

Department of Children and Family Services FY2007 Budget Request Briefing Book

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Rod R. Blagojevich
Governor



Bryan Samuels
Director

Illinois Department of Children & Family Services

February 15, 2006

Dear Colleagues:

Last January, as DCFS entered its fifth decade of service, we had just concluded a symposium that honored the past and those who shaped it, assessed the state of child welfare in Illinois, and discussed how our stewardship of the child welfare system in Illinois is changing.

As we move into our fourth year together, we are committed to renewing and strengthening our pledge to continue the substantial improvements we have introduced since 2003.

The proposed FY07 budget for the Department of Children and Family Services largely reflects the continuation of our focus on the lifetime approach of support that includes finding children in care a stable home and equipping them with the education and job readiness skills that will serve them effectively as adults. The Transitional Living and Independent Living Programs have been redesigned. The Child & Youth Investment Teams structure has been formed. We have formed partnerships with key stakeholders to ensure all our children ages 3-5 are enrolled in quality early care and educational programs so that they are prepared for kindergarten. All of these achievements reflect an effort by DCFS to provide a broader spectrum of services and care for all children in our care.

DCFS is committed to providing the highest quality services to the children and families we work with. We will continue to improve the policies and practices of DCFS, and we will renew our efforts to increase public understanding of how DCFS is responding to and anticipating the needs of children in the child welfare system.

I want to thank you for your continued support as we work together to improve the lives of the children and families who rely on our dedication and professional service.

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Department of Children & Family Services

Fund Summary

(\$.000)

	FY05 Expenditures	FY06 Funding	FY07 Request	FY06-07 \$ Change	FY06-07 % Change
All Funds - Total	1,237,548.0	1,289,709.4	1,309,306.2	19,596.8	1.5%
State Funds - sub-total	1,222,973.9	1,271,341.8	1,290,938.6	19,596.8	1.5%
General Revenue	753,758.3	810,117.2	770,940.8	(39,176.4)	-4.8%
DCFS Children's Services	456,661.1	460,166.6	519,037.8	58,871.2	12.8%
Child Abuse Prevention	253.5	600.0	600.0	0.0	0.0%
DCFS Training Fund	12,083.4	98.0	0.0	(98.0)	-100.0%
Special Purposes Trust	217.6	360.0	360.0	0.0	0.0%
Federal Funds - sub-total	14,574.1	18,367.6	18,367.6	0.0	0.0%
DCFS Federal Projects	14,574.1	18,367.6	18,367.6	0.0	0.0%

Program Funding

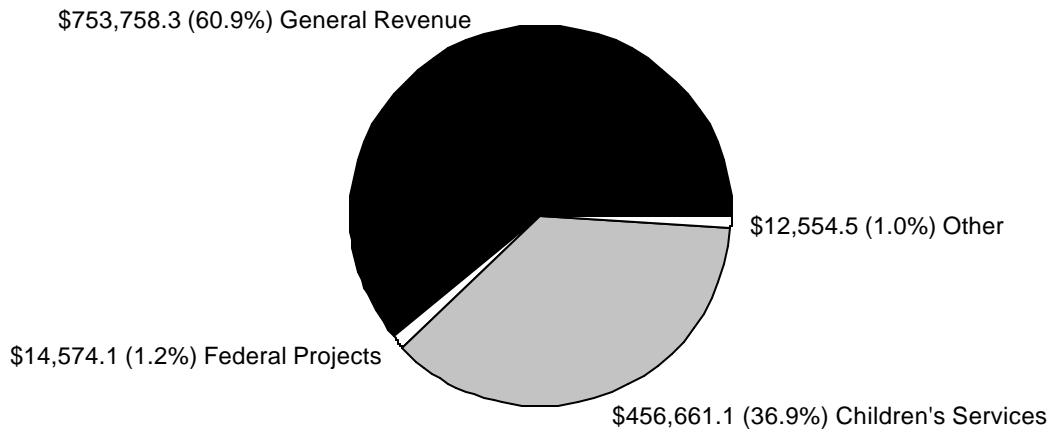
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	FY05 Expenditures	FY06 Funding	FY07 Request	FY06-07 \$ Change	FY06-07 % Change
DCFS Program	1,237,548.1	1,289,709.4	1,309,306.2	19,596.8	1.5%
Protective Services	115,910.2	116,638.5	124,248.9	7,610.4	6.5%
Adoption & Guardianship	294,744.9	311,485.5	304,731.7	(6,753.8)	-2.2%
Family Maintenance	73,221.0	76,249.4	79,054.8	2,805.4	3.7%
Family Reunification & Sub. Care	709,574.9	721,457.6	734,188.8	12,731.2	1.8%
Support Services	44,097.1	63,878.4	67,082.0	3,203.6	5.0%

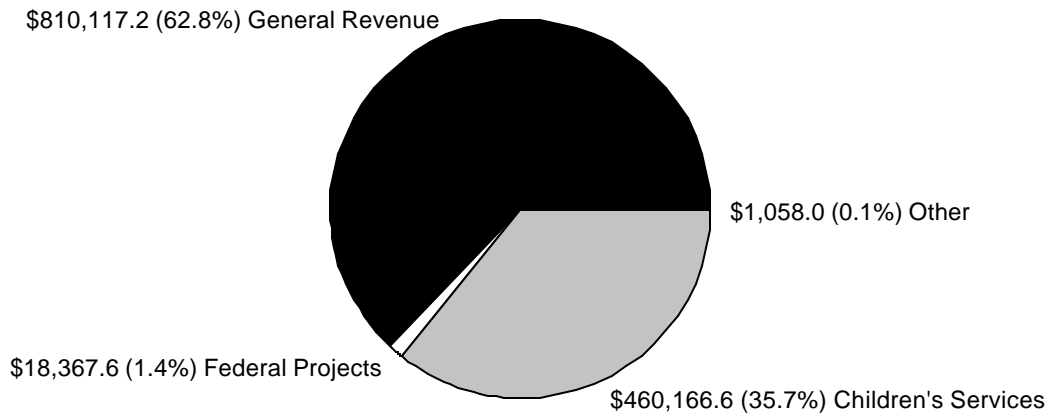
Illinois Department of Children & Family Services

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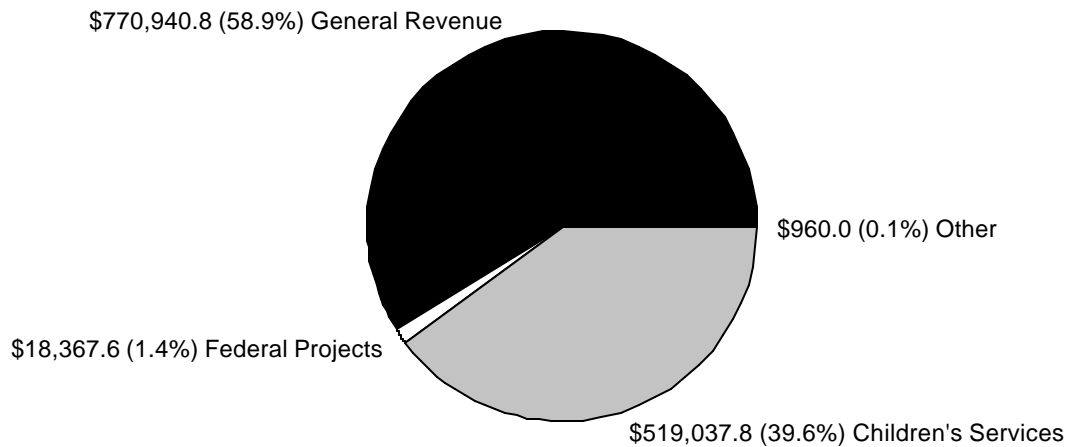
FY05 Expenditures - \$ 1,237,548.0



FY06 Funding - \$ 1,289,709.4



FY07 Request - \$ 1,309,306.2



Department of Children & Family Services FY07 Budget Request

Fiscal Summary by Program (\$.000)

