

Budget Briefing

FY 2010



Illinois Department of Children & Family Services

Pat Quinn, Governor
Erwin McEwen, Director

Department of Children and Family Services

FY 2010 Budget Request Briefing Book

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Pat Quinn
Governor



Erwin McEwen
Director

Illinois Department of Children & Family Services

March 18, 2009

Dear Colleagues:

Illinois continues to make progress in our service to children and families. In the face of an unprecedented national economic crisis that places increased pressure on the successful functioning of families, DCFS and its many public and private sector partners have worked hard to prevent child abuse and neglect and address its effects. This presentation of the fiscal year 2010 budget shows that while we operate with fiscal responsibility, we can still advance our ongoing efforts to protect children by strengthening and supporting families.

The past year saw several major accomplishments. For the first time, DCFS funded and opened Family Advocacy Centers. These community-based partnerships work with DCFS-involved families to help them overcome obstacles and work toward a safe, successful return home for children. We also established and filled for the first time the position of the Associate Director of Child Psychiatric Services, a critical role in ensuring quality care for our wards. As part of that effort, DCFS also opened a new clinic to provide these services, and completed training of all casework and supervisory staff in "Psychological First Aid," a practical approach that brings knowledgeable, trauma-informed practices to the front lines of our care of children. Strengthening Families Illinois continued to garner national attention and continued to expand through collaborative agreements with Head Start grantee agencies. Our approach to residential care also provides a national example in our implementation of performance-based contracting to residential, group home, independent and transitional living programs.

The coming year's budget acknowledges the financial realities of today's national economy, yet our commitment to progress is undiminished. Strengthening Families Illinois will expand and deepen our collaboration with schools, and more Family Advocacy Centers will open across the state. Our Integrated Assessment process, which helps ensure that children in care receive the services they need, will be expanded through a demonstration project to include children in intact families. As part of our ongoing work to proactively address not only the effects of abuse and neglect but its root causes, DCFS is exploring differential response; in this approach, child welfare moves beyond foster care to find a broader range of supports that can protect children and strengthen families, tailoring services to the individual family's needs.

Our thanks go to our many partners in this work, from foster parents to private child welfare agencies to volunteers, judges, mentors, attorneys and advocates. Working together, we can make Illinois a better place for children and their families.

Sincerely,

Erwin McEwen, Director

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Department of Children & Family Services

Fund Summary (\$.000)

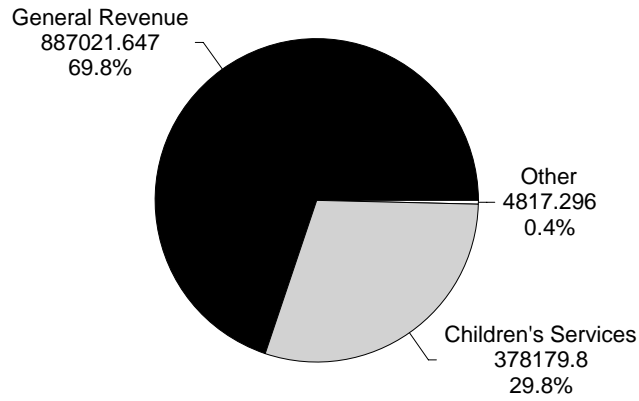
	FY08 Expenditures	FY09 Funding	FY10 Request	FY09-10 \$ Change	FY09-10 % Change
All Funds - Total	1,270,018.7	1,328,120.7	1,337,750.7	9,630.0	0.7%
State Funds - sub-total	1,265,536.2	1,320,053.1	1,329,683.1	9,630.0	0.7%
General Revenue	887,021.6	864,986.3	899,307.6	34,321.3	4.0%
DCFS Children's Services	378,179.8	431,135.6	406,460.3	(24,675.3)	-5.7%
Budget Relief Fund	0.0	22,971.2	22,971.2	0.0	0.0%
Child Abuse Prevention	318.8	600.0	600.0	0.0	0.0%
Special Purposes Trust	16.0	360.0	344.0	(16.0)	-4.4%
Federal Funds - sub-total	4,482.5	8,067.6	8,067.6	0.0	0.0%
DCFS Federal Projects	4,482.5	8,067.6	8,067.6	0.0	0.0%

Program Funding (\$.000)

