remaining regions will undergo the review throughout the remainder of 2002 and will complete the process in 2003. The Central Office for DCFS started undergoing its accreditation visit in May 2002. The Council on Accreditation's newest standards, which have been expanded and modified to meet the needs of public child welfare agencies, will be used to evaluate the offices during the reaccreditation process

The Department requires, through contracts, that agencies that provide kinship and/or traditional foster care become accredited by 2002. The Department's accreditation entity of preference is COA, but agencies that were already accredited either by Commission on Accreditation on Rehabilitation Facilities (CARF) or Joint Commission on Accreditation of Health Care Organizations (JACHO) were permitted to pursue kinship/foster care accreditation through one of those bodies.

#### **4.2 Improve DCFS and private agency staff training to meet the needs of the children and families served**

Some of the enhancements made in DCFS and private agency staff training include the following:

- Improving and advancing the clinical practice of all direct service staff;
- Assuring that standards of best practice are integrated and incorporated into all aspects of the operation of the Department and private service providers;
- Redesigning the Department's training programs to support the model of practice and improve clinical competency;
- Developing strategies to improve clinical practice through field instruction, education, and clinical leadership;
- Developing new teaching strategies through empirical research, practice models and innovative technologies;
- Providing clinical learning and practice materials for staff seeking professional licensure as Licensed Clinical Social Workers (LCSW);
- Recruiting individuals holding MSW and BSW degrees for Department employment;
- Monitoring and evaluating internal and university training programs used by Department staff;

- Delivering an integrated training program enhancing core practice skills in specialty services such as basic substance abuse assessment, treatment of mentally ill parents, and identifying and treating sexual abuse;
- Establishing training standards and providing materials for training; and
- Training all new foster and adoptive parents, and providing continuing training to foster parents, using the Foster PRIDE/Adopt PRIDE curriculum designed for the Department by the Child Welfare League of America.

### **4.3 Improve recruitment and retention of high quality staff**

#### **Recruitment**

During SFY02, the Division of Training and Development Services (DTDS) addressed the changing trends for front-door recruitment, turnover, downsizing and special staff needs by designing a management strategy. Progress was made in the adjustment and coordination of pre-service and orientation with Foundation Training schedules, mentoring services of the education partners and specialty core training programs of DTDS. In addition, the Office of Employee Development continued active recruitment of professional social workers including bi-lingual recruitment and recruitment of Native Americans through advertising and active follow-up on requests for information.

DCFS has concentrated its efforts on recruitment of employees who have both child welfare experience and a degree in a field deemed acceptable by the Council on Accreditation. These degrees include Master's and Bachelor's degrees in social work, psychology, counseling and human services. The Department also aggressively recruits qualified staff that is bilingual in Spanish and English.

Toward these ends, DTDS now offers three programs that offer financial assistance to MSW and BSW students who agree to accept employment at DCFS upon graduation:

- Paid child welfare placements for BSW and MSW students;
- Scholarships and stipends to students who are fluent in Spanish and English; and
- Scholarships and stipends to students who are American Indian.

The Department aggressively recruits through other efforts including:

- Presentations to classes and groups at schools of social work and to Hispanic student groups;
- Participation with Placement Directors at the schools of social work and on advisory boards;
- Assisting students who are interested in child welfare but cannot commit or qualify for a paid placement to locate non-paid child welfare internships; and
- Work with BSW programs to increase child welfare content in their curriculum and other child welfare placements.

During SFY02, DTDS continued active recruitment of social work professionals through participation in university Job Fairs, advertising for open positions in professional social work media and by offering paid placement with DCFS Field Offices.

Specifically, the DTDS completed:

- Development of professional recruitment materials for distribution to students;
- Attendance at Diversity Job Fairs and College or University sponsored Career Fairs and Internship Fairs;
- Intensive and proactive efforts for a Bilingual Recruitment Committee which advertises in Hispanic and other media, pursues employment referrals from current satisfied bilingual staff, and uses networks of bilingual professionals to identify and mentor candidates toward child welfare careers;
- Posting of vacancies on the Illinois Department of Central Management Services job site and the DCFS website; and
- Placing advertisements in professional journals, media, and websites.

Staff members from the Division of Selection and Recruitment and from DTDS have attended 22 college job fairs, seven veteran job fairs, and eight minority-specific job fairs. In its continuing support of the Governor's Administrative Order #15, the Department has specifically targeted minorities in its recruitment efforts. The Division of Selection and Recruitment is scheduled to attend more job fairs in conjunction with the Governor's Administrative Order.

Because of these efforts, during the first eight months of this Fiscal Year (July 2001 through March 2002), the Department was able to recruit and hire 47 new workers:

- 35 percent have Master's degrees in Council on Accreditation (COA) approved fields (20% were MSWs);
- 50 percent hold Bachelor's degrees in COA approved fields (20% were BSWs); and
- 15 percent had Master's degrees in non-COA approved but related fields such as divinity, sociology and justice.

Of the 47 staff, that the Department recorded information about their child welfare experience, one was certified bilingual in Spanish and English.

### **Retention**

DTDS works with Best Practice to design a comprehensive model of DCFS staff development and leadership that works to improve quality of direct service by retaining experienced, valued child welfare staff and supervisors.

During SFY02, the DTDS increased staff retention using continuing education opportunities for more experienced staff, and, support groups for new bilingual staff.

DTDS programs also encourage staff to pursue advanced social work degrees and assist them with the process. DTDS provided the annual Chicago Informational Forum for staff interested in obtaining their M.S.W. degree. During SFY02, seven graduate schools of social work attended this forum. They are: Loyola University; Aurora University; the University of Illinois at Chicago; Chicago State University; Dominican University; Governor's State University; and the University of Chicago. Over 75 people attended the forum this year (a 300% increase from last year) and 60 employees requested application materials to be sent to them by mail.

As of April 2002, the Pena Professional Degree Program enrolled 64 new employees for a current total of 141 DCFS staff in Pena. This program assists staff to earn MSW degrees through time-off with pay and tuition support. The program is generous in its benefits, but does require that employees agree to continue work at DCFS following graduation for two years for each year of support provided.

All DCFS Supervisors have earned Master's degrees, thus improving the quality of supervisory support that staff receive. In addition, salaries have been maintained at a very competitive level, while caseloads and investigative loads have continued to be reduced.

#### **4.4 Develop and maintain a fully operational, all-inclusive, continuous quality improvement process, which includes all staff participating on quality teams.**

The Department has implemented a program of Continuous Quality Improvement (CQI). This begins with a quality assurance process that measures both the quantitative and qualitative aspects of service delivery. It measures the quality of services against prescribed rules and procedures; accreditation standards (industry standards); and identified best practice. This is then extended to the quality improvement process, which is intended to develop solutions to problems and implement them in ways that will result in improved service quality. The CQI process implements the standard DCFS QI agenda of Peer Record Review; Review of Incidents, Accidents, and Grievances; Program Evaluation; Consumer Satisfaction; and QI Projects/Action Planning. This agenda is formally implemented at the office/site, Region and State levels in the Department. QI issues and feedback from the CQI process are also reviewed at the individual team level. Information is sent from any of the levels to the Regional and State levels for review and resolution, if necessary. Regional and State QI Plans define the implementation of the CQI process. These plans are updated to accommodate changes and enhancements in child welfare service delivery. The state level CQI process is implemented via the Performance Support Team process (PST). The PST meetings occur on a Regional and State level to review and seek solutions on issues or problem areas needing clarification or resolution. Input for the PST agenda comes from the Regional CQI process, Regional management, and/or DCFS Central Office units.

#### **4.5 Develop outcome measures for all areas of service and a process of management to the desired outcomes.**

The Department has developed the “Child and Family Outcome Measures” document to report on measures that reflect its effectiveness and performance. An outcome can be defined as a condition of well-being for individuals, families or communities that is the ultimate focus and desired result of a set of programs, activities and/or interventions.