Program	FY05 Exp.	FY06 Est. Exp.	FY07 Request	\$ Change 06Exp-07Req	% Change
Agency Total	1,237,548.1	1,288,002.0	1,309,306.2	21,304.2	1.7%
Well-Being	60,750.3	62,911.2	62,871.6	(39.6)	-0.1%
Counseling & Auxiliary Services	42,640.0	44,336.4	44,044.1	(292.3)	-0.7%
Clinical Services	3,337.6	3,159.1	3,411.8	252.8	8.0%
Service Intervention	14,772.7	15,415.7	15,415.7	0.0	0.0%
Permanency	925,395.2	947,740.6	958,811.7	11,071.1	1.2%
Adoption & Guardianship	281,130.9	288,813.5	289,278.0	464.5	0.2%
Substitute Care Services	529,940.5	543,105.3	543,956.0	850.7	0.2%
Child Welfare Operations	114,323.8	115,821.8	125,577.7	9,755.9	8.4%
Dept. Accountability & Service Quality	114,126.7	137,933.7	140,431.8	2,498.1	1.8%
Administrative Case Review	6,374.6	5,999.9	6,490.9	491.1	8.2%
Office of Quality Assurance	2,537.4	2,449.8	2,709.8	260.0	10.6%
Office of the Guardian	4,393.9	4,753.6	4,874.6	121.0	2.5%
Inspector General	1,932.5	1,861.6	2,062.3	200.7	10.8%
Central Administration *	13,459.6	14,514.5	13,293.9	(1,220.6)	-8.4%
Purchase of Service Monitoring	22,788.2	21,703.6	23,319.1	1,615.5	7.4%
Support Services	49,048.8	69,034.7	70,881.2	1,846.5	2.7%
Training	13,591.6	17,616.0	16,800.0	(816.0)	-4.6%
Safety	137,275.8	139,416.6	147,191.1	7,774.5	5.6%
Child Protection	102,184.3	102,259.8	110,321.1	8,061.3	7.9%
Family Centered Services	35,091.5	37,156.8	36,870.0	(286.8)	-0.8%

* Retirement pick-up - \$1.3 million in FY06 removed in FY07

SUBSTITUTE CARE CASELOAD HISTORY

Fiscal Year	Home of Relative	Specialized Foster Care	Regular Foster Care	Residential Placements	Independent Living	Total Substitute Care
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Caseloads

FY99	17,714		6,118		10,332		2,724		1,057		37,945
FY00	12,454		5,907		8,868		2,470		968		30,667
FY01	10,174		4,324		8,896		2,293		933		26,620
FY02	8,534		4,137		7,665		1,998		899		23,233
FY03	6,989		3,934		7,095		1,658		975		20,651
FY04	6,596		3,493		6,597		1,505		909		19,100
FY05	6,554		3,337		6,089		1,377		885		18,242
FY06 est	6,496		3,288		5,860		1,326		885		17,855
FY07 proj	6,427		3,253		5,797		1,304		900		17,681

Caseload Change

FY00	(5,260)	-29.7%	(211)	-3.4%	(1,464)	-14.2%	(254)	-9.3%	(89)	-8.4%	(7,278)	-19.2%
FY01	(2,280)	-18.3%	(1,583)	-26.8%	28	0.3%	(177)	-7.2%	(35)	-3.6%	(4,047)	-13.2%
FY02	(1,640)	-16.1%	(187)	-4.3%	(1,231)	-13.8%	(295)	-12.9%	(34)	-3.6%	(3,387)	-12.7%
FY03	(1,545)	-18.1%	(203)	-4.9%	(570)	-7.4%	(340)	-17.0%	76	8.5%	(2,582)	-11.1%
FY04	(393)	-5.6%	(441)	-11.2%	(498)	-7.0%	(153)	-9.2%	(66)	-6.8%	(1,551)	-7.5%
FY05	(42)	-0.6%	(156)	-4.5%	(508)	-7.7%	(128)	-8.5%	(24)	-2.6%	(858)	-4.5%
FY06 est	(58)	-0.9%	(49)	-1.5%	(229)	-3.8%	(51)	-3.7%	0	0.0%	(387)	-2.1%

Ensuring Child Well-Being

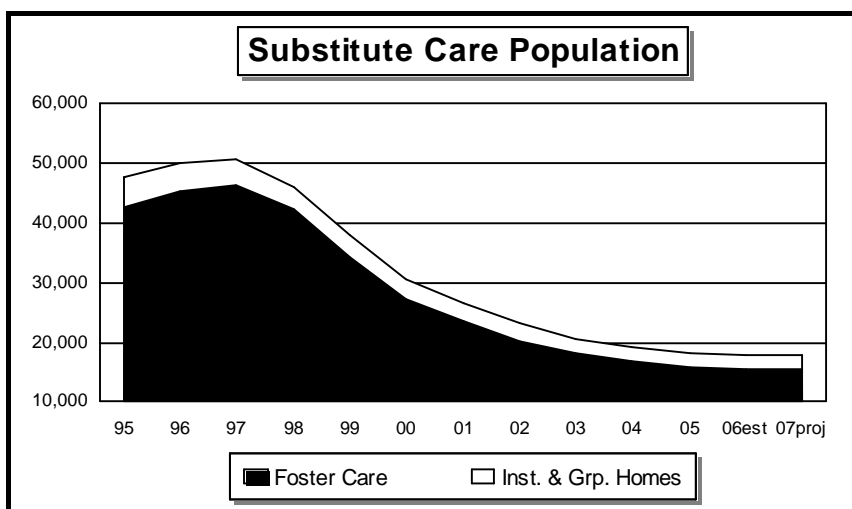
The Illinois child welfare system is recognized nationally as not only one of the strongest in the country, but also the largest accredited child welfare system. Improvements in the investigation of child abuse and neglect have resulted in fewer children being taken into state custody. Advances in safety assessment and family support, have resulted in fewer children being removed from kinship care. Innovations such as performance contracting and subsidized guardianship have resulted in more children being discharged from foster care to the permanent custody of adoptive parents and legal guardians. More children are being maintained safely in their own homes, while the number of children retained in long-term foster care is declining. The improvements in the system in the last decade have contributed to the number of children in substitute care dropping from 51,600 to less than 18,000.

The system, however, still faces challenges. The Department now faces a different mix of children remaining in care. The group of older wards is much larger and they are less likely to be adopted or discharged to private guardianship than their younger peers. Ensuring positive lifetime outcome has the greatest relevance for this group and therefore, the Department is continuing to prioritize spending in FY07 to make sure the needs of these youth are met.

The Department also continues to address the concerns of the recent federal review, which identified that despite all systemic improvements, the remaining foster care caseload faces greater challenges and the Department needs to enhance its processes in certain areas to meet these challenges. Through the Performance Improvement Plan and resulting new direction, the Department intends to concentrate efforts on the weaknesses identified in order to make the child welfare system even stronger.

The Department's Record – Progress in Substitute Care

Illinois has reduced the number of children in substitute care for the seventh consecutive year, from a peak of 51,600 children in mid-FY97 to less than 18,000 children by the end of FY06. (The table below shows end of fiscal year numbers.)

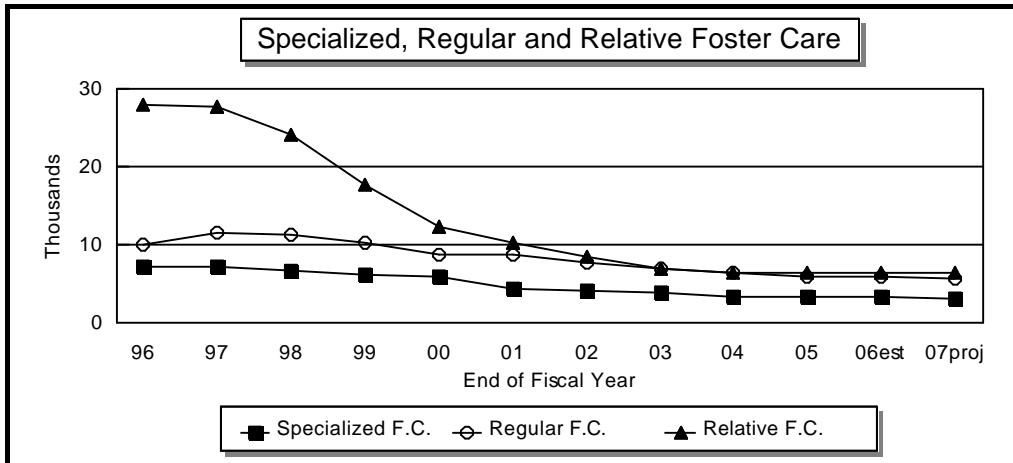


Fiscal Year	Foster Care	Inst/Grp Home	Total Cslid.
96	45,346	4,698	50,044
97	46,489	4,245	50,734
98	42,165	3,947	46,112
99	34,164	3,781	37,945
00	27,229	3,438	30,667
01	23,394	3,226	26,620
02	20,336	2,897	23,233
03	18,018	2,633	20,651
04	16,686	2,414	19,100
05	15,980	2,262	18,242
06est	15,644	2,211	17,855
07proj	15,477	2,204	17,681