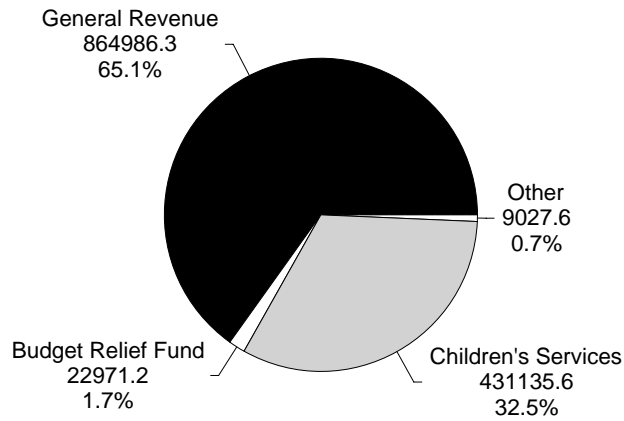
	FY08 Expenditures	FY09 Funding	FY10 Request	FY09-10 \$ Change	FY09-10 % Change
DCFS Program	1,270,018.8	1,328,120.7	1,337,750.7	9,629.9	0.7%
Protective Services	130,493.3	129,976.5	136,936.0	6,959.5	5.4%
Adoption & Guardianship	290,333.9	290,372.2	262,821.4	(27,550.9)	-9.5%
Family Maintenance	77,107.8	77,423.7	75,602.1	(1,821.6)	-2.4%
Family Reunification & Sub. Care	707,450.9	763,149.6	795,072.3	31,922.7	4.2%
Support Services	64,632.9	67,198.7	67,318.9	120.2	0.2%

Illinois Department of Children & Family Services (\$.000)

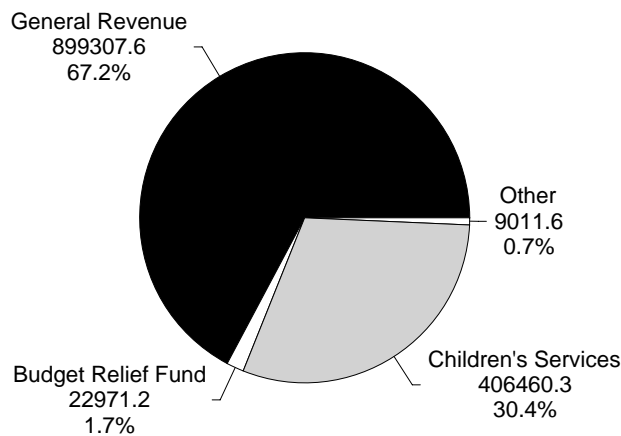
FY08 Expenditures - \$ 1,270,018.8



FY09 Funding - \$ 1,328,120.7



FY10 Request - \$ 1,337,750.7



Department of Children & Family Services FY10 Budget Request

Fiscal Summary by Program (\$.000)

Program	FY08 Exp.	FY09 Est. Exp.	FY10 Request	\$ Change 09Exp-10Req	% Change
Agency Total	1,270,018.8	1,316,065.7	1,337,750.7	21,685.0	1.6%
Well-Being	56,738.7	52,919.2	55,143.5	2,224.3	4.2%
Counseling & Auxiliary Services	39,076.5	34,339.6	35,106.1	766.5	2.2%
Clinical Services	4,106.6	4,322.1	4,698.5	376.4	8.7%
Service Intervention	13,555.7	14,257.5	15,338.9	1,081.4	7.6%
Permanency	939,597.6	978,931.2	986,395.5	7,464.3	0.8%
Adoption & Guardianship	275,625.4	261,798.1	248,011.4	(13,786.7)	-5.3%
Substitute Care Services	537,640.6	586,059.3	607,958.6	21,899.3	3.7%
Child Welfare Operations	126,331.6	131,073.8	130,425.5	(648.3)	-0.5%
Dept. Accountability & Service Quality	124,556.5	136,038.9	143,078.2	7,039.3	5.2%
Administrative Case Review	6,552.0	6,648.3	6,931.0	282.7	4.3%
Office of Quality Assurance	2,360.4	2,594.1	3,155.5	561.4	21.6%
Guardian and Advocacy	5,042.6	5,382.0	5,837.4	455.4	8.5%
Inspector General	1,809.8	1,978.9	2,100.3	121.4	6.1%
Central Administration	25,681.6	31,935.3	34,639.5	2,704.2	8.5%
Purchase of Service Monitoring	24,164.5	23,424.4	29,007.9	5,583.5	23.8%
Budget and Finance	48,341.0	49,467.4	46,798.1	(2,669.3)	-5.4%
Training	10,604.6	14,608.5	14,608.5	0.0	0.0%
Safety	149,125.9	148,176.5	153,133.5	4,957.0	3.3%
Child Protection	115,622.1	114,045.2	118,596.4	4,551.2	4.0%
Family Centered Services	33,503.8	34,131.3	34,537.1	405.8	1.2%