“Child and Family Outcome Measures” is divided into three broad domains – *Safety, Permanency, and Family and Child Well-Being* – that encompass significant outcomes for children and families. These areas are consistent with the domains and subsequent outcome measures developed and utilized by the U.S. Department of Health and Human Services’ Administration for Children, Youth and Families.

Each domain contains specific measures for children and families that are consistent with the Department’s mission, nationally identified outcomes for children and families, litigation and good practice. Outcome measures will continue to evolve in response to new research, changes in information and Departmental needs.

Outcomes have been established in the three areas of service: Child Protection, Substitute Care and Adoption. These outcomes have a foundation in safety, permanency and child and family well-being. The process of managing these established outcomes is multi-faceted and utilizes numerous structures in the Department including the Department Management Teams, Agency Performance Teams, Quality Improvement Teams, and other various monitoring Divisions and units in the Department, two primary ones being the Office of Budget Development and the Division of Quality Assurance.

Each of the Department’s service regions enters into a Regional Management Agreement where outcomes are identified for the service areas as well as benchmarks for performance. On a bi-monthly basis, the regions and Department management engage in a process referred to as Caseload Tracking where on-going progress relative to meeting the management agreements is discussed and monitored. Quality Assurance reviews are conducted of both Department and private agency cases to determine the level of achievement relative to established outcomes. The results of these reviews are shared in the QI process described in objective 4.4 and action plans are developed to improve those areas deemed appropriate. On-going monitoring of performance and implementation of actions plans becomes the shared responsibility of Executive Staff, Regional Management and Quality Improvement Teams.

#### **4.6 Meet or exceed those standards of practice and organization requirements present in Department policy; industry standards; state, federal and judicial mandates; and best practice.**

The Department was accredited in June 2000 and in doing so met the baseline of industry standards. COA standards are developed by participation of both public and private agency staff throughout North America. While industry standards, often times, do not

necessarily reflect those individual requirements set by agency policy or unique state and federal compliance requirements, the Department engages in numerous monitoring activities, both quantitative and qualitative, to determine on-going compliance. The ACF recently released the key data indicators relative to the upcoming Child and Family Service Reviews (CFSR). The Department monitors these data indicators and is under an internal review process. The Department, based upon a self-assessment, currently does not meet the performance indicators relative to the data or the 90 percent benchmark for fully achieved outcomes that relate to the CFSR reviews. Action plans have been implemented to achieve those outcomes and are currently being monitored. As a result of implementing these action plans, the Department will strive to, and expects to meet and/or surpass, the established Federal benchmark of 90 percent substantial compliance for the identified CFSR outcomes of safety, permanency and well-being.

#### **4.7 Improve safety of DCFS and POS licensing.**

To improve the safety of DCFS and POS licensing, the POS Monitoring Division's Office of Licensing has undertaken the following initiatives:

- Refined the Licensing Best Practice Guides developed in the previous year and began the process of revising the corresponding rules and procedures; and
- Worked with the SACWIS design team to develop the architecture and detailed design for the licensing and background check portion of the new comprehensive data system to automate current manual systems and build in automated quality assurance and monitoring checks.

#### **4.8 Increase efficiency in leveraging federal matching funds.**

The following steps are intended to increase the Department's efficiency in leveraging federal matching funds:

- Reducing the number of out-of-state placements;
- Limiting the use of for-profit foster care providers;
- Licensing of relative and non-relative foster homes;
- Participation in Title IV-E waivers: AODA, Subsidized Guardianship and Enhanced Training;
- Emphasis on permanency planning; and
- Emphasis to get the DCFS offices and private agencies accredited.

These steps will help reduce costs and maximize claiming.

#### **4.9 Process all child day care license applications and conduct annual monitoring in a timely manner.**

To ensure that day care license applications are processed in a timely manner and that annual monitoring visits are conducted in a timely manner, the POS Division's Office of Licensing:

- Followed up on the internal audit of day care monitoring to ensure compliance with requirements; and,
- Worked with the SACWIS design team to develop the architecture and detailed design for the licensing and background check portions of the new comprehensive data system in such way as to automate the processing of day care applications and the quality assurance review of annual monitoring visits.

#### **4.10 Shift Department management from crisis orientation to managing for excellence.**

The establishment of an all-inclusive quality improvement model was one of the steps in shifting the Department's management from a hierarchal structure to a participatory structure. While both structures have the capacity for crisis management, the latter provides a culture that is more attuned and capable of managing for excellence with a focus on long-term planning and managing to those goals. While certain service areas are crisis-oriented, including intervening and responding to individual family crises, the management style of the organization need not parallel the management style of this particular service area.

The Best Practice initiative, currently underway, is a deconstruction process that has provided the opportunity to examine service provision through planful reconstruction. The Department staffed this project with many key individuals from the service regions. The ability to manage this process while simultaneously managing the Department's short and long-term activities speaks to the agency's on-going capacity for organizational management and improvement.

DCFS demonstrated additional organizational capacity through its ability to identify key service and organizational outcomes, monitor those outcomes, plan for and implement improvement activities (both short and long term), organize activities that support improved service and implement a process that includes all staff in the achievement of excellence through participation in the quality improvement process.

#### **4.11 Update Department information systems to be year 2000 compliant.**

The Department spent many hours of staff time to ensure that its essential computer systems, such as CANTS, CYCIS and MARS, were Y2K compliant. The Department developed a comprehensive Y2K Child Welfare Readiness Plan to ensure essential services would be available in the event that any short-term loss of electricity or telecommunications services occurred. The key components of the plan were as follows:

- The Department had staff on duty in selected DCFS offices or law enforcement agencies to provide essential services, if necessary.
- Notices about the Department's plans for Y2K were sent to private agencies, relative caregivers and licensed foster parents who had children placed with them, law enforcement agencies, hospitals and child advocacy centers.

- The Department ensured that caregivers did not experience any disruption in their receipt of payments.
- The Department identified all children in placement who required the use of medical technology such as ventilators to ensure their health and well-being. Regional nurses developed, with the children's caregivers, emergency care plans in the event a home would lose electrical power.
- The Department put in place a process for verifying the operational status of DCFS offices, including confirming heat, electricity, operation of telephones, operation of faxes and the ability for staff to log on to the Department's information systems. A sign was posted on the door of each office to inform people about the operational status of the office.
- Information Systems Division staff verified during the early morning hours of January 1, 2000, the operational status of the Department's computer systems.

The Department's Y2K Child Welfare Readiness Plan was very comprehensive and would have enabled the Department to provide essential services even in the event of Y2K-caused failure of computer systems. The Administration for Children and Families conducted an on-site assessment in fifty-five jurisdictions, including the Department, to evaluate the Y2K compliance of the operations of the five high impact programs including child welfare. According to this on-site assessment, the Department completed major remediation, renovation, testing and implementation of the information systems. The Department also completed the contingency plans necessary to assure that alternative means of providing services were available in the unlikely occurrence of some systems problems.

#### **4.12 Improve internal communication**

On Monday, May 21, 2001 the Department launched the D-Net, an Intranet web site housed on its own internal private network. The D-Net is an interactive site that provides DCFS staff and in the future, will provide the private providers, with information on current agency events, a staff directory, and child welfare issues. The D-Net will also be used as a training tool. The D-Net will also provide electronic record keeping and forms for direct service staff that will virtually eliminate the need for paper work.

The Director's Office, daily announcements, training schedules, rules and procedures, the accreditation process, Best Practice, adoption and the DCFS phone directory are currently featured. More subject areas will be added as time goes by. In addition, D-Net includes automatic electronic links to the State Internet site and the Department of Central Management Services' internal web site.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 10**

#### **Systemic Factor: Case Review System**

45 CFR 1356 describes the case review requirements that state agencies must have in place to receive Federal Title IV-E funds. The Federal regulations include the elements that comprise a case plan as well as the mechanism that the state has in place for reviewing its own compliance with the requirements. This chapter of the Annual Progress and Service Report describes how the Department of Children and Family Services meets both elements of the Federal regulation.