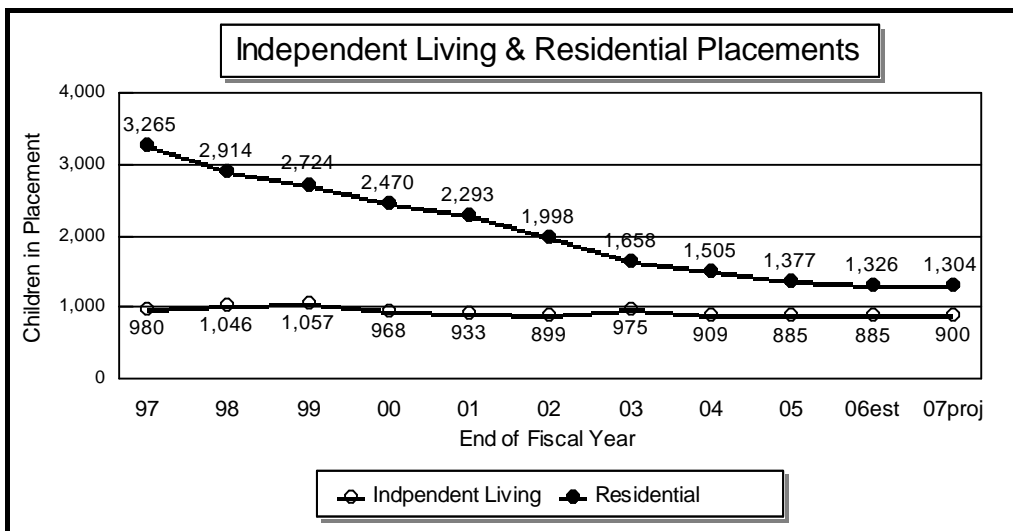
Key Substitute Care Indicators

The data indicates:

- The number of children served in regular foster care, relative care and specialized foster care have all declined. Since June 2003, all three foster care populations combined decreased from 18,018 children to 15,980 children in June 2005. Although the rate of decline has slowed, the end of FY06 projects the combined foster care caseload to drop to nearly 15,600 children.



- The Department continues to make progress in reducing the number of placements. It is estimated that residential and group care placements will fall to 1,326 by the end of FY06, and Independent Living placements will remain flat at near 885 placements during the same period.



Child Well-Being - Program Highlights:

For too long, child welfare systems treated children as if their stays would be short, when in fact the average length of care in Illinois is 4-1/2 years. In response to this reality, during FY05 the Department introduced a "Lifetime Approach" that alters and strengthens the direction of child welfare in Illinois. The infusion of this approach is being accomplished via series of reforms, which include:

- **Integrated Assessment (IA):** Provides each child with a comprehensive clinical understanding from the moment they enter care. Until the implementation of the Integrated Assessment Program, children placed in out-of-home care, their families and caregivers did not participate in a standardized program of clinical assessment delivered consistently by all Illinois child welfare agencies throughout the state. Empirical research indicates that the quality of an initial assessment followed by the application of relevant and timely clinical intervention and social services has a direct impact on the quality of life for a child in care, the length of time the child spends in care, and the achievement of the preferred permanency plan. The statewide implementation of this process was completed in the first quarter of FY06.
- **Trauma Treatment:** All components of the child welfare system must recognize and respond to the comprehensive impact that trauma has on the life of a child in care. A comprehensive effort has been underway to identify appropriate treatment protocols, programs and opportunities. During FY06, the Behavioral Health Team has implemented a Trauma Program. Three Trauma Conferences that featured Bruce Perry, MD, were held in Peoria, Mt. Vernon and Chicago. Over 700 participants from child-serving systems were acquainted with the DCFS' trauma-based approach to service delivery and to the impact of trauma on children's lives. A Trauma Curriculum has been developed to train front-line caseworkers, team supervisors and foster parents. Two-day training sessions will begin in March 2006. Additionally, the Child and Adolescent Needs and Strengths instrumentation has been implemented at key points including the Integrated Assessment, Child and Youth Investment Teams and Residential Placement. This instrument will provide a standardized measure to assess a child's functional mental health needs and track progress made in addressing those needs.
- **Intensive Stabilization Services:** This initiative has established a series of targeted strategies to stabilize older youth with a history of multiple placements and run behavior. Traditional responses have not worked for these youth. The new strategies will provide innovative, informed approaches to engaging the youth and stabilizing his life and relationships before emerging from the system into adulthood. Currently, four programs have been developed and are operational.
- **Child and Youth Investment Teams (CAYIT):** The CAYIT teams are designed to streamline the decision-making process so as to better anticipate and respond to the clinical needs of children. Information about the child and available services in the child welfare system – such as mental health and trauma, education and residential care – will be available to make informed decisions about a child's history, current situation and options for the future. The CAYIT process hinges on early identification

of challenging issues to reduce negative outcomes by delivering services in a more timely fashion, attempting to maintain a child's existing relationships and monitoring planned and unplanned moves. The CAYIT process was implemented in July 2005.

- **Redesign of Transitional Living and Independent Living Programs:** Currently, there is no uniform definition or structure in Transitional Living and Independent Living Programs. An extensive collaborative effort involving three divisions of the Department and the provider community has spent the last several months surveying existing program structures and available services. The result of this collaborative effort has been the development of a seamless continuum of services transitioning youth to adulthood. The program development has begun in Cook County and is planned to be operational effective FY07.
- **Family Supported Adolescent Care:** This work involves the identification and engagement of a new cadre of foster parents singularly committed to serving older adolescents during their transition to adulthood. By the time they reach age 16, eighty per cent of youth in care have changed their goal from permanency to independence. These youth need the stability and mentorship of a foster home well versed in the challenges of the process of coming of age. During FY06, twelve programs have been developed and are currently operational. Included in these twelve programs is one program designed specifically for youth that have exited the juvenile justice system, one for youth with developmental disabilities and one for youth with medical complexities.

The Lifetime Approach is one of several steps in a new direction, one that requires new thinking about the policies, practices and public understanding of how the department's mission gets fulfilled. Other initiatives begun in FY06 are as follows:

- **Redesign the Cook County shelter system:** At the population peak in 1996, there were 588 emergency and diagnostic shelter beds in Cook County. These programs were operated by 17 private agencies in 31 distinct locations. By 2002 the Department had reduced capacity to 170 beds operated by one provider. The cornerstones were two large facilities with combined capacity of 140 beds. As the Department improved the management of the shelter system, the utilization continued to decline. In FY05, the average census in the shelter ranged from 65-75. The smaller population gave the Department the opportunity to take a closer look at the types of children that were entering the system through the shelter. An in-depth analysis during FY05 determined that the approach used by the Department for children who enter our care must evolve. Accordingly, the shelter system has redesigned to include a central "Hub" that works collaboratively, five Specialty Shelters (designed to address the needs of specific populations) and the Intensive Youth Stabilization programs.
- **Launched "Find Your Future":** College students looking to begin a career need focus, dedication and education. They also need contacts to help them find their first on-the-job experience through internships or entry-level positions. For many college students, family and friends provide a ready-made network to help them get started on a career path. The Department cares for nearly 700 students enrolled in two- and four-year colleges throughout the nation. For most of these kids, the Department is their family.

Accordingly, to make connections for students, the Department launched Find Your Future, a summer internship program. After reviewing more than 100 applications from students, 25 students were matched with employers throughout the Chicago area for paid, full-time internships that began this month and end in mid-August. The goal for summer 2006 is to assist 50 students with “finding their future.”

The following outline details the Department’s investment in child well being across divisions and with specific services made available to children and families served by the Department.

Counseling and Other Supportive Service

The Department’s Counseling and Auxiliary Services appropriations provide:

- General counseling services to youth in care, as well as their families. 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.
- Specific, targeted counseling for children in care experiencing trauma associated with abuse or necessary to stabilize children with mental health diagnoses. This includes, but is not limited to, sexual abuse counseling, sexual abuse victim treatment and therapy for sexually aggressive children and youth.

The Department intends to target a significant portion of the approximately \$26.0 million currently spent on “counseling” services to provide treatment for childhood traumas identified in the Lifetime Approach.

Pre-Admission/Post-Discharge Screening and Assessments

The Department and its two partner agencies, Healthcare and Family Services (formerly Public Aid) and Human Services have developed a common system of Pre-Admission/Post-Discharge Screening and Assessment Services for its clients (referred to as SASS). In FY05, the system was consolidated so that the needs of all children with significant mental health issues are better served. Prior to 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. This system serves all eligible children, and has been strengthened to provide more intensive hospitalization monitoring and follow-up services.