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

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	6,556	3,339	6,083	1,378	884	18,240
FY06	6,189	3,494	5,471	1,361	929	17,444
FY07	5,867	3,216	5,082	1,256	938	16,359
FY08	6,188	3,205	4,480	1,342	856	16,543
FY09 est	6,088	3,187	4,574	1,373	805	16,027
FY10 proj	6,223	3,258	4,675	1,390	823	16,369

Caseload Change

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	(40)	-0.6%	(154)	-4.4%	(514)	-7.8%	(127)	-8.4%	(25)	-2.8%	(860)	-4.5%
FY06	(367)	-5.6%	155	4.6%	(612)	-10.1%	(17)	-1.2%	45	5.1%	(796)	-4.4%
FY07	(322)	-5.2%	(278)	-8.0%	(389)	-7.1%	(105)	-7.7%	9	1.0%	(1,085)	-6.2%
FY08	321	5.5%	(11)	-0.3%	(602)	-11.8%	86	6.8%	(82)	-8.7%	184	1.1%
FY09 est	(100)	-1.6%	(18)	-0.6%	94	2.1%	31	2.3%	(51)	-6.0%	(516)	-3.1%
FY10 proj	135	2.2%	71	2.2%	101	2.2%	17	1.2%	18	2.2%	342	2.1%

Securing Safety

Protecting children from abuse or neglect is the Department's primary concern. The Department, along with community private child welfare agencies provides an array of services to strengthen families' abilities to have safe environments for their children and secure permanency for children when the family is not an option. The Department has an ongoing commitment to improve child abuse/neglect investigations, early intervention services and ongoing services for the purpose of increasing children's safety.

Improving the quality of safety casework

This year the Department will implement the Enhanced Child Endangerment Risk Assessment Protocol (CERAP) process through comprehensive training to all direct service employees, managers and administrators. Additionally, The Enhanced process requires a variety of refresher and skill development training in preparation for the training and implementation of the Enhanced Safety Process.

The Department has worked hard at trying to maintain an equitable caseload staffing ratio for investigators of 9:1. This has been realized in a majority of the offices Statewide. The lower caseload ratios enabled investigators to be comprehensive in safety assessments and investigative activities for appropriate outcomes. Major initiatives to improve the Department's response in investigations include:

- The Department utilizes a weekly review of Subsequent Oral Reports (SOR) by higher level administrators to ensure comprehensive decision-making.
- Staff has the benefit of enhanced processes within the SACWIS system. During FY09, the system has been redesigned for better access by the user, tracking and monitoring capability for work performances.
- Early intervention services provided through a collaborative handoff and transitional visit between the workers and the families. The early intervention services are triaged in five service levels in order to provide comprehensive, identified services to meet the needs of strengthening families' protective capabilities.
- The Department finalized a revision of core curriculum training for new hires in direct services. Direct service staff and private agency staff are receiving in-service training program on trauma and the effects of trauma for screening and referring children for treatment.
- The Department and its partners have been working hard to constantly improve the quality of child abuse investigations.

Critical Challenges

A continuing challenge faced by the Department is recruiting eligible staff to conduct child protection investigations, as well as maintaining staffing levels for supervisors who oversee the work of child protection investigators. Most notable is the need for Spanish speaking investigators throughout the state.

Investigators also play a greater role in the comprehensive assessment of children in care, which involves both initial assessments that take place early in the investigative process and later comprehensive assessments. Special attention is given to risk assessments

While the essential work of investigators remains the same, their roles and the organizational framework have changed. Reform goals and the demands of a growing number of cases have reshaped the way protective services are delivered. A greater emphasis is now placed on protection, accountability and serving the best interests of the child

A Better Trained Workforce

The Department can assure safety and quality of child welfare services by constantly upgrading the training made available to private agency and DCFS investigators and caseworkers. There has been a significant initiative to assure that training is made available to direct service staff.