#### **Case Plan**

Department Administrative Rule 315.130, Developing the Service Plan, describes the purpose and contents of the service plan with emphasis placed on the safety and health of the child. Included in this section are the timeframes for developing and updating the service plan and the types of case planning meetings conducted by the Department that are part of the Department's larger strategy of permanency planning. Permanency planning includes regular contact with the family through frequent face-to-face meetings both individually and as part of more expanded family meetings, which are described in other sections of this chapter.

The Department's case planning process begins at the moment a family comes to the Department's attention. An assessment of needs is conducted at every phase of involvement. Administrative Rule 315.100, Assessment, describes the assessment process with broad language. The Department's procedures and Best Practice Initiative guidelines add detailed instructions for initial and ongoing assessments of service needs and the achievement of client service goals. The case plan document itself, which is developed with the input of the family, describes the services to be provided, the expected outcomes and the timeframes anticipated to achieve the outcomes.

The Department's policy governing the development of the service plan requires that the worker and family develop the plan together and that it be based on the family's strengths and needs.

The Department measures compliance with case plan requirements by a multi-level approach. First, workers must meet with their supervisors on a regular basis to review case plans. Regular family meetings that include the worker, family, other child welfare professionals, and substitute caregivers, provide another opportunity to review the progress that is achieved through the service plan. Administrative case reviews are conducted every six months and provide another opportunity to measure progress and compliance. Permanency hearings, which are conducted at the 12<sup>th</sup> month from case opening and every six months thereafter, provide yet another level of review of the case plan. Finally, the Department, through its Quality Assurance process, evaluates compliance with all aspects of the Department's service delivery including case planning.

## **Parent Participation in Case Plan Development**

The Department's Permanency Initiative instituted the use of regular family meetings (Rule 315, Permanency Planning), which also have a prominent role in the Department's Best Practice Initiative. The family meeting is a tool intended to engage the family in the service planning process. Meetings include the custodial and non-custodial parents, the child (when age appropriate), foster parents or other caregivers, caseworker (and supervisor as appropriate), service providers and any others who may be identified by the family and are a means through which families can actively participate in information gathering and interpretation, evaluation of progress and discussions that may lead to critical case decisions. More than just a team member, however, the family is a partner with the child welfare professionals in service planning. Successful shared service planning requires the full involvement of the birth parents and substitute caregivers as active team members, who support and work toward the permanency plan for the child. Frequent meetings, coupled with full disclosure, are powerful tools for client change.

## **Case Review**

The Department has an administrative case review system for all the children in placement and their families. Administrative case reviews are conducted for children living in foster family homes, relative homes, group homes, child care institutions, youth emergency shelters or in detention, correctional, mental or physical health related facilities. In addition, the Department may elect to conduct administrative case reviews on other groups of children as fiscal and staffing resources permit.

Cases are selected via the MARS/CYCIS database using the living arrangement codes. All children living in out of home care are eligible for a case review. The cases are placed on a six-month cycle associated with the family case opening date.

The Information Systems Division distributes a scheduling form called the Case Review Monthly Roster (CRMR) to the assigned caseworker listed in the computer database. The caseworker is expected to provide any relevant information on the case that includes case assignment changes, client addresses, foster parent's name and address and any other persons to be invited to the case review. The caseworker is also to provide any problem dates and times for the participants. All eligible cases without a returned CRMR will be scheduled by ACR using the available times and remaining dates. The Information Systems Division, following the computerized scheduling that is completed by ACR, mails a computer generated letter notification.

All DCFS staff may access the case review schedule via the AC-20 caseworker monthly detail calendar screen and/or the AC-13 family review date information screen. Private Providers and Foster Parents may telephone the Administrative Case Review Hotline to verify the review schedule.

The review is convened for the participation of children and their parents. Parents may bring representatives to assist them through the review process. Children able to contribute to the process should also have an opportunity to participate.

The case reviews are conducted in order to assure that parents and the children are involved and collaborating in the development of the case plan and understand and discuss the plan and know what is expected of them. Reviewers assess whether the Department's continuing intervention is necessary and, if so, whether services including placement services, are relevant, coordinated and appropriate and address the health and safety needs of the child. Reviewers identify unmet service needs of the child, family or foster family as well as the reasons that they are not being met. In addition, the reviewers examine the appropriateness of the educational placement and progress of children, their health needs and services directed to other special well-being issues including special physical, psychological, educational, medical, and emotional needs.

The Case Reviewer conducts the review and focuses on the following:

- To verify that federal and state laws applicable to foster care are being upheld;
- To conduct an independent analysis of information about the child's safety, permanence and well being;
- To verify that the beliefs, values and culture of all parties were respected;
- To verify there is a realistic, measurable case plan, which has a clear permanency-planning goal, which is being implemented; and
- To verify there is improved timeliness of the attainment of the permanency-planning goal (reunification, adoption, etc.).

The reviews are scheduled and conducted three months after placement in out of home care, three months following the initial review and every six months thereafter. The Department reports on compliance with ACR standards on a monthly basis and has a 90 percent compliance average.

Administrative Case Review must record the findings of the review and make recommendations in a written report on every case reviewed. Case Reviewers complete the Case Review Information Packet at the conclusion of the review. The Case Reviewer verbally summarizes the findings and recommendations from the review process and also completes a written summary.

The written summary may be categorized as a monthly, chronic and/or critical feedback report. Chronic reports contain information that was reported by the review process previously but has not been addressed. It should be noted that all chronic reports do not reflect on poor performance by casework staff. The chronic report identifies issues that have been reported before without resolution. These are sometimes systemic issues that cannot be resolved by a caseworker and/or supervisor and requires higher-level decision-making authority. In those instances, both ACR and Casework staff should raise the report to the attention of the higher-level decision makers within their respective Divisions.

Critical issues are violations of rule, procedure or law, or acts of gross impropriety, which endanger the safety, well-being and permanency of children. Examples of critical issues include: changes in court-ordered visitation without notification; neglect of a child's critical medical need; violation of the law by the worker and the violation of the law or licensing by a caretaker.

Department policy requires that a written corrective action plan be completed within 30 days of the case review and that the Quality Assurance Division has started to work with the Regional Quality Councils to address corrective action plans when Administrative Case Reviews highlight unresolved regional chronic and critical issues.

Feedback reports from Administrative Case Review provide a snapshot of what is transpiring with the case. They also suggest next steps related to safety, well-being and permanency. Best Practice is considering the use of this report as one of the guides Supervisors will use during Case Worker and Supervisory monthly conferences.

Administrative Case Review strives to monitor the provision of recommended services to children and their families and to make individual as well as systemic findings and recommendations to improve the child welfare system in the state of Illinois.

The Department will use information from the Case Review system to pilot a change in practice to better prepare youth for entry into college. ACR will refer prospective university-bound student wards to one of the Department's educational partners for assistance in completing an education plan that will connect the student to university staff who would be able to provide ongoing advice and support.

### **Permanency Hearings**

Permanency Hearings are conducted by Juvenile Court in the State of Illinois. Department staff, or its provider agency staff, participate in the permanency hearings conducted by the court at 12 months following the temporary custody hearing and every six months thereafter.

Permanency Hearing Officers are Juvenile Court staff and are responsible for scheduling and conducting the permanency hearings. During the permanency hearing, the permanency goal is selected; there is a review of the appropriateness of the services contained in the plan and whether those services have been provided, and, if not, why not; a determination is made regarding whether reasonable efforts have been made by all parties to achieve the goals set forth by the service plan. The Department, or its provider agency, is required to provide a copy of the most recent service plan, prepared or revised within the six months prior to but no later than 14 days in advance of the hearing to the court.

The Department, or a contracted private agency, is required to also provide a copy of any supporting document that details any special physical, psychological, educational,

medical, emotional or other needs of the minor or his or her family that are relevant to a permanency determination. The Department or private agency must submit a written report that explains the permanency goal if it is anything other than return home, if continued involvement is appropriate and why termination of parental rights or private guardianship is not being pursued.