Children’s Personal and Physical Maintenance

Children’s Personal and Physical Maintenance is used to purchase necessary supplies and services for children in foster care. Expenditures include, but are not limited to, transportation services, first-time placement clothing, replacement clothing when original clothing is damaged and medical devices and equipment not covered by Medicaid.

Improving Education Outcomes

The Department considers the education of its children to be of utmost importance. Like a good parent, it is the Department's responsibility to ensure that youth in care have every chance to be successful in school. Studies indicate that many abused and neglected children placed in out-of-home care are already behind academically from the time they enter care and remain at risk for educational failure throughout their teen years. From early childhood through the college years, the attention of caseworkers, caregivers and other Department staff to educational progress of children is critical.

Some of the challenges the Department faces are:

Academic Performance: Of children in placement, almost half of all 3rd through 8th graders in care are scoring in the bottom quartile in reading on the Iowa Test of Basic Skills. Moreover, 20 percent are older than their classroom peers. Only 40 percent of all students in care are scoring above the bottom quartile on reading and are in the appropriate grade for their age. Of 17 year olds, 35.4 percent have repeated a grade and 17.9 percent have been expelled from school.

Enrollment in Special Education Programs: Nearly 7 percent of students in care are enrolled in special education schools; over one third of 3rd through 8th graders in care receive special education services; more than one in ten students in care are classified as having an emotional behavior disorder. Of 17 year olds in care, 45.6 percent had been placed in a special education classroom at some point in their academic careers.

School Mobility: Students are extremely mobile during the year they enter the Department's care. On average, approximately 46 percent change schools once during the school year while more than 10 percent change schools two or more times. Of 17 year olds in care, 27.4 percent had missed at least one month of school at some point due to a foster care placement change.

Educational, Vocational Training and Employment Attainment: In a study of 19 year olds, including both those still in care and those recently emancipated, 39.6 percent had neither a high school diploma nor a G.E.D. Only 38.6 percent were enrolled in a postsecondary college or vocational training program, while 30.3 percent were neither in school nor employed. Of the 33.9 percent who were currently employed, 79.4 percent earned \$5,000 or less in the past year. The source of these figures is Chapin Hall's "Midwest Evaluation of the Adult Functioning of Former Foster Youth from Illinois: Outcomes at Age 19". There are national comparison numbers available from a representative sample of 19-year-olds in the National Longitudinal Study of Adolescent Health: Nationally, 9.4 percent of youth had neither a high school diploma nor a G.E.D.; 56.4 percent of the national sample of youth were enrolled in a postsecondary college or vocational training program; 58.2 percent of the youth were currently employed.

The following outline represents specific details that represent the Department's commitment to focusing its efforts to help children do well in school, stay in school and find the best schools available for their emerging skills.

Early Childhood:

Children who start school ready to learn are far more likely to succeed academically and to stay in school until graduation. The converse is also true: if a child falls behind early, it is very difficult to catch up. This is why the Department believes that the most important investment that can be made for youngest children in care is to ensure that they are prepared for kindergarten—physically, emotionally, socially and cognitively. The Early Childhood Program Unit is focused on preparing children for kindergarten, promoting placement stabilization, and representing the needs of young children to each division across the Department. 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. Additionally, the Department has embarked on the following initiatives:

- **School Readiness Initiative** - For over a year, a DCFS team worked to develop a school-readiness plan with the goal of enrolling all children 3-5 years old in the child welfare system in a quality early care and education program and keeping those educational placements as stable as possible for as long as possible. Based on data collected regarding the early education placements of current wards, it was determined that half of wards 3-5 years old were in an early learning program for at least part of the day. The Department's goal is to bring this result to 100 percent by September 2006.
- **Illinois Joint Cooperative Agreement** One of the major resources for enrolling children in quality early learning programs is Head Start, the nation's flagship comprehensive early childhood education program. The Department is working collaboratively with the Illinois Head Start Association, the Department of Human Services' Bureau of Child Care and Development's Head Start Collaboration and Programs Unit, the U.S. Department of Health and Human Services (Region V) and the Chicago Department of Children and Youth Services to maximize the benefit of Head Start for our children and their families. All children in the child welfare system qualify for Head Start.
- **Strengthening Families through Early Care and Education Illinois** Since 2001, the Center for the Study of Social Policy (CSSP) in Washington, D.C. has studied the impact of center-based early childhood education on preventing and reducing the impact of child abuse and neglect on young children. CSSP found that early childhood programs work effectively with high-risk children and their families with a few key enhancements. This means that child welfare systems could partner with high-quality programs to significantly improve their services to both children and families. Illinois was one of seven states chosen for a CSSP pilot project aimed at enhancing the capacity of childcare centers to work with families and keep children safe and to foster collaboration among these agencies to serve the comprehensive needs of children.

Educational Resources:

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.

In FY05, the Department developed the first-ever "education passport" database, which offers comprehensive student profiles to ease school-to-school transition for youth in out-of-home care. These passports will assist in academic planning for these students and outline specific academic and behavioral needs of children and adolescents in out-of-home care. Data collected from the passports will also help to provide a complete picture of the academic and behavioral needs of youth in out-of-home care for future planning by education and policy experts.

Scholarship Program:

The Department annually provides 48 college scholarships to youth who are currently under guardianship of the Department or who have left Department guardianship through adoption or other private guardianship arrangements. Scholarship recipients receive up to four consecutive years of tuition and academic fee waivers to be used at participating Illinois state colleges or universities, a monthly stipend and a medical card.

Youth in College Program:

Under this program, DCFS youth are provided assistance that will enable them to attain economic independence while completing their college education. Benefits include a monthly stipend, payment for book fees not covered by book reimbursement and a medical card.

Partnerships:

The Department has dedicated funding with a provider for alternative education options that help youth obtain their high school diploma or GED when regular public school options are not effective for a particular child. Since 2003, the Department has increased funding for this program by over \$1 million.

The Department contracts with the Illinois Community College Board to provide Department payment of tuition for wards attending an Illinois community college, when tuition cannot be covered through the Free Application for Federal Student aid process. Under this contract, DCFS youth are eligible to utilize four semesters of tuition payments and other supportive services such as career selection, financial aid advising and tutoring.

In FY05, the Department announced several initiatives in partnership with Chicago Public Schools (CPS) and the Illinois State Board of Education (ISBE). The Chicago Public Schools agreed to maintain and support a child's school of origin when that child's placement is disrupted and the child is temporarily placed in shelter care in the City of Chicago. This effort could significantly improve a child's academic and social experience while the child is transitioning to a new home. The Chicago Public Schools have also agreed to use literacy interventions for DCFS youth in special education, and support that work with strong positive behavior models.

These specific interventions will proactively assist children that have fallen below grade level because of trauma and mobility. CPS will also expedite the enrollment and Individual Education Plan (IEP) process for special education services for DCFS youth transitioning into residential treatment centers in Chicago and will ensure that qualified DCFS youth have access to tutoring supports funded by the No Child Left Behind Act.

Over the last several months, the Department, in collaboration with contracted foster care agencies, has developed a plan that will change the primary consideration for a child's foster care placement. Effective July 1, 2006, when it is in the best interests of a child and their siblings to be placed in a traditional foster care placement, foster home selection will be first based upon the child's current school catchment area.

Supporting the Transition of Youth from Substitute Care

Children in foster care that are at age 13 or older are far less likely to be adopted or discharged to private guardianship than their younger peers. As a result, the Department is increasingly dealing with an older ward population that needs to be prepared for independent living. There are currently 4,055 children ages 13 and older in substitute care.

One of the Department's goals is to significantly improve the number and quality of services available to adolescents. To accomplish this, the Department needs to ensure that every youth under the Department's care receives appropriate life skills assessments, transition planning and supportive services until self-sufficiency has been achieved. As part of the Lifetime Approach, the Department is redesigning the existing Transitional Living and Independent Living Programs. The result of this redesign will be the development of a seamless continuum of services transitioning youth to adulthood. The continuum has five stages of progression. A youth may enter a transitional living program at one of four levels depending on his or her age, educational attainment, behavior and level of functioning. A youth may progress to the fifth stage—an Independent Living Program—only after having spent time in a transitional living program. Even when a youth is admitted to an ILO, he or she will not be completely on their own. The new program will be designed to support progressive responsibility with the expectation that by the age of 21, the young adult will be well prepared to pay his or her own rent and maintain himself/herself in an apartment.