- “Core” training for investigators has been revised and updated, with a new training model.
- “Foundation” training, the required training for all new workers, has been updated and revised. Intact family services workers are being retrained, in both DCFS and private agencies
- In partnership with the Illinois State Police, training on the impact of methamphetamine on families is continuing.
- Additional training topics include:
 - Medical Aspects of Child Abuse Investigations
 - Error Reductions trainings-allegation #11 cuts, welts, bruises
 - Human Trafficking
 - Scene Investigation

Training in these areas will continue to meet the needs of the caseworkers, law enforcement officials and others.

Policy and Procedure

The Department regularly communicates changes in policy and improvements in practice, including those based on DCFS Inspector General’s investigations and the Child Death Review Teams’ recommendations. Through major revisions in the training protocol the Department has invested significant effort in improving the knowledge base for all supervisors in the Departments direct care system.

In FY2009 and FY2010 the implementation of the enhanced safety protocol for investigations will be used as a major training focus for supervisors and direct service workers. Through learning collaboratives and scheduled skill training sessions, staff will be able to prepare themselves for transitioning to the enhanced safety protocol. Staff will have mini-trainings to become familiar with the revised Procedure 300 Reports of Child Abuse and Neglect.

Procedure 302.388 for Intact Family Services will be revised to provide guidelines on educational screenings for children ages 0 to 3 years.

Safe Placements

Licensing standards for foster homes are being revised to require a background check that includes the National Crime Information Databases and the state central registries for any other states the prospective foster parent lived in during the past five years. The Department's placement clearance procedures ensure safe, nurturing homes for children in its care by requiring workers to obtain placement clearance authorization from a centralized office, the Placement Clearance Desk, when placing a child in a licensed foster home or in a relative home. The Placement Clearance Desk will not authorize placement if the home would exceed its license capacity and requires criminal and child abuse/neglect background checks on all members of the household 13 years or older. Background checks are also conducted for youth 13 years old or older who are being placed in the home. Respite and pre-placement visits are included in these requirements. Placement Clearance Procedures also allow the Director to place a hold on admissions to the home for up to 60 days without notification to the caregiver.

A New Medically Complex Children Policy and Procedure

Medically complex children have extraordinary healthcare needs as a result of respiratory disorders, diabetes, cerebral palsy, organ failure, paralysis or other severe health conditions or disorders. They are at risk of permanent damage, significant suffering, or even death when appropriate medical interventions are not implemented in accordance with the child's medical care plan. Procedures include:

- Identifying medically complex children, understanding their needs and the responsibilities required of parents or caregivers
- Collection of medical information and records
- Having DCFS nurses assess the parent or caregiver's ability to care for the child and the safety of the home
- Consulting with healthcare providers and reviewing medical care plans
- Monitoring compliance with scheduled health appointments
- Requiring the use of advance life support vehicles to transport medically complex children who are ventilator dependent
- Weekly home visits for the first 45 days when the child is returned home

Water Safety

Rules require licensed day care homes to have a fence or a barrier around pools, ponds, fountains or other water hazards. This requirement will be extended to all licensed child care facilities.

Curfew Violations

The same behaviors that cause youth to violate established curfews are ones that may also cause them to become crime victims. The Department is developing procedures to address curfew violations, including an action plan to monitor the youth's compliance with curfew regulations.

Administration of Medication

The Department's previous rules addressed only the administration of psychotropic medications. Policies have been amended to establish requirements for the administration of all medications, require notification of adverse medication reactions, require caregivers to maintain tracking logs and report any missed doses of medications, and provide instructions regarding medications when a child travels or changes living arrangements. The revised policies address the administration of medication in foster homes, group homes, child care facilities, independent living and the self-selected placements of older youth.