The Department or private agency casework staff is required to appear and testify at the hearing and prepare a written report for the court. That report must make a recommendation regarding the permanency goal, timeframe for achievement, clinical intervention, social services and the visitation plan. It should also include a report on the placement, health, safety and well-being of the child; the progress of the parents to date toward compliance with the service plan and progress toward correcting the conditions that required the child to enter care.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 11**

#### **Systemic Factor: Research and Evaluation**

The Office of the Department of Children and Family Services Research Director coordinates all internal and external research and evaluation activities that DCFS funds or approves. The Research Director chairs the DCFS Institutional Review Board (IRB), which reviews all research involving children and families served by the Department. The Office of the DCFS Research Director continues to oversee the Department's contractual agreements with external research organizations and universities including Westat, Inc., American Humane Association, Chapin Hall Center for Children, Northern Illinois University's Public Opinion Laboratory, and Loyola University's School of Social Work.

The Office of the DCFS Research Director remains dedicated to conducting research and policy analysis that is responsive to the mission and responsibilities of DCFS. Activities and priorities for fiscal year 2002 continue to focus on improving the quality and accountability of child welfare policies and practices for ensuring the safety, permanency, and well-being of Illinois children. Office staff supports decision-making at various organizational levels within the Department by providing a flexible and responsive data collection and analysis capacity. The Office also engages in large-scale, longitudinal studies of innovative child welfare interventions and funding arrangements, shorter-term intensive research investigations and "quick-response" policy and data analyses. Office staff share project findings with the larger child welfare community through journal publications and national conferences.

The Office of the DCFS Research Director supports a number of core programs administered by the Department, including the following:

#### **Child Welfare Research and Policy Analysis**

The Office now maintains three UNIX workstations that utilize SAS data analysis software. They provide fast and powerful data analysis capability to support our projects and provide a center for distribution of the research data. The Office has also developed an experimental online inquiry program, which is web-based and is currently restricted through password protection.

In collaboration with Chapin Hall and the Children and Family Research Center, the DCFS Integrated Database structures data in a way that makes complex and longitudinal data analysis possible. In addition, the Office has acquired data from the Chicago Public Schools that can be merged with DCFS data to provide information on the educational history of children under DCFS care.

The Office maintains staff capacity to respond quickly to requests from the DCFS Director, Chief of Staff, Legal Division and the Communications Office for policy and

data analysis related to the preparation of press releases, external information requests, public testimony, budget materials and issue papers. Quick response requests recently completed by the Office of the DCFS Research Director include: letters to HHS (outcomes), “Kids Count” county-level tables for Voices for Illinois Children, as well as responding to the needs of individual child welfare agencies and researchers interested in data pertaining to child welfare outcomes in specific Local Area Networks (LANs), community areas or census tracts.

The HMR Research Project continues to provide up-to-date research and policy analysis on trends and developments in kinship foster care at the state and national levels.

### **Subsidized Guardianship Waiver Demonstration (SG)**

The program offers a subsidized private guardianship arrangement for a random sample of children for whom the permanency goal of return home and adoption have been ruled out. The Office designed the demonstration evaluation that is being conducted by Westat, Inc. An advisory council, convened by DCFS and the Governor’s African-American Family Commission, provides oversight for the evaluation. As of September 30, 2001, 6,250 children achieved permanency through subsidized guardianship. As of September 30, 2001, 27 percent of children in the cost-neutrality group were still in substitute care compared to 22 percent in both the experimental and observational group. For children assigned prior to June 1999 to the SG demonstration in the evaluation sites, 3,339 children were assigned to the control group and 3,181 children to the experimental group. The experimental group experienced a 6.7 percentage-point higher permanency rate for children than the control group, which is statistically significant. Because of randomization, the difference can be attributed to the subsidized guardianship intervention.

Westat and DCFS evaluated subsidized guardianship relative to its validity as a permanency option using the following four qualities of permanency: (1) intent; (2) continuity and commitment; (3) sense of belonging; and (4) respected social status (Emlen et al. 1978. *Overcoming Barriers to Planning for Children in Foster Care*. DHEW Publication No. 78-30138). Research shows that most relatives choose adoption on their own and that the small number of families that select private guardianship, do so for family reasons and look virtually identical to those who choose adoption based on all four qualities of permanency. Research in the demonstration sites, as of June 2000, shows that 86.6 percent of the children, who are in the subsidized guardianship program, intend on staying with their caregiver. This is true for 85.4 percent of the children who have been adopted. With respect to continuity, 98.9 percent of the children in guardianship are still living with the caregiver with whom they resided at the time of placement. Ninety-eight and a half-percent (98.5%) of the children, who were adopted, are living with the same caregiver. Ninety point seven percent (90.7%) of the children, for whom the caregiver intends to adopt or take guardianship, are living with the same caregiver with whom they resided at the time of placement. This is in contrast to only 65.3 percent of the children who remain in the home of a caregiver who is undecided or is not willing to assume permanency.

Subsidized guardianship received high marks when it came to evaluating a child's sense of belonging. When asked if a child feels as though he or she is a part of the family, 92 percent of the children asked in subsidized guardianship said that they felt like part of the family all of the time and 86.7 percent of the children who had been adopted said the same. Furthermore, findings show that there is little difference between the safety and well-being of children who are adopted and those who achieve permanency through guardianship.

In sum, the evaluation finds little advantage for agencies and courts to delay the finalization of guardianship, in the hope that the delay will encourage kin to adopt or find an alternative home to adopt the child. Families in the best position to assess whether adoption or guardianship fits their cultural norms of family belonging, respects their sense of social identity and gives legal authority to their existing family commitments. Clearly, there seems to be little benefit and potentially some harm, in applying a stringent adoption 'rule-out' standard to the conversion of kinship foster homes to legally permanent families.

### **Federal Outcome Indicators Analysis (in collaboration with Chapin Hall)**

At the federal level, on November 19, 1997, the President signed into law (P.L. 105-89) the Adoption and Safe Families Act of 1997, to improve the safety of children, to support families and to promote adoption and other permanency outcomes for children. Section 203 of the new law required the Secretary of the Department of Health and Human Services to develop a set of outcome measures to assess the performance of states in operating child protection and child welfare programs. Federal outcome recommendations address characteristics of a State's child welfare system such as the number of children reported for abuse or neglect, the number of children found to be victims of maltreatment, the number of children in out-of-home care and the number of adoptions. The ultimate objective is to document either a pattern of continuous improvement or performance problems relevant to particular outcomes.

In accordance with the Adoption and Safe Families Act of 1997 and its requirements to meet local, statewide, and national data needs for outcome measures, the Office of the DCFS Research Director coordinates the calculation of the final set of HHS indicators and the development of an expanded set of thirty-seven indicators on a twice-yearly basis for the Department. The use of outcome measures and performance-based accountability in decision-making is an important means of improving safety and permanency outcomes for children.

In an era of shrinking resources, it is important for child welfare agencies to clearly demonstrate effectiveness and measuring effectiveness must focus on outcomes (the results, impacts and accomplishments of programs and interventions). A well-designed set of outcomes and corresponding measures can inform the decision-making process in child welfare and allow administrators to identify casework and management processes that result in effective performance. Thus, in order to be effective, child welfare programs

must identify desired outcomes for children and families that are consistent with the four core goals of the Department: safety, permanency, well-being, and quality and accountability. This analysis uses the DCFS integrated database to measure the core goals of safety and permanency outcomes resulting from service delivery.

### **HHS Outcome Indicators (Internet) Web Site (in collaboration with Chapin Hall)**

The use of outcome measures and performance-based accountability in decision-making is an important means of improving safety and permanency outcomes for children. The outcome measures that Office of the Research Director calculates and maintains are useful in assessing the continuous improvement of Illinois over time in achieving the national goals of safety, permanency and well-being for children in the child welfare system. To allow access to the outcome indicators, they are converted to HTML format and placed on the Office of the DCFS Research Director website and the DCFS intranet.