Transition planning begins when a child reaches age 14 and includes formal assessment and transition planning. The nationally recognized Ansell Casey Life Skills Assessment is completed for all youth in DCFS care at ages 14 and 16, and again six months prior to discharge. Life skills are taught within the substitute care environment. Community support is being identified for the child early in the process. 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 receives Federal resources through the Chafee Foster Care Independence program. Unlike the Foster Care program the resources are grant based and limited by Congressional appropriation. 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;
- Helping youth prepare for and enter post-secondary training and education institutions;
- Providing personal and emotional support to youth through mentors and the promotion 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

Substitute Care Services

Units of Service*	FY05 Actual	FY06 Estimated	FY07 Projected	06-07 Change	06-07 % Change
Children in Regular Foster Care	6,089	5,860	5,797	-63	-1.1%
Children in Specialized Foster Care	3,337	3,288	3,253	-35	-1.1%
Children in Relative Care	6,554	6,496	6,427	-69	-1.1%
Children in Residential Care	1,377	1,326	1,304	-22	-1.7%
Children in Independent Living	885	885	900	15	1.7%
Children Reunified with Families	2,153	2,218	2,147	-71	-3.2%
Child Cases Closed	6,498	6,000	5,700	-300	-5.0%
Percentage of Children Reunified	12.9%	13.9%	13.7%	-0.2%	-1.1%
Department Foster Homes	3,097	3,000	2,970	-30	-1.0%

* Units of service measured on last day of indicated State Fiscal Year

FY07 Request (\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Total Foster Care (All Funds)	305,957.3	310,469.0	310,913.8	444.8	0.1%
Total Institutions/Group Homes (All Funds)	206,049.6	202,097.8	202,503.7	405.9	0.2%
Foster Care (GRF)	161,731.9	176,815.2	138,608.1	-38,207.1	-21.6%
Foster Care (CSF)	135,567.0	124,696.3	163,491.9	38,795.6	31.1%
Institutions & Group Homes (GRF)	101,236.6	119,280.5	92,259.9	-27,020.6	-22.7%
Institutions & Group Homes (CSF) ¹	104,813.0	82,817.3	110,243.8	27,426.5	33.1%
Foster Care Initiative (GRF)	7,557.1	6,613.8	6,613.8	0	0.0%
Foster Care Initiative (CSF)	1,101.3	2,343.7	2,200.0	-143.7	-6.1%
Reimbursing Counties (GRF)	338.5	338.5	338.5	0	0.0%
Federal Compliance/Program Improvement Plan Implementation	17,595.2	30,200.0	30,200.0	0	0.0%
Total Substitute Care	529,940.6	535,105.3	543,956.0	850.7	0.2%

Counseling and Other Supportive Services

Clients Served	FY05 Actual	FY06 Estimated	FY07 Projected	06-07 Change	06-07 % Change
Counseling Services	8,751	8,288	8,300	-80	-1.0%
Children receiving Personal & Physical Maint.	6,778	6,700	6,700	0	0.0%
System of Care	4,043	4,150	4,150	0	0.0%

FY07 Request

(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Counseling & Auxiliary Services (GRF)	8,365.4	12,285.3	12,285.3	0	0.0%
Counseling & Auxiliary Services (CSF)	16,950.6	14,616.9	13,750.0	-866.9	-5.9%
Psychological Assessments (GRF)	3,130.8	3,211.9	3,200.0	-11.9	-0.4%
Pre Admiss/Post Disch. Psych. Screening (GRF)	8,066.0	8,071.8	8,671.8	600.0	7.4%
Children's Personal & Physical Maint. (CSF)	4,485.7	4,487.0	4,487.0	0	0.0%
MCO Tech. Asst. & Prog. Development (GRF)	1,641.5	1,663.5	1,650.0	-13.5	-0.8%
Total	42,640.0	44,336.4	44,044.1	- 292.3	-0.7%

The divisions within the Department that have primary responsibility for promoting the well-being of children are as follows:

Field Operations

FY07 Request

(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Child Welfare (GRF)	105,463.3	104,670.1	114,426.0	9,755.9	9.3%
Targeted Case Management (GRF)	6,988.1	8,376.7	8,376.7	0	0.0%
Federal Child Welfare Projects (FPF)	1,872.3	2,775.0	2,775.0	0	0.0%
Total	114,323.7	115,821.8	125,577.7	9,755.9	8.4%

Child Welfare Downstate, Cook & Operations & Community Svcs. Regions merged into Child Welfare Division in FY2006

Field Operations is responsible for administering the delivery of child welfare and permanency services to children and families assigned to Department caseworkers. 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 also serves children who are part of intact family cases as well as children who are placed in substitute care and their families.

Clinical Practice and Professional Development

FY07 Request

(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Clinical Services (GRF)	3,337.6	3,159.1	3,411.8	252.8	8.0%

The Division of Clinical Practice and Professional Development promotes optimum standards of professional social work practice and service delivery. Through both professional training and work with all regional clinical staff, the Division supports management and direct service staff to advance the state of clinical practice at each local office. Specifically, the Division supports a variety of specialized services, including:

- Comprehensive assessment of children in care
- Parental Assessment Teams, which assesses the mental health of parents and their ability to appropriately care for children
- Services for sexually aggressive children and youth (SACY)
- Early childhood services
- Case management for children with AIDS

The Division is the lead unit for the Integrated Assessment Initiative and in addition oversees Child & Family Policy, Employee Licensure, Foster Parent Support, and the HELP Unit.

Training

FY07 Request

(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Train Department Staff (CSF) *	1,508.2	1,564.0	-	-1,564.0	-100.0%
Foster Care/Adoptive Care Training (CSF) *	-	15,954.0	16,800.0	846.0	5.3%
Foster Care/Adoptive Care Training (FCTF) *	12,083.4	98.0	-	-98.0	-100.0%
Total	13,591.6	17,616.0	16,800.0	-816.0	-4.6%

* The two CSF training lines are consolidated into one in FY2007.

Foster Care & Adoptive Care Training Fund moved to Children's Services Fund in FY2006

The Division of Training and Development Services (DTDS) provides training and staff development services throughout the Department as follows:

- It strives to design and carry out education, training, field support and professional development strategies that enhance the quality performance of Illinois child welfare staff.
- DTDS enables comprehensive and competent services to children and families and helps to bring about the safety, well-being and permanency for all children served.

Service Intervention

FY07 Request

(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Health Care Network (GRF)	4,318.0	4,198.5	4,198.5	0	0.0%
Youth in Transition (GRF)	878.4	917.2	917.2	0	0.0%
Independent Living Initiative (FPF)	9,576.3	10,300.0	10,300.0	0	0.0%
Total	14,772.7	15,415.7	15,415.7	0	0.0%

The Division of Service Intervention is made up of four main areas:

- Education and Transition services, which ensures that children in care are maximizing their education potential and that adolescents are being properly prepared for independent living. Programs operated in this area include:
 - Independent living program
 - Services to pregnant and parenting teens
 - Youth in Employment
 - Youth in College
 - Education Advocacy
 - Life Skills Assessments and Training

- Health Policy, which is primarily responsible for the oversight of the provision of health care services provided through a contracted statewide, comprehensive health care delivery system for children in foster care. Health care services are designed to ensure that all wards have access to quality health care and that they receive health services whenever necessary.

- Mental Health Services, which will be responsible for making sure the mental health needs of children in care are being met in a timely manner. This group is also the lead unit for developing a training curriculum for identifying and treating the effect of trauma on our wards.

- Substance abuse treatment services, which oversees the provision of all services offered under the alcohol and other drug abuse waiver and those offered jointly by DCFS and the DHS Division of Alcoholism and Substance Abuse.

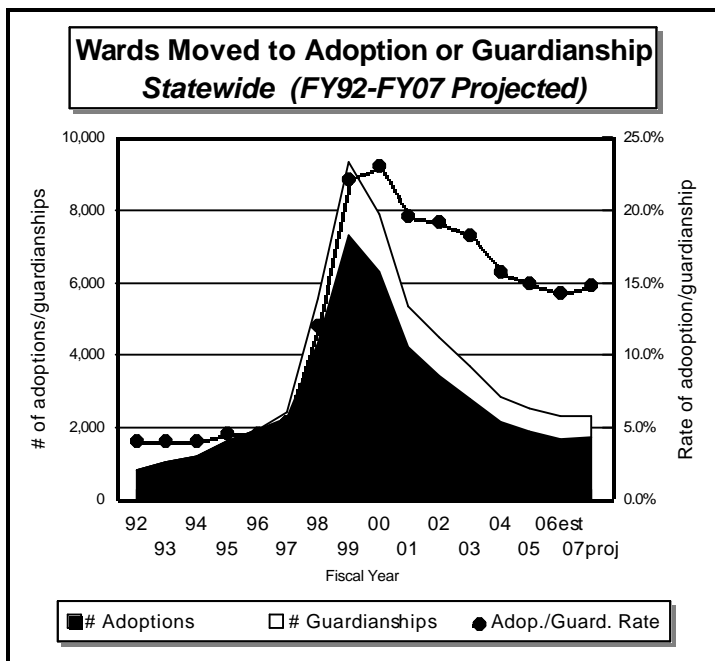
Promoting Permanency

The move to greater numbers of foster children in permanent settings reflects a combination of strategies that include state and federal permanency legislation passed in 1997, performance contracting, subsidized guardianship and court reforms—particularly in Cook County. In FY00, the percent of children moved to adoptive settings reached an all-time high of 18.4 percent of the foster care population. This dramatic increase in the movement of children to adoption was recognized by the state’s receipt of the National Excellence in Adoptions award two years in a row. Not surprisingly, with the increase in adoptions and guardianships, the Department has also faced a substantial increase of requests from adoptive families for support services.