Unusual Incident Reports

Rule 331 was revised via policy transmittal 2008.17 issued 7/18/08 and added the UIR incident types of "Psychotropic Medication - Emergency Administration" and "Medication - Adverse Reaction." It also separated the incident type of "Medical/Psychiatric Emergency" into 2 separate incident types: "Medical Emergency" and "Psychiatric Emergency." Rule 331 also clarifies the language for several incident types to make reporting more consistent, e.g. "Sexually Problematic Behavior by Ward Alleged," "Self Inflicted Injury/Wound," "Crime: Ward Detained, Arrested Charged with or Convicted," "Runaway/Missing Ward," and "Aggressive Act or Behavior by a Ward Alleged." Also, the title of the incident type of "confinement" was changed to "Seclusion of a Ward" to make it consistent with Rule 384.

Licensing Standards for Day Care Homes and Group Day Care Homes

Licensed Day Care Homes may provide care for up to 12 children; group day care homes may provide care for up to 16 children on a daily basis. Changes in licensing requirements require providers to maintain a daily list of children present. The Office of the State Fire Marshal and local fire prevention authorities are to inspect day care facilities.

Licensing Standards for Youth Transitional Housing Programs

Although Youth Transitional Housing Programs (YTHP) do not serve those for whom the Department has placement and care responsibility, standards were adopted to provide services and shelter to homeless minors. YTHP's are intended to keep youth safe, decrease juvenile crime and prevent youth from becoming crime victims. Youth served in these transitional

facilities must be between the ages of 16 and 18, partially emancipated and are working with agencies that provide Comprehensive Community Based Youth Services (CCBYS). These services, programs and contracts are monitored via the Illinois Department of Human Services (IDHS).

Licensing Enforcement

Department rule establishes the Department's authority to immediately rescind a licensed agency or facility's license if egregious violations are found that jeopardize the health, safety or well being of children or youth.

In FY 2004, the Department created the Child Location and Support Unit. The Unit employs a computer tracking system, 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. This system also links to the 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 is a key component to this model system. The Department continues to partner 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.

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% in FY 2000 to an estimated level of 16.0% in FY 2009. The statewide percentage of all children in care with no indicated/substantiated maltreatment from a foster parent or facility staff member while in substitute care has remained relatively unchanged at 99.5% in FY 2007 and through FY 2008.

From FY 2000 to FY 2009, the percentage of children entering care who came from open Intact Family cases has decreased from 31.8% to an estimated 25.9% this fiscal year.

Key Child Protection Indicators

The first half of FY 2009 saw an increase in call volume to the SCR Hotline over the same period in FY08. The following five indicators identify important trends in promoting the safety of children:

- In FY 2008, Child Abuse Hotline staff responded to 266,011 calls involving possible abuse or neglect, a 2.9% increase from the 258,563 calls in FY 2007.
- Hotline calls in FY 2008 resulted in 67,959 family reports, a .2% increase from the previous year total of 67,775.
- Family reports resulted in 111,898 child reports investigated during FY 2008, an increase of .14% or 156 children at risk from the 111,742 reports in FY 2007.

- There were 17,599 indicated family reports during FY 2008, an increase of 4.4% from the 16,859 indicated family reports during FY 2007.
- There were 29,952 indicated child victims during FY 2008 compared to the 28,394 indicated child victims in FY 2007, an increase of 1,558 or 5.5%.

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 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. As the age and the geography of the children served by the Department changes, the agency continues to shift resources and look for providers of services in regions of the state where caseload volume is increasing.

Children’s Advocacy Centers

In FY 2008 9.1% of all indicated child abuse/neglect reports involved sexual abuse, up slightly from 8.7 % in FY 2007, but not significantly. 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 State’s Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases. In the past 5 years, all of the Children’s Advocacy Centers have also been authorized to assist with the investigation of serious child physical abuse cases. The Children’s Advocacy Centers received 9,879 referrals for sexual abuse investigation during FY 2008. There were also 1,243 cases of serious physical abuse referred to the centers for coordinated investigation and services.

Working to Assure Child Safety

The success of the child protection system in Illinois depends on a strong system of screening reports, effective use of investigative tools, a properly assessed “front end” service delivery and adequately trained staff to intervene. This continuous striving for improved and successful 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 is 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, in partnership with the community, supports the development of Family Advocacy Centers as a resource for families.

For the first time in nearly ten years, the Department is refining the Child Endangerment Risk Assessment Protocol (CERAP) system. The use of the CERAP has resulted in more precise determinations regarding the safety of children. With the combined use of revised tools, procedures and increased training, staff can respond and intervene quickly to help families provide a safe living environment for their children.