### **Family-Centered Services (FCS) Initiative**

The Office continues to provide evaluation and analytical consultation expertise to the FCS Initiative's work toward reducing child abuse and neglect to at risk populations through a number of activities including identifying implications of FCS within the Local Area Networks (LANs), measuring programmatic impacts, identifying outcome indicators, developing needs assessment tools and self-evaluation capabilities, and, generating the 5-year trend analysis.

### **Child Welfare Training Grant (in collaboration with CFRC)**

The purpose of this project is to train child welfare staff (in all task functions) on the HHS outcomes and on practices that will help agencies meet the HHS standard for each outcome. Both public and private agencies are trained. The project presents trainees with data showing state, region, agency and team level performance on each indicator and the gap between performance and standard. Trainees are provided empirical data on characteristics that are associated with permanency and safety achievement. Staff then examines the characteristics of children in their agency, team and caseload to determine the level of effort and amount of time that will be required to achieve safety, permanency, and well-being. The Office of the Research Director has developed several tools that track progress toward permanency and assurance of safety at the caseload level. Feedback to date has been very positive on the project tools. The findings of this project will be incorporated into the Illinois SACWIS system and DCFS training curriculum.

The Office of the Research Director has planned four daylong sessions of training with interim site visits to support learning and application of the outcome-tracking tools developed by the project. The Office of the Research Director has completed all first sessions and is currently training on the second session. Four DCFS field offices and four private agencies are being trained including four in Cook County and four in downstate Illinois. Four of the agencies are designated comparison sites and receive training on outcomes only. The four "demonstration" sites receive training on outcomes and methods of linking outcome achievement to child welfare practice.

## **The DCFS/Institutional Review Board (IRB)**

The IRB functions in accordance with federal regulations and DCFS rules and procedures for evaluating research protocols. The IRB continues to collaborate with the Children and Family Research Center and the Practice Advancement Committee on identifying studies that show promise of meeting the demands for state-of-the-art research and the integration of best-practice knowledge for better service delivery. It is anticipated that by the end of SFY02, the IRB will have reviewed 40 research studies.

With the ongoing guidance of the Department's Priority Research Agenda, the number of studies involving DCFS wards continues to decrease, while the emphasis of research being conducted is more focused on the areas of need for DCFS families and program service evaluations.

The Office of the Research Director will continue to refine the priority research agenda through collaborations with various departmental committees, including the Children and Family Research Center and the Practice Advancement Committee.

## **Evaluation of Child and Family Need**

The Evaluation of Child and Family Need (EON) program of the Office of the DCFS Research Director is dedicated to studying and reporting on the processes and outcomes associated with child safety, permanency, and well-being. There are several areas of ongoing activities on which the Office conducts studies and prepares reports on findings, policy implications and recommendations for DCFS. Ongoing activities include the following core activities:

### **B.H. Comprehensive Case Review (in collaboration with CFRC)**

The Office coordinated data collection for an intensive "qualitative" review of 300 randomly selected child cases for purposes of assessing compliance with B.H. The first of three rounds of data collection and analysis has been completed and includes: (1) health status of children as per record audits performed by DCFS nurses, and Child and Family Review protocol case readings; (2) mental health status as per interviews with caregivers and audio CASI interviews with children ages 8 and up; (3) educational status as per DCFS Education Liaison reviews of school records; and, (4) biological parent satisfaction with services as per surveys conducted by CFRC.

A "shadow" sample of 300 additional random cases has been linked to administrative records and compared to the review sample to ensure that the review process does not bias the results.

The BH/Child Well-Being study represents the first attempt by the Department to capture an independent assessment of the impact of BH related agency reforms by collecting information from children, biological parents, caregivers, caseworkers, case records,

health examinations and educational records. The results, which are still being analyzed, will include information on the child's safety, permanency and well-being.

### **Foster Parent and Caseworker Surveys (in collaboration with OQA and NIU POL)**

Surveys conducted by the Northern Illinois University Public Opinion Laboratory provide data regarding the foster parenting experience and agency support; and will be linked to other DCFS administrative data, which will allow research studies to include specific kinds of information from the point-of-view of the foster parent and/or agency staff. The foster parent and caseworker surveys (conducted over several years in 1998, 1999 and 2000) are the Department's effort to capture information from licensed foster parents (DCFS and POS agency foster parents) and caseworkers regarding the care and services provided to children in substitute care. The information can be used to answer questions regarding child permanency, child well-being, quality and quantity of service provision, sibling placement, foster parent accountability, as well as agency and caseworker accountability. These surveys were used again in the development of instruments for the B.H. Comprehensive Case Review.

### **Promise Evaluation (in collaboration with CSS of Peoria)**

The primary goal of this pilot project is to develop and implement a much less restrictive foster care delivery system in Illinois that improves stability and permanency for children in foster home care. In SFY02, the Office of the Research Director will initiate a sub-study of children with special needs served under the PROMISE model.

### **Health Status Monitoring Project**

In accordance with the BH Consent Decree, the Office of the Research Director conducted quarterly case file audits on 250 randomly selected DCFS and POS ward cases. In SFY02, the Office will work with the Office of Health Policy to shift the tasks of data-entry to DCFS. As of June 2001, over 1,500 audits on cases in public and private agencies have been completed and analyzed.

### **CERAP Instrument Enhancement (in collaboration with AHA)**

The Office of the Research Director initiated a project with the American Humane Association (AHA) to develop three companion components to be used in conjunction with the Child Endangerment Risk Assessment Protocol (CERAP) instrument. The Office has established an Advisory Panel of public and private practitioners and experts to review the progress of this project. A draft tool has been completed.

### **The Illinois Child Welfare Journal (in collaboration with Loyola University SSW)**

A pilot edition of The Illinois Child Welfare Journal is currently under development. Focusing on child welfare developments in Illinois, this journal will highlight noteworthy research and service initiatives that benefit the children served by Illinois Child Welfare

professionals. The Office of the Research Director will collaborate on this effort with faculty of the Loyola University School of Social Work.

### **Performance Evaluation and System Reform**

#### **Evaluation of Illinois Alcohol and Other Drugs Waiver Demonstration Project**

The Department's application for a Title IV-E waiver demonstration project was submitted in June 1999 and approval was granted by ACF for a five-year demonstration on September 29, 1999. Project implementation began on April 28, 2000. The proposal, as approved by ACF, seeks to improve child welfare outcomes by providing enhanced alcohol and other drug abuse (AODA) services to substance affected families served in the Illinois child welfare system. The IV-E AODA waiver project is consistent with the goal of assuring child safety, protecting the rights of children and their families, and working to ensure permanency through reunification or adoption.

For purposes of the waiver, eligible families are assigned to the demonstration group on a random basis and Parents with substance abuse issues are referred to JCAP (Juvenile Court Assessment Project) at the time of their custody hearing or within 90 days thereafter. They are assessed and referred to treatment. Parents, who are assigned to the demonstration group, receive a Recovery Coach and meet with the recovery coach at that time.

The Recovery Coach works with the parent, child welfare caseworker, and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary and provide constant support to the parent and family throughout the life of the child welfare case. Recovery Coaches are now stationed daily at the JCAP site in order to facilitate immediate access to the parent and child welfare worker.

The project was implemented February 28, 2002 and since implementation has identified 499 clients that are eligible for inclusion in the study: 157 in the control group and 342 in the demonstration group.

Computer-based data is being integrated into a system called TRACCS (Treatment Record and Continuing Care System). Other data is being collected from caseworkers, recovery coaches and AOD providers. TRACCS forms have been sent out to these data sources and this data is now in the process of being entered into the centralized database.

Program staff continues to meet with placement agency staff to further inform staff of the AODA waiver and use of the JCAP assessment process. These meetings also involve training of placement agency staff in proper completion of the TRACCS forms, as well as the process involved in obtaining signed research consents from parents in the study.

An in-depth case record review of fifty participants from both the control group and the demonstration group is being conducted to determine any similarities or differences in child welfare services received by these groups.