Addressing these issues along with the growing number of troubled children in foster care has become a challenge for the Department’s permanency planning process.

The Department’s Record – Securing Permanency for Children

During FY99 through FY05, an estimated 38,255 wards moved to permanent placements via adoption and guardianship. This represents more than twice as many children as moved through these same means during the preceding decade (FY89 - FY98).



Fiscal Year	Rate	Wards Adop.	Wards to Guard.	Total
92	4.1%	835		835
93	4.0%	1,034		1,034
94	4.0%	1,200		1,200
95	4.5%	1,640		1,640
96	4.6%	1,961		1,961
97	5.4%	2,229	201	2,430
98	12.0%	4,308	1,251	5,559
99	22.1%	7,295	2,022	9,317
00	23.1%	6,281	1,611	7,892
01	19.6%	4,208	1,125	5,333
02	19.2%	3,427	1,076	4,503
03	18.3%	2,795	920	3,715
04	15.8%	2,163	674	2,837
05	15.0%	1,867	638	2,505
06est	14.3%	1,642	640	2,282
07proj	14.8%	1,694	619	2,313

(“rate” is defined as the percentage of foster care population moved to adoption or subsidized guardianship settings)

Key Permanency Indicators

The following indicators identify the most important trends representing the Department's performance in promoting permanency:

- The number of new adoptions and guardianships being completed continues to decline due to the decline in the substitute care caseload and the changing composition of the remaining caseload. During FY06, the number is expected to decline by 6.9 percent, from 2,505 children in FY05 to 2,332 children in FY06.
- During FY06, the number of reunifications is expected to increase by 3.0 percent with 2,218 children served in FY06 compared to 2,153 children in FY05. The rate at which children are returned home out of substitute care is expected to increase from 12.9 percent in FY05 to 13.9 percent in FY06.

Adoption and Guardianship Preservation Services

Adoption and Guardianship Preservation Services represent intensive, clinically oriented support offered to children and legal families whose child is experiencing behavioral and emotional difficulties. Services provided consist of, but are not limited to, casework, planning, counseling and therapeutic interventions resulting from mental health problems. Although the group of children needing these services constitutes a relatively small number of the total adoptive and family guardianship population, as the population of adoptees and children served by subsidized guardianship grows, so will the growth in the need for these services. The Department is therefore faced with the challenge of restructuring existing post-placement services into a more coherent and comprehensive continuum of care for adoptive families in a bleak fiscal environment. Adoption and Guardianship Preservation services are the most intensive in home services offered by the Department to preserve families at risk of dissolution.

Permanency Program Details:

Service Measures for Permanency

Units of Service	FY05 Actual	FY06 Estimated	FY07 Projected	06-07 Change	06-07% Change
Reunifications	2,153	2,218	2,147	-71	-3.2%
New Subsidized Adoption Cases	1,867	1,692	1,794	102	6.0%
Total Subsidized Adoptions	34,375	34,408	34,292	-116	-0.3%
Families receiving Adopt/Guard. Pres. Services	988	1,002	1,000	-2	-0.2%
New Private Family Guardianship Cases	638	640	619	-21	-3.3%
Total Subsidized Guardianships	6,302	6,275	6,054	-221	-3.5%

Adoption and Guardianship
FY07 Request
(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Adoption & Guardianship (GRF)	167,139.3	172,767.5	180,767.5	8,000.0	4.6%
Adoption & Guardianship (CSF)	113,991.6	116,046.0	108,510.5	-7,535.5	-6.5%
Total	281,130.9	288,813.5	289,278.0	464.5	0.2%

Enforcing Accountability

The Illinois Department of Children and Family Services is committed to ensuring that Illinois children are safe, have loving and permanent homes and that their emotional, physical, and medical 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 that ensure that Department services are both responsive and effective. The commitment to quality services takes multiple forms.

Accreditation

In October of 2004, the Department reached a historical benchmark in social work by becoming the first state agency to earn reaccreditation from the world's leading accreditor of child welfare services. Already the nation's largest child welfare agency accredited by the Council on Accreditation for Children and Family Services (COA), the reaccreditation is a sign of its ability and commitment to maintain high professional standards over a period of years.

Residential Performance Unit

Funding for residential and group home programs represents a significant portion of the Department's budget. The children in care that are placed in these types of programs typically have the greatest emotional and mental health needs. The Department believed that resources needed to be dedicated to the monitoring of these programs to ensure the high quality of service delivery. Accordingly, in FY05, the Residential Performance Unit was established and became fully operational in FY06. The Residential Performance Unit provides the Department with the ability to track the progress of youth during stays in residential facilities to ensure progress and timely discharge back to community based living. This unit will also monitor the ability of providers to successfully serve the youth in their care. The Residential Performance Unit will provide the first opportunity for DCFS to systemically monitor the performance of its residential providers in a manner that accounts for individual treatment plans and outcomes.

Adoption Reform Act

In FY05, legislation was passed that creates sweeping protections for families involved in the adoption process in Illinois and gives the Department broader oversight of adoption agencies. The Adoption Reform Act incorporates many provisions that provide basic protections for families including: the creation of a Bill of Rights for Biological Parents Adoptive Parents; assurances that agencies disclose policies, fees, and any circumstances material to a child's placement to prospective adoptive parents in advance of adoption; and requirements that the fees agencies charge are reasonable. Further, the bill requires all child welfare organizations involved in providing adoption services to be 501(c)(3) organizations within 24 months after the law becomes effective, moving Illinois to the forefront of protecting parents and children against profiteering in the adoption process. Accordingly, the FY07 budget includes funding to create a monitoring unit that will meet the requirements of this legislation.

Quality Assurance Program

Continuous Quality Improvement (CQI) – The Department continues to utilize a program of continuous quality improvement as part of the accreditation process. It starts with a Quality Assurance Program that evaluates and assures that services are being delivered in a manner prescribed in rule and procedure and is delivered in a manner that is a verified best practice. This work is ongoing in local field offices and within each of the Department’s six regions and has recently incorporated representation from central administration.

Several divisions are charged with ensuring that services are delivered in accordance with Department rules and procedures. These divisions also support work across Illinois’ child welfare system, and provide the basic infrastructure of the state’s child welfare service delivery system.

Quality Assurance FY07 Request (\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Quality Assurance (GRF)	2,537.4	2,449.8	2,709.8	260.0	10.6%

Quality Assurance programs were created to ensure that quality child welfare services are delivered in a timely manner. Staff conducts comprehensive reviews of DCFS direct service operations and produces and evaluates outcome information. In addition, Quality Assurance staff recommends ways to shape overall process to achieve desired outcomes.

Purchase of Service Monitoring Division

Licensed Entities as of 6/30/05	FY05 Actual	FY06 Estimated	FY07 Projected	06-07 Change	06-07 % Change
Private Agency Foster Homes	12,368	12,300	12,200	-100	-0.8%
Child Welfare Agencies.	212	212	212	0	0.0%
Institutions, Group Homes, Youth Shelters, Maternity Centers, Others	224	226	226	0	0.0%
Day Care Centers, Day Care Agencies	2,922	3,030	3,140	110	3.6%
Day Care Homes	10,299	10,300	10,300	0	0.0%
Group Day Care Homes	376	400	430	30	7.5%

FY07 Request
(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Div. of Purchase of Service Monitoring (GRF)	22,788.2	21,703.6	23,319.1	1,615.5	7.4%

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. This unit is responsible for providing oversight, information gathering, continuous quality improvement and resource development to private agencies.