Finally, the Department continues to build on this record by investing resources in the “front end” of the service delivery system. Intact Family Services efforts have had a significant and positive 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. We believe the new child safety protocol, enhanced Law Enforcement Agency Data System (LEADS) and other background check systems will improve the safety of children in the state.

Since 1987, 36 Children’s Advocacy Centers have been developed in Illinois. Five of the 36 centers are in Cook County. The other centers, some of which serve multiple counties, are located throughout the state. The current system provides services to 83 out of Illinois’ 102 counties. Additional centers targeted to about 6 counties are in the process of development and may be operational during this coming fiscal year. 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.

Treatment of Alcoholism and Other Drug Abuse (AODA)

Substance Affected Families

Abuse of alcohol and other drugs are frequent accompaniments to incidents of child abuse or neglect. The Department’s intervention with substance-affected families (SAF) is a collaborative effort between DCFS and the Division of Alcohol and Substance Abuse (DASA). Major revisions were made in the Department’s policies and procedures describing intervention and services to substance affected families, establishing the following requirements:

- Child protection investigators must complete a substance abuse screen for all adults in a household when child abuse/neglect is reported. The screening instrument describes for workers physical signs and symptoms that may indicate substance abuse.
- Child protection and child welfare staff must refer parents or caregivers for assessment and treatment when indicated.

- Enrollment of preschool children that are members of an intact family in protective day care.
- Collaborative monitoring of progress by the DCFS and DASA staff, including weekly home visits.
- Urine and toxicology testing when clinically appropriate.
- The provision of education and treatment services to the individual's children and other family members.
- Back up child care plans.
- Ongoing risk assessment, including for families who are making satisfactory progress in treatment.
- Completion of the AODA Recovery Matrix.

Promising Approaches: Title IV-E Waiver for Substance Abuse Services (Recovery Coach Program)

Under Section 1130 of the Social Security Act, the U.S. Department of Health and Human Services (HHS) was given authority to approve child welfare demonstration projects involving the waiver of certain requirements of Titles IV-B and IV-E of the Social Security Act that govern foster care, adoption assistance, child welfare services, and other programs and administrative expenses. The waiver authority provides an opportunity for states to design and test a wide range of approaches to improve and reform child welfare. The Department's Title IV-E AODA waiver project was granted by ACF for a five-year demonstration period beginning in April of 2000. The Department applied for a 5 year extension which was granted in December 2006 and will run through December 2011. This extension allowed DCFS to expand the project to two additional counties, Madison and St. Clair. This extension and expansion enabled additional enhancements to be added to the Recovery Coach program's efficacy and client service delivery capacity in order to address key barriers to reunification such as housing, mental health, and domestic violence. In addition to the continual focus on substance abuse and misuse issues.

The project served approximately 1,500 parents in Cook County during the first 5-year period and will seek to serve about the same amount of parents within the second 5 years. A smaller sample of approximately 400 parents will be served in Madison and St. Clair counties. Parents are randomly assigned to either a control or demonstration group. Families in the control group receive the JCAP assessment, a level of care determination, and an intake appointment at a treatment provider within 24 hours of the assessment. Existing child welfare and AODA services are also available. In addition to the above services offered to the control group, families in the demonstration group receive the enhanced services of a Recovery Coach to coordinate their AODA services and to provide intensive home-based outreach and engagement opportunities throughout the life of their DCFS case.

Service Components

The project provides a standardized substance abuse assessment and referral to treatment either at the Juvenile Court Assessment Project (JCAP) in Cook County or by the TASC Court Assessment project (TCAP) in the Metro East counties. Eligible clients are parents of either siblings of children already in foster care or are children new to DCFS services. Clients are initially identified through the Child Protection Division of Cook County Juvenile Court and the Madison and St. Clair County courts. Cases are referred to the AODA assessment unit at either JCAP or TCAP for a determination of their need for AODA treatment.

The Department has contracted with Treatment Alternatives for Safe Communities (TASC) to employ Recovery Coaches to provide intensive AODA outreach and case management services to families assigned to the demonstration group. The Recovery Coaches are employed by an independent agency to help ensure continuity of services when the client changes treatment providers, while also remaining an objective advocate for the client and entire family throughout the treatment process.