The program is also developing a survey instrument to evaluate and review case records. The survey focuses on collecting the following information from child welfare case records: basic characteristics of participants [birth parent(s)]; services recommended for the birth parent(s) by the child welfare case worker; frequency and duration of birth parent(s) involvement in requested treatment and/or services; effort of the child welfare case worker to engage birth parent(s) in services; and, history of substance abuse problems and treatment.

The IV-E AODA waiver program continues to be refined, yet the initial goals of enhancing services and service coordination for the AODA population with children in DCFS care and custody remain the same. The on-site availability of JCAP assessments and the assertive outreach and engagement practices of the Recovery Coaches continue to be cornerstone trademarks and innovative practices of this project.

The activities of this program promote the best practices in delivering services to children and families by providing tools and resources to parents with substance abuse problems to best enable them to engage in treatment appropriate to their needs. In addition, this program promotes the development and refinement of program services to meet the needs of children and families. As the program continues to work with clients in this population, it will gain a better understanding of the programs that work best for these parents. This is a client-centered process that seeks to effectively empower parents to work towards reunification of their families.

### **Practiced Research and Training Demonstration**

#### **Illinois Child Welfare Training Waiver Demonstration - Project Implementation**

Under Illinois' third Title IV-E Waiver Demonstration project, the state has developed an enhanced training program for public and private sector child welfare staff. The purpose of the training is to improve the efficiency and efficacy of child welfare service provision, as well as to assist child welfare staff to improve the outcomes for children and families.

There are two primary goals associated with the waiver demonstration. First, public and private child welfare staffs that receive the enhanced training will show increased competence in the assessment of need and the ability to influence interventions and decision-making around safety and risk issues. The second goal of the demonstration is to improve performance indicators, most notably a reduction in the length of stay before the achievement of reunification, adoption or guardianship without re-entry or recurrence of abuse and/or neglect. The enhanced training will create a competent workforce that can produce results quickly. As a result, time in substitute care is expected to decrease to between 12-18 months. Other performance indicators include the restrictiveness of the

placement, incidence and recurrence of child abuse/neglect in foster care and health and educational status.

Illinois has developed an outcome-based training and development program that is based on child welfare best practices and focuses on three primary areas: assessment of risk factors and impediments to reunification, competent casework intervention and service provision designed to address individualized needs and produce measurable change for children and families and evidenced-based assessments that identify family needs as well as progress towards goal achievement.

Enhanced training will build upon the foundation training that all new workers will receive. The enhanced training contains some of the following elements: applied clinical skills, concurrent and permanency planning and applied knowledge of child development.

The “Terms and Conditions of the Waiver” were signed on October 16, 2001, which denotes the official beginning of the developmental phase of the project. The first training delivery marks the transition from developmental phase to implementation of the Waiver demonstration. Implementation will occur in June 2002. The five-year Waiver Demonstration will conclude in March 2007.

### **Training Waiver Advisory Group**

The training waiver marks the point of departure for a larger effort aimed at addressing the issues associated with developing a competent, stable workforce that is able to meet the demands of an outcome-based child welfare environment. The advisory group, which is statewide in scope, will provide recommendations, direction and consent regarding the larger challenges associated with ASFA federal requirements, the Illinois Permanency Initiative and the Illinois Best Practice Initiative. Stakeholders include private sector agency representation, IDCFS staff, CCAI, CWAC and others.

### **Training Waiver Subcommittees**

**Financial** - The Financial Sub-Committee provides DCFS with advice on the implementation of the waiver demonstration cost-neutrality requirement. This means that the total amount of federal funds used to support the demonstration project, over the entire project period, cannot exceed the amount of federal funds that would have been expended by the State in the absence of the waiver. This requirement will be suspended during the first two years of the demonstration: Illinois will be reimbursed at the enhanced FFP rate of 75 percent for training activities without regard to cost-neutrality. After two years and annually thereafter, DCFS will determine the difference between the training costs that have been claimed at the enhanced rate and the cost-savings achieved in the demonstration group versus the cost-neutrality group. Any excess federal claims that exceed the cost-savings in the demonstration group will be returned to HHS. Any cost-savings that exceed the federal claims can be retained and reinvested by the State. The subcommittee will advise DCFS on the scope of training costs that will be claimed at the enhanced rate.

**Content and Curriculum** - Public and private sector representatives have worked on the development of a curriculum that utilizes Best Practices and builds upon Foundation Training. Through its learning objectives, the curriculum will target the development of staff behaviors that are associated with successful outcome achievement in the areas of safety, permanency and well-being.

**Testing and Evaluation** -The Foundation Training Testing and Evaluation Subcommittee has been reconstituted to capitalize on its work and move it to the next level. The sub-committee is developing and monitoring the selection criteria for inclusion in the demonstration as well as coordinating and consulting with regard to all evaluation activities.

**Implementation** - Working closely with the content and curriculum subcommittee, this group will address the ongoing issues and barriers to successful achievement of safety, permanency and well-being and the skills required by child welfare staff to improve the outcomes for children and families.

### **Participation in the Waiver Demonstration**

Private agency inclusion in the waiver demonstration is contingent upon meeting certain selection criteria. While these criteria will be finalized by the advisory group, it is likely to include the following: agency must be fully staffed, must be accredited and in good standing, agency must meet acceptable performance benchmarks (i.e., permanency rates in the last 3 years), agency licensure and CERAP scores must be within acceptable ranges, agency must be willing to assign only one worker per family, etc. Agencies that meet the selection criteria will be placed in a “pool” from which waiver demonstration participants will be selected. Through its registration system, the Department will track the names of supervisors of workers who attend the foundation training. These supervisors will then be randomly sampled to participate in the control or experimental group of the waiver demonstration.

The Office of the DCFS Research Director, in consultation with the financial sub-committee and the independent survey firm, are in the process of developing the random assignment plan. New staff hires will be assigned to the same group as their supervisors and children and families served by a given agency. Public and private agency staff in the experimental group will receive enhanced training after completion of DCFS Foundation Training. Private agency control group participants will receive only Foundation Training. It is projected that roughly 85 new private agency hires per each year of the Demonstration will receive Enhanced Training (roughly 7 new hires a month).

## **Evaluation**

When the federal government waives conditions of Title IV-E of the Social Security Act, a formal evaluation of the waiver demonstration is mandated. The evaluation, conducted by an independent evaluator, will assess the extent to which the more comprehensive “enhanced” curriculum (for public and private sector child welfare agency staff) impacts the safety, permanency and well-being outcomes of children in foster and kinship care homes.

The evaluation design will include: an outcome evaluation, a process evaluation and a cost-benefit analysis.

## **Outcome Evaluation**

There are two primary goals of the waiver demonstration. The first goal is to increase public and private child welfare agency staff scores on standardized tests of competence in assessing and influencing interventions and decisions around safety and risk. Staff in the demonstration group will score higher on standardized tests than those in the cost-neutrality group. The second goal is to improve the performance indicators that the Department monitors. Specific child-related outcomes include: reduce incidence of child abuse and neglect among children in substitute care; reduce placement changes and achieve fewer placements of children in more restrictive placements while children are in care; improve health and educational status for children in substitute care; reduce time from foster care to reunification without increasing reentry or recurrence of abuse and neglect and reduce time from foster care to adoption or guardianship for children in substitute care who cannot be reunified with their families. Differences in outcomes (between cost-neutrality and demonstration groups) will be examined with consideration given to age, race, gender, special needs, etc.

## **Process Evaluation**

The process evaluation will include:

- A description of the enhanced curriculum and how it is different from traditional training for public and private sector child welfare staff;
- Results of surveys conducted 3-9 months after training to assess how well staff is able to put training concepts into practice; and

- A comparison of the frequency, nature, intensity and types of services provided to children from public and private sector cases in both the demonstration and the cost-neutrality groups.

Differences between demonstration and cost-neutrality groups relative to resources, services, activities, staffing and number and quality of contacts will also be examined.

### **Cost-Benefit analysis**

Cost-benefit analysis will determine whether the costs of the demonstration are justified by the benefits produced by it. This analysis will occur by quantifying program outcomes and projecting both costs and benefits into the future.