Central Administration
FY07 Request
(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Central Administration Operations (GRF)	11,917.2	12,724.9	11,504.3	-1,220.6	-9.6%
Attorney General Rep. On Litigation (GRF)	482.2	587.1	587.1	0	0.0%
Department Scholarship (GRF)	842.5	842.5	842.5	0	0.0%
Private Grants for Child Welfare Improvements	217.6	360.0	360.0	0	0.0%
Total	13,459.5	14,514.5	13,293.9	-1,220.6	-8.4%

Central Administration consists of the Offices of the Director, Legal Services, Legislative Liaison, Communications, Employee Services and Affirmative Action.

Support Services
FY07 Request
(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Support Services (Ops. & Refunds) (GRF)	20,708.3	41,131.2	42,977.7	1,846.5	4.5%
Support Services Grants (GRF)	215.5	233.8	233.8	0	0.0%
Support Services Lump Sums (GRF)	247.2	247.2	247.2	0	0.0%
AFCARS / SACWIS (CSF)	22,558.0	21,219.2	21,219.2	0	0.0%
Title IV-E (CSF)	4,079.8	4,439.6	4,439.6	0	0.0%
SSI Reimbursement (CSF)	1,239.9	1,763.7	1,763.7	0	0.0%
Total	49,048.7	69,034.7	70,881.2	1,846.5	2.7%

The Support Services Division comprises 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, eligibility determination, 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 control).

The primary goal of Support Services is to ensure internal and external accountability to laws, rules, procedures and good practice.

Administrative Case Review
FY07 Request
(\$.000)

Type of Expenditures	FY05 Actual	FY06 Approp.	FY07 Request	06-07 \$ Change	06-07 % Change
Administrative Case Review (GRF)	6,374.6	5,999.9	6,490.9	491.1	8.2%

Administrative Case Review, located in the Planning and Performance Management Division, is the independent review process required by federal and state law. The purpose of the reviews is to assure that foster care plans are family focused. The Administrative Case Review processes incorporate both clinical and monitoring perspectives. Services being provided to the child or family are compared to those identified in the assessment completed by the caseworker of record and the service plan presented during an Administrative Case Review. The reviewer makes recommendations to responsible staff to ensure the facilitation of sound planning towards safety, well-being and permanency for children.

Office of the Guardian and Advocacy Office

Performance Measures	FY05 Actual	FY06 Estimated	FY07 Projected	06-07 Change	06-07 % Change
Interventions Initiated	7,374	7,408	7,442	34	0.5%

System of counting changed in FY05

FY07 Request
(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Office of the Guardian & Advocacy (GRF)	4,393.9	4,753.6	4,874.6	121.0	2.5%

The DCFS Guardian is appointed by the Director of the Department to serve as legal guardian and/or custodian of all children accepted by the Department pursuant to the Juvenile Court Act of 1987. The duties and responsibilities of the guardian 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 Advocacy Office is charged with responding to complaints, concerns, inquiries and suggestions which are related to the child welfare system. The Office becomes aware of concerns through a variety of avenues such as 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. Youth with issues may contact the Office for consultation and direction. It is the function of the Office to help ensure that recurring complaints, systemic issues or agency structural concerns are brought to the attention of appropriate Department leadership.

Inspector General

Performance Measure	FY05 Actual	FY06 Estimated	FY07 Projected	06-07 Change	06-07 % Change
Complaints Registered & Investigated	2,305	2,000	2,000	0	0.0%

FY07 Request (\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Inspector General (GRF)	1,932.5	1,861.6	2,062.3	200.7	10.8%

The role of the Office of the Inspector General is to assure accountability for services to children and families. In accordance with state law, 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, misfeasance, malfeasance and violations of rules, procedures or laws by any employee, foster parent or contractor 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. At the Director's request, or when the office has noticed a high level of complaints in a specific area, the Inspector General's staff will conduct a systematic review of the issue or practice involved. Investigations result in recommendations regarding the particular subject of an investigation and recommendations for systemic changes. The office then monitors compliance with all recommendations. It also investigates the deaths of Illinois children that appear to have been the result of abuse or neglect and in which there was an open DCFS case or prior Department involvement within the previous twelve months.

Securing Safety

Protecting children from abuse or neglect is the Department's primary concern. The Department, along with the private child welfare agencies, has organized its staff and resources to provide an array of services that ensure a strong system of safety exists for Illinois' children. Cooperative activities to improve child abuse/neglect investigations, front-end interventions and follow-up service for the purpose of increasing children's safety continue. The implementation and use of a standardized tool for assessing risk has resulted in more precise determinations being made regarding children's safety.

In FY04, the Department created the Child Location and Support Unit. The Unit employs a computer tracking system unique to Illinois, which greatly speeds worker and law enforcement access to vital information about a missing ward. The DCFS missing children database provides detailed background information about all missing wards, regardless of whether they are served by DCFS or a private agency. The database has been enhanced to provide instant access to photos of missing children, and it will soon link to Department of Healthcare and Family Services databases that can provide medical information, including names of a missing ward's medical providers. Additionally, a new 24-hour runaway help line was activated. The Department has also partnered with the National Center for Missing and Exploited Children (NCMEC) to provide training for staff to prepare them to swiftly investigate reports involving missing and abducted children. The NCMEC training sessions focused on child and family abduction, media relations, recovery techniques, sexual predators, investigative resources, on-line victimization and agency planning.

Although substantial success in improving child safety has been achieved, there is more work to be done.

Protecting Children from Abuse and Neglect - The Department Record:

Illinois abuse and neglect rates continue to decline. The percent of indicated child abuse/neglect reports that resulted in a foster care placement has declined from 21.4 percent in FY97 to 18.5 percent in FY02 and continued to decline to 17.7 percent in FY05. Furthermore, the rate of reunification of children in foster care has increased from 10.3 percent in FY01 to 12.9 percent in FY05.

Repeat abuse and neglect while in substitute care has also declined. The statewide percentage of all children in care with no indicated/substantiated maltreatment from a foster parent or facility staff member remained relatively unchanged at 99.4 percent in FY05.

Key Child Protection Indicators

The following five indicators identify important trends in promoting the safety of children:

- In FY05, Child Abuse Hotline staff responded to 249,764 calls involving possible abuse or neglect, an 11.0 percent decrease from the 277,295 calls in FY04.
- Hotline calls in FY05 resulted in 66,820 family reports, an increase of 4,086 or 5.9 percent from the previous year total of 62,734.
- Family reports resulted in 111,836 child reports investigated during FY05 an increase of 6.5 percent or 7,596 children at risk from the 104,240 reports in FY04.
- There were 16,344 indicated family reports during FY05, an increase of 1.9 percent from the 16,011 indicated family reports during FY04.
- There were 27,574 indicated child victims during FY05 compared to the 26,856 indicated child victims in FY04, an increase 718 or 2.5 percent.

Serving Children Safely – Program Highlights

Child safety permeates every aspect of service delivery within the Department of Children and Family Services. Recent improvements have targeted better decision-making during investigations, addressed staffing concerns for investigators and workers serving families in the home and provided a rich mix of services to support families encountering difficulties. Specifically, these improvements meant crafting, testing and implementing new service models for investigating abuse and neglect cases and the assessment of future risk. The Department has displayed its commitment to supporting at-risk families by targeting funding for family preservation and intact family programs that are designed to permit children to remain safely in the home. Work with at-risk families is also supported through the federally funded Title IV-B, Part 2 program, along with other federal grants, which are part of the protective service and family maintenance systems. In recent years, the Department has also responded to a growing child safety concern by programmatically addressing the complex needs of substance abusing parents.

Treatment of Alcoholism and Other Drug Abuse

Program Innovation: Title IV-E Waiver Supporting Services

The Department received approval in 2000 from the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) to conduct a Title IV-E waiver project in Illinois. This waiver allows the Department to test whether providing enhanced alcohol and other drug abuse services to the Department involved substance affected families will improve child welfare and treatment performance, particularly increased safe, successful reunifications for families served by DCFS and partner agencies. The demonstration period will last for five years and is limited to Cook County. The waiver incorporates two important programmatic components outlined below.

Juvenile Court Assessment Program (JCAP)

JCAP provides on site assessment and referral services at Cook County Juvenile Court. Juvenile Court personnel or child welfare staff can refer involved parents to JCAP for an assessment. Results of the assessment are shared with the parent and worker immediately at the conclusion of the assessment.