The primary goals for the Recovery Coach enhancement are to actively assist parents to address their AODA issues and to help parents move towards reunification as safely and quickly as possible. These AODA experts work in close partnership with the Child Welfare worker assigned to the case and remain engaged with the family even after the parent's AODA treatment has been completed. Recovery Coaches work to ensure AODA treatment engagement and consistent attendance, coordinate staffings and family meetings, conduct home visits to provide on-going support and education to the family, ensure random urinalysis testing, and submit monthly progress reports to the child welfare worker and courts as needed.

Evaluation Findings

In addition to the service components of the project, an independent evaluation is required for federal financial participation. The Children and Family Research Center at the University of Illinois serves as the project evaluator. A summary of findings from the evaluation is provided below.

Substance Abuse Services

- **Accessing Services & Participating in Treatment:** According to DASA treatment service data, parents in the demonstration group (87%) are more likely to access AODA treatment services compared with parents in the control group (77%). Caregivers in the demonstration group also accessed substance abuse services more quickly (74 days vs. 108 days). According to project data, 71% of the demonstration group actively participated in treatment compared to 52% of the control group. This difference is statistically significant.
- **Completing Treatment Services:** According to project data, 410 (43%) of the demonstration group completed at least one level of care compared to 83 (23%)

caregivers in the control group. This difference is statistically significant. In addition, 22% of the caregivers in the demonstration group completed all recommended levels of treatment. This includes: detoxification, outpatient treatment, intensive outpatient treatment, residential/inpatient treatment and recovery homes. Progress within substance abuse treatment increases the likelihood of achieving family reunification.

Permanency Outcomes

- Children in the demonstration group are more likely to achieve reunification relative to children in the control group (15.5% vs. 11.6%). This difference is statistically significant.
- On average, children in the demonstration group are reunified in 522 days as compared with 707 days for children in the control group. In other words, children in the demonstration group spend an average of 6 months less time in care. This difference is statistically significant.

Subsequent Oral Reports and Child Safety

- The caregivers in the demonstration group are significantly less likely to be associated with a subsequent allegation of maltreatment (25% demonstration vs. 30% control).
- The female caregivers in the demonstration group are significantly less likely to be associated with a subsequent SEI (substance exposed infant) (14% demonstration vs. 20% control). On a related note, caregivers that complete substance abuse treatment are significantly less likely to have subsequent SEIs (7.9% demonstration vs. 18.8% control).

Cost Neutrality

- The AODA waiver demonstration saved the state \$3,862,914 as of June 2008. Under the terms and conditions of the waiver states can retain any savings generated through the waiver.
- The waiver remains cost neutral – more precisely – generating savings that the State can then reinvest in other child welfare services.

Additional program efforts designed to meet the needs of substance abusing biological parents include:

DASA/DCFS Initiative

The DCFS-DASA Child Welfare Integrated Services Initiative is a collaborative program between the two departments that began in 1995. The initiative provides identification of alcohol & substance abuse issues and referral 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, written monthly progress reports to the

caseworker, and removal of barriers to treatment for families (e.g. childcare). Referrals from DCFS and private child welfare agencies are given priority for admission at DASA funded treatment programs.

Intact Family Recovery Program

The Intact Family Recovery (IFR) model provides an array of services to cases opened to the Department following the birth of a substance exposed infant (SEI). The comprehensive casework services include substance abuse outreach, engagement, and case management coupled with child welfare services to families participating in the program. The IFR program is intended to assure the safety of children for whom no placement decision has yet 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 family's life will support child safety, as well as recovery from alcohol and other drug abuse.

Programs that Assist Family Stability

Norman Emergency Cash Assistance and Housing Locator Service

Norman Services provide assistance to families who have children who are in danger of coming into, or cannot be returned home from, DCFS care due to a subsistence issue such as lack of food, lack of housing or lack of clothes. The program provides the following three services:

- Cash Assistance to purchase items needed to care for the children that the client cannot afford to purchase themselves
- Assistance looking for housing
- Provides a waiver to families with children in DCFS custody who will be returned home within 90 days allowing them to apply for Temporary Assistance for Needy Families (TANF) before their children are returned home

Youth Housing Assistance Program

The Youth Housing Assistance Program provides services to help youth who are aging out of, or have aged out of, DCFS care to obtain stable housing. The program provides the following services:

- Assistance looking for housing
- Cash assistance to stabilize housing
- A partial housing subsidy for clients with a closed DCFS case

Housing advocacy services can be provided as much as six months prior to the date that the case is closed. Cash Assistance, including the housing subsidy, can be provided after the client has turned 18. All services must be provided prior to the client's 21st birthday.