### **Cost-Neutrality**

Section 1130 (g) of the Social Security Act requires that the demonstration be cost-neutral, i.e., the total amount of federal funds used to support the demonstration project, over the entire project period, cannot exceed the amount of federal funds that would have been expended by the State under the State plans approved under Part B and E of Title-IV if the waiver demonstration project was not conducted.

The Department will use the cases randomly assigned to the cost-neutrality group as its method for assuring cost-neutrality and determining the fiscal effects of the demonstration. The average allowable IV-E costs of a case in the cost-neutrality group will be assumed to estimate the amount that would have been spent on each demonstration case in the absence of the demonstration and will be used as the baseline for assessing cost-neutrality. The total cumulative Title IV-E allowable costs for the cost-neutrality group will be divided by the number of cases in the group, and the result will serve as the projected amount that the State shall be paid in Title IV-E funds for the demonstration.

The cost-neutrality threshold depends on the amount of the private agency training costs that the state claims at the enhanced rate of 75 percent during the first two years. For example, if the state claims private agency staff salaries at the enhanced rate, the cost-neutrality threshold would be higher than if the State only claimed transportation costs. In general, if the cost-neutrality threshold is higher there will be a greater difference in IV-E cost-savings that the State must demonstrate for the demonstration group versus the cost-neutrality group. Cost-savings are achieved usually in two ways: reduced length of stay or less expensive level of care.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 12**

#### **Systemic Factor: Enhancing the Statewide Information System Capacity of the Department**

Through the development and implementation of the Best Practice/Statewide Automated Child Welfare Information System (SACWIS), the Department's information systems are changing from multiple case tracking systems to a single case management system.

The purpose of the Best Practice/SACWIS Project is to create an automated case management tool to assist workers, supervisors and managers to provide more effective and efficient services to children and families served by the Department. It is also intended to assure that the Department fulfills all federal reporting requirements such as the ones mandated by the Adoption and Foster Care Analysis and Reporting System (AFCARS).

The Department's Best Practice Model is the foundation of the SACWIS application. The Best Practice Model is the result of a multi-year, intensive effort to develop a practice model that emphasizes child safety, permanency and well-being from intake to case closure. The Best Practice Model incorporates the requirements of the federal Adoption and Safe Families Act, the Illinois Permanency Initiative, other laws and regulations, consent decrees, the Office of Inspector General recommendations, business standards, accreditation requirements, and principles of sound child welfare practice. The effort has provided a means to analyze and reform Department protocols and systems in order to ensure that services to families are of the highest quality and are provided consistently statewide.

In addition, the development and implementation of the SACWIS application is guided by the following principles:

- SACWIS must improve the quality of services to clients – with quality measured by outcomes;
- SACWIS must aid individual caseworkers in the performance of their duties to the degree that caseworkers seek to use the system and feel ownership of system data;
- SACWIS must improve administrative efficiency by enhancing accountability of staff and reducing administrative burdens; and
- SACWIS must be adaptable (capable of evolving) to satisfy the changing needs of the Department.

#### **Major SACWIS Activities**

The major activities of the Best Practice/SACWIS Project are the provision of the SACWIS infrastructure, the development and implementation of the SACWIS application, and quality assurance.

## **Infrastructure Development**

The infrastructure development process of the Illinois Best Practice/SACWIS Project is divided into of four (4) stages. The purpose of the first two stages (SFY98 and SFY99) was to procure and install presentation level equipment (workstations, printers, and network components) for the Department. In addition, the second procurement established an infrastructure operations vendor including an operations help desk for the Department. With the completion of these procurements, Department users have their own desktop workstations and have received basic training on computer operation and on the use of office automation software. The DCFS infrastructure serves approximately 5,200 users at 107 sites of the Department.

During the third stage (SFY01), in accordance with the defined application development logic, the application level servers and associated software were procured.

The purpose of the fourth stage (SFY01-SFY04) is to provide for the one-time private agency costs, including hardware and software for connectivity to the SACWIS network and to the SACWIS application. To implement SACWIS in private agencies, the Department and private agency leadership established a SACWIS Advisory Committee, under the auspices of Child Welfare Advisory Council. The purpose of the Advisory Council is to provide a regular forum for joint planning representatives from private agencies, to examine the impact of SACWIS on private agencies and to plan equipment procurement and installation. In accordance with the plan, private agencies will be ready to connect to the SACWIS network in the summer of 2003 during the SACWIS application implementation.

The SACWIS application will be used by approximately 100 private agencies at an estimated 300 sites.

## **Application Development and Implementation**

The Application Development and Implementation Phase of the Project began May 2000 with the engagement of the Project's application development and implementation vendor.

The SACWIS application addresses the following functionalities:

- **Intake and Assessment Tracking** - processing referrals, investigating reports of child abuse/neglect, and assessing needs for service
- **Eligibility Determination** - identifying funding support available
- **Case Assessment and Management** - preparing case plans, authorizing provision of services, and managing delivery of services
- **Resource Management** - supporting the management and monitoring of service providers
- **Licensing Tracking** – supporting mandated licensing activities
- **Court Processing** - supporting legal activities required by the Department

- **Financial Management** - tracking and managing financial obligations and payments
- **Administration** - supporting efficient management by providing quality assurance reports to guide planning
- **Interfaces** - creating an electronic link to federal, state, and community systems to transmit and verify client information

System features will include:

- User-friendly graphical user interface with intuitive navigation;
- Browser-based application accessible over a private intranet;
- Secure access for DCFS and private agency users;
- Online entry, updating and display of a complex set of data items;
- Automated checking for data integrity, validity & consistency;
- Audit trails for critical data items;
- Integrated office automation (word processing, scheduling, prompts, alerts and e-mail);
- Comprehensive help, checklists and guidelines;
- Information available 24-hours per day, seven days per week; and
- Compliance with Federal Reporting Requirements. With the implementation of the SACWIS application, the Department will be able to report on all AFCARS and National Child Abuse and Neglect Data System (NCANDS) data elements. In addition, in accordance with the SACWIS requirements, the Department will be able to interface with and retrieve information from the automated systems of other state agencies that administer specific Federally funded programs (Title IV-A, Title IV-D, and Title XIX).

### **Change Management, Training and Communication**

Managing the transition to the Illinois SACWIS system may be the critical success factor for the entire project. The change management approach requires a special focus on:

- Engaging management and supervisory staff to generate excitement about the system, to demonstrate commitment to work together to identify and to remove barriers impacting the implementation of SACWIS;
- Communicating systematically with a large, diverse, dispersed stakeholder community; and
- Facilitating understanding of the changes necessary to support and to use the system.

Change management and user training efforts are being employed to examine the content, context, and timing of various events in the case management process. These efforts will demonstrate to field staff that automation changes these processes in two ways including record keeping and paperwork and the overall manner through which work is accomplished. This approach will also prepare staff for changes in day-to-day work responsibilities that arise from the introduction of the SACWIS application.

Classroom based training is provided a few weeks prior to implementation. The training approach is geared toward the adult learner, which emphasizes how to use the system relative to work responsibilities, rather than how the system is constructed. The training curriculum is organized around types of users and the functions that they perform.

### **Phased Implementation Approach**

The Project is developing and implementing the SACWIS application in two phases. Phase I addresses child protection/intake and basic infrastructure features. Phase I of the application was implemented in May 2002.

Phase II addresses child welfare case management services including adoptions and client financial services. Phase II is currently in development and implementation is scheduled for the summer of 2003.

### **Quality Assurance Services**

Quality Assurance services are provided by the SACWIS Project's quality assurance vendor and will continue through the Application Development and Implementation Phase of the SACWIS Project.

The Quality Assurance services include:

- Review all deliverables from the application development and implementation vendor and from the infrastructure operations vendor; and, recommend and monitor corrective action plans;
- Participate in and provide quality improvement activities associated with the application development and implementation, the infrastructure development, and change management and training; and
- Coordinate activities among private agencies, the application development and implementation vendor, the infrastructure operations vendor, and the Department.