Treatment Support Services for Parents (Recovery Coaches)

The Treatment Support Services is administered by Treatment Alternatives for Safe Communities (Illinois TASC). Because of the research-based nature of the IV-E waiver project, eligibility for this program is determined on a random assignment basis through the JCAP program. The program provides a “Recovery Coach” for involved DCFS parents to engage and support them throughout the 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 Department provides the services that have the ability to address the problems that lead to child maltreatment. In a typical case, the most damaging of these are alcohol and other drug abuse. Surveys indicate that at least one of the parents involved with DCFS have a presenting substance abuse 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 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.

Specific program efforts designed to meet the needs of substance abusing biological parents are as follows:

DASA/DCFS Initiative

The DCFS/DHS-DASA (Department of Human Services – Division of Alcoholism and Substance Abuse) Initiative is a collaborative program between the two departments that began in 1995. The initiative provides identification of alcohol & substance abuse issues by DCFS and private child welfare staff, timely access to assessment and treatment for DCFS involved families, enhanced outreach and case management for families receiving treatment and removal of barriers to treatment for families (e.g. childcare). The initiative includes more than 30 providers across the state.

Project SAFE

Project SAFE is an intensive outpatient treatment service that provides a highly intensive outreach component, parent training, women’s support groups and aftercare. The Department of Human Services funds the treatment components of the project and the department pays for the

outreach, childcare and parent training. Services are provided at twenty-three sites across the state.

Intact Family Recovery Project

The IFR model is designed to deliver comprehensive casework services, including treatment and child welfare services to families who have a drug exposed infant, to cases opened to the Department, but remaining 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 substance abuse 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.

FACT Program

The Female Addicts & their Children in Treatment (FACT) Program is similar to the Intact Family/Recovery program, but is located in suburban 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 detox, treatment and two years of support programming, education and aftercare.

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.

Housing advocacy includes the housing locator service, which 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 Department of Housing and Urban Development (HUD) has made available Section 8 Housing Vouchers to permit payment for environmentally safe housing.

Children's Advocacy Centers

During FY05, 9.6 percent of all indicated child abuse/neglect reports involved sexual abuse. 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 various agencies (particularly DCFS, law enforcement, and States Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases.

Since 1987, 36 Children's Advocacy Centers have been developed in Illinois. Five of the 36 centers are in Cook County. The others, some of which serve multiple counties, are located throughout the state. It is estimated that 82 out of Illinois' 102 counties are served by a Children's Advocacy Center. Most centers receive locally-based funding through appropriations of the county or townships. The Department, other state agencies, and national organizations supplement the local funding.

Working to Assure Child Safety

The success of an investigative and child protection system in Illinois depends on a strong system of screening reports, effective use of investigative tools, and a properly assessed “front end” service delivery. The constant departmental strive for change has resulted in an improved safety record for the Illinois child welfare system.

The Department has invested significant time and resources in developing the best approaches in child protection practice to ensure child safety. As part of these efforts, child protection managers have established policy and practice that redefines each allegation of child abuse/neglect. The new definitions provide detail as to what constitutes a comprehensive investigation for each particular allegation, specifically, what medical input needed; the role, if any, of law enforcement; the collateral contacts that must be interviewed; and the documentation necessary to “indicate” the investigation.

The Department has refined the Child Endangerment Risk Assessment Protocol (CERAP) system, whose use has resulted in more precise determinations regarding the safety of children, which has been 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. Intact family efforts have had a significant impact in the number of new child cases placed into substitute care. Illinois has dramatically reduced the number of children removed from the home. Most notably, as demonstrated earlier, these remarkable gains were secured while, at the same time, ensuring children were more safely served in the home.

Service Measures for Protective Services

Units of Service	FY05 Actual	FY06 Estimated	FY07 Proposed	06-07 Change	06-07 % Change
Child Abuse/Neglect Hotline Calls	249,764	249,800	249,800	0	0.0%
Family Reports of Abuse or Neglect	66,820	68,700	68,700	0	0.0%
Child Reports of Abuse or Neglect	111,836	116,870	116,870	0	0.0%
Indicated Family Reports	16,344	17,080	17,080	0	0.0%
Indicated Child Victims	27,574	28,815	28,815	0	0.0%
Intact Family Caseload	6,983	7,300	7,300	0	0.0%
Family Cases Closed	9,780	9,880	9,880	0	0.0%
Families receiving Emergency Cash Assist.	3,790	3,700	3,600	-100	-2.7%
Families receiving Housing Locator Services	1,155	1,200	1,250	50	4.2%

FY07 Request

(\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07% Change
Child Protection Regions. (GRF)	69,809.3	66,604.7	73,534.8	6,930.1	10.4%
Children's Advocacy Centers (GRF)	2,169.5	2,069.5	2,069.5	0	0.0%
Children's Advocacy Centers (CSF)	1,505.4	1,505.4	1,505.4	0	0.0%
Purchase of Children's Services (CSF)	659.6	1,356.7	1,356.7	0	0.0%
Child Death Review Committee (GRF)	91.1	122.2	120.0	-2.2	-1.8%
Cash Asst. & Housing Locator Service (GRF)	3,511.2	3,632.0	3,632.0	0	0.0%
Federal Child Protection Projects (FPF)	3,125.5	5,292.6	5,292.6	0	0.0%
Child Abuse Prevention (CAP)	253.5	600.0	600.0	0	0.0%
Protective/Family Maint. Day Care (GRF)	19,808.1	21,076.7	22,210.1	1,133.4	5.4%
Day Care Infant Mortality (GRF)	1,251.0				
Total	102,184.2	102,259.8	110,321.1	8,061.3	7.9%

Day Care Infant Mortality merged into Prot/Fam Maint. Day Care in FY2006

Family Centered Service Initiative

The Family Centered Services are offered to a family when risk to the permanency and well being of the family unit first becomes apparent. Their purpose is to provide support and intervention to the family unit before placement of the children becomes imminent. Through this initiative, the state is able to continue its successful efforts to transform the child welfare system (public as well as private components) into a child-centered, family-focused, community-based system that is integrated with local resources and is responsive to community needs. Child abuse prevention, intervention and treatment services are being developed and supported with federal funding of over \$17 million in FY06. Funding is included for family preservation, family support, adoption promotion and support, and time-limited reunification. It is important to note that families referred by the Department and families not yet known to the Department, but believed to be at risk of eventual abuse or neglect, are served in the same community programs. These programs support families regardless of their legal relationship to the Department, and

thereby strengthen both the families and the social fabric of the communities in which they reside. The focus of state funding is on serving children who have been abused or neglected and their families, and serving families with child welfare needs.

Family Preservation Services

Family Preservation Services include services provided to intact families, families being reunified, and adoptive and subsidized guardianship families. They include crisis intervention, counseling, home-based services, family and individual risk assessment/risk monitoring, family and individual service assessment, service/treatment planning, casework and case management services, parenting training, day care services, partnered service linkage with public agencies (including the Department of Human Services, the Department of Healthcare and Family Services, school districts, public health and medical services), referral and linkage to continuing community services, and limited emergency cash assistance. These services are offered only when the child’s safety can be assured in the home. If the child’s safety is in question, the child is placed into a foster home or the home of a relative who can assure the child’s safety. Services are directed toward ensuring the child's development, safety and well being in his/her home; preventing placement or reducing the time a child is away from the family.

Extended Family Support Services

Extended Family Support Services are provided for relatives caring for children whose biological parents are unable to care for them, but who exhibit no signs of abuse or neglect. These services stabilize families and deflect them from long-term involvement with the Department. They are funded from the Foster Care and Family Centered Services appropriations. If no abuse or neglect is detected during provision of these services, the Department does not remain involved with the family. The Department of Human Services reimburses the families for the costs associated with the relative children for whom they are caring at payment levels determined by the standards of the Temporary Aid for Need Families (TANF) program. The program is successful at enabling families to be stabilized without a long-term casework and monitoring relationship with the state. These services have been very successful at enabling children to remain together safely with caring relatives.

FY07 Request (\$.000)

Type of Expenditures	FY05 Actual	FY06 Est. Exp.	FY07 Request	06-07 \$ Change	06-07 % Change
Family Centered Services Initiative (CSF)	17,014.1	17,301.8	17,015.0	-286.8	-1.7%
Family Preservation (CSF)	18,077.4	19,855.0	19,855.0	0	0.0%
Total	35,091.5	37,156.8	36,870.0	- 286.8	-0.8%

Continuing Challenges for the Department to Improve Children's Safety

The Department faces constant challenges in the need to ensure that it is providing appropriate services to families to protect children in the home and prevent their removal. The continued improvement of the implementation of a comprehensive risk and safety assessment will result in the delivery of services that are appropriate to ensure the child's safety and reduce risk of harm. As part of the priorities of the agency, an extension of these services will provide for the improved monitoring of children's safety while they are in residential and group care facilities.