Service Measures for Protective Services

Units of Service	FY08 Actual	FY09 Estimated	FY10 Projected	09-10 Change	09-10% Change
Child Abuse/Neglect Hotline Calls	266,011	273,991	282,211	8,220	3.0%
Family Reports of Abuse or Neglect	67,959	68,978	70,012	1,034	1.5%
Child Reports of Abuse or Neglect	111,898	115,254	118,712	3,458	3.0%
Indicated Family Reports	17,621	17,885	18,153	268	1.5%
Indicated Child Victims	30,007	30,907	31,834	927	3.0%
Intact Family Caseload	5,293	5,690	6,117	427	7.5%
Family Cases Closed	7,775	7,900	8,000	100	1.3%
Families receiving Emergency Cash Assist.	3,077	3,100	3,100	0	0.0%
Families receiving Housing Locator Services	1,051	1,000	1,050	50	5.0%

FY2010 Request

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Type of Expenditures	FY08 Actual	FY09 Est. Exp.	FY10 Projected	09-10 Change	09-10% Change
Child Protection Regions. (GRF)	78,099.0	74,707.9	78,369.7	3,661.8	4.9%
Children's Advocacy Centers (GRF)	2,069.5	2,069.5	2,069.5	0	0.0%
Children's Advocacy Centers (CSF)	1,505.4	1,398.2	1,398.2	0	0.0%
Purchase of Children's Services (CSF)	1,182.4	1,314.6	1,314.6	0	0.0%
Child Death Review Committee (GRF)	100.0	120.0	120.0	0	0.0%
Cash Asst. & Housing Locator Service (GRF)	1,256.1	1,389.0	1,432.0	43.0	3.1%
Cash Asst. & Housing Locator Service (CSF)	2,068.7	2,035.5	2,071.3	35.8	1.8%
Federal Child Protection Projects (FPF)	3,280.5	4,500.0	5,292.6	792.6	17.6%
Child Abuse Prevention (CAP)	318.8	582.0	600.0	18.0	3.1%
Protective/Family Maint. Day Care (GRF)	25,741.9	25,928.5	25,928.5	0	0.0%
Total	115,622.3	114,045.2	118,596.4	4,551.2	4.0%

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 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 close to \$14.9 million in FY2009 and a state appropriation (using portions of two grants) of nearly \$17 million in FY09 and \$16.5 million in FY2010. 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. The standardization of case management for family preservation services statewide was achieved in FY08. Uniform family preservation services will continue to be provided in FY10 under the Intact Family Services program plan.

Extended Family Support Services

The Extended Family Support Program (EFSP) provides services to stabilize the home of a relative caregiver who has been caring for their relative's children for more than 14 days. Neither the relative caregiver nor the child can be involved in the child welfare system.

Services provided by EFSP include:

- Help obtaining guardianship in the local probate court
- Help obtaining a child only grant, subsidized day care and other entitlements
- Help enrolling children in the school district where the relative caregiver lives
- Cash assistance for items needed to stabilize the household.

FY2010 Request

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Type of Expenditures	FY08 Actual	FY09 Est. Exp.	FY10 Projected	09-10 Change	09-10% Change
Family Centered Services Initiative (CSF)	16,362.2	16,489.7	16,489.7	0	0.0%
Family Preservation (CSF)	17,141.6	17,641.6	18,047.4	405.8	2.3%
Total	33,503.8	34,131.3	34,537.1	405.8	1.2%

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.

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. Over the past several years, 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. In services provided by the private sector and those provided by the Department, improvements in caseworker to caseload sizes are enabling an improved standard of casework. With very few exceptions caseload sizes are similar throughout the state. Continued system improvements over the past decade have resulted in the number of children in substitute care declining to approximately 16,027 by June 30, 2009.

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. As youth move into adolescence 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 will continue to prioritize spending in FY2010 to make sure the needs of these youth are met. With limited funding, the Department continues to try to meet the needs of the thousands of wards and former wards that are beyond the age of 18 years but are continuing to develop skills and resources to help them reach their full potential.

The Department has put in place system changes to address the concerns of the recent comprehensive Federal review