### **Major Benefits of the SACWIS Application**

#### **Time Savings/Access to Client Information**

The ability of the SACWIS application to pre-fill forms and automatically send electronic notifications from the worker to a supervisor or to various units within the Department results in time savings for staff who otherwise would have to fill out a lengthy form, print it and fax or mail it. Upon completion of a task, a document is submitted for supervisory approval at click of a mouse, forms are pre-filled with required information and the system provides prompts regarding required follow-up or missing elements.

The SACWIS system provides instant access to case information. An electronic case file allows all workers and supervisors involved with a case to have access to case information simultaneously without searching through a paper file.

Workers are able to organize and retrieve information easily. As an example, staff is able to categorize and organize case notes. One category could be contacts with a particular family member. Another category could be notes about contacts that occurred while the child was in placement. If the user desires, only those notes that fit a particular category can be selected for printing or for preparation of a report.

SACWIS supports the workflow of staff. The new system features multiple ways of going from one computer screen to another. Staff does not need to move in a predefined order. For example, information in a child abuse investigation may be entered in any order so long as all sections are complete prior to ending the investigation.

An electronic case record with automated prompts and alerts and office automation with automated calendaring and scheduling will improve the ability of a caseworker to manage both time and information.

### **Better Decision Support/ More Timely Service Planning and Delivery**

Access to comprehensive historical information enables staff to make better decisions. When a child needs substitute care, workers will be able to look at just a few SACWIS screens and learn about relatives, previous placements, and why previous placements ended. Complete information about medical history and educational issues also will be only a few mouse clicks away. It no longer will be necessary to search through case records that are inches thick to find needed information.

Summarized data or reports will be readily available. When a child is placed, the worker can print a summarized report about the child for the foster parent. Managers and supervisors can quickly and easily identify performance patterns of service units facilitating the use of their time in a more focused manner. To direct resources in an effective manner, administrators can discern the impact of service constellations and protocols upon client outcomes.

Staff will have more information at their disposal and may be able to better serve a family when they can look at the whole family. For example, a private agency worker may be the case manager for three children in foster care while a DCFS worker may be responsible for a sibling in residential placement. With SACWIS, both workers can have appropriate access to current and historical information about each child.

SACWIS provides Best Practice guidance to staff. If a task has Best Practice-defined timeframes, the system provides prompts and reminders. By supporting Best Practice, the SACWIS application provides prescriptive pathways that lead to a thorough, evidence-based investigation, a comprehensive assessment and a needs-based service plan. The process stresses earlier and more accurate decision-making. Teamwork and case continuity are assured through in-person meetings between investigators and follow-

up workers or between workers when cases are transferred. Better assessment tools and clear protocols make the investigative and assessment processes and subsequent decisions less subjective resulting in more accurate safety decisions.

- SACWIS assists caseworkers in managing their work and documenting service provision. With more timely and accurate data, supervisory and management staff manage better and, most importantly, service delivery to families and children improves.
- SACWIS will provide support for efficient management as well as reliable and accurate operation of the system. When Illinois SACWIS is functional:
  - Staff workload will be clearly depicted at each level of the Department;
  - Alerts will inform workers of policy changes and, as data is entered, of possible policy violations; and,
  - Comprehensive management and quality assurance reports will guide planning efforts.

### **Enhanced Partnership with Private Child Welfare Agencies**

In Illinois, private child welfare agencies provide nearly 70 percent of foster care and relative care case management services provided to the Department's clients. The Department intends to build Illinois SACWIS with private agencies as full partners in serving needs of children and families. The Department and private agency caseworkers will have equal access to information about assigned clients. Information about the effectiveness of services will be shared. SACWIS will provide on-line active links using resource directories, referral systems, e-mail options and more.

Sharing of electronic information will not only enhance cooperation, but will also have an immediate impact on service quality. Currently, when a case is transferred to or from a private agency, information about the case is provided on paper records. Volume of copying is high, and records often arrive long after the actual transfer of responsibility. As a result, service must often be initiated based on limited knowledge of client needs. Immediate access to comprehensive electronic records through SACWIS will rectify this situation.

### **Concluding Remarks**

When SACWIS is fully implemented in August 2003, the Department will have a single, comprehensive, integrated case management information system to support the staff of the Department and purchase of service agencies that serve abused and neglected children and their families. Since SACWIS will be developed with and for caseworkers and supervisors, the system will permit staff to be more effective and efficient and will provide staff with new electronic tools and supports such as 24-hour access to essential information, decision support tools and Best Practice guidance, built-in on-line access to Department rules and procedures, automated prompt notices and alerts, state-of the art office automation software and electronic mail. Having an information system that meets the needs of and provides supports to caseworkers, supervisors and managers will make a

significant contribution to the Department's overall efforts to achieve safety and permanency for children and well-being for children and their families. Such a system will also contribute to higher quality services as well as support the Department's overall quality assurance and continuous quality improvement efforts.

## **FFY 2002 ANNUAL PROGRESS AND SERVICES REPORT**

### **Chapter: 13**

#### **Non-Supplantation and Maintenance of Effort Requirement**

During Fiscal Year 2003, the Department assures that it will conform with the Maintenance of Effort Requirements set forth in 45 CFR 1357-32 (f) and Sec. 432 C(7)(A) of the Compilation of Title IV-B, IV E and Related Sections of the Social Security Act (Rev. 2/02).

Further, the Department assures that federal funds provided to the State of Illinois under Title IV-B-Subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities. During the course of the FFY 2000-2004 Child and Family Services Plan, on an annual basis, the Department will ensure that a significant portion of each mandatory service category continues to be provided to at-risk families throughout the State of Illinois.

#### **Non-Supplantation**

The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline of \$740,200 for Family Support and \$13,019,600 for Family Preservation. These SFY92 baseline levels were initially calculated in the "SFY94 Plan to Plan"; approved in the Illinois Five Year Plan for the Family Preservation and Family Support Initiative"; and continued in subsequent annual plans and reports under "Promoting Safe and Stable Families" provisions of the Adoption and Safe Families Act of 1997.

The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for "Time Limited Family Reunification" and "Adoption Promotion and Support Services".

Grant Expenditure reports and other Quality Assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from Expenditure reports or from Audited Financial Statements when aggregate annual contracts reach or exceed the \$300,000 federal threshold.

#### **Time-Limited Reunification Baseline**

The following key principles have been integrated into practice since the passage of landmark Legislation during 1997 requiring the Department and Illinois courts to move children to permanency more quickly:

- Foster Care is a temporary setting and not a place for children to grow up;

- Permanency Planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families;
- The child welfare system must focus on results and accountability; and
- Innovative approaches are needed to achieve the goals of safety, permanency and well-being.

In summary, the SFY92 baseline for Time-Limited Family Reunification was established by retrofitting the definition and provisions of Title IV-B, Subpart 2 with comparable and equivalent expenditures and services. During SFY92, the Department's total estimated expenditure and service level for all family reunification work was \$4.2 million for approximately 354 families.

Additional analysis revealed that the length of time children remained in substitute care was 30 months downstate and 60 months in Cook County. Along with other conceptual and programmatic factors, the SFY92 baseline was calculated to be approximately 20 percent of the total. Consequently, the SFY92 Time-Limited Family Reunification baseline is \$834,500 in expenditures for approximately 71 families.

#### **Adoption Support Services Baseline**

The Department's Adoption Support Services baseline is difficult to calculate because so little was done in SFY92 and earlier. Furthermore, mainframe computer tapes containing these records are now offline (it is only possible to retain 8 fiscal years online at once: currently this is SFY96 through SFY03). However, it is known that the adoption program grew at several points from SFY92 to SFY96; therefore, the Non-Supplantation Baseline is below SFY96 figures. In SFY96, \$1,279,858.01 was spent on Adoption Preservation services and not more than \$1,360,572 was spent on post-adoption support costs. Therefore, the SFY96 baseline would be no more than \$2,640,430; the SFY92 baseline would be lower by approximately one-third (1/3) of this amount. The SFY92 Adoption Support baseline is therefore under \$2 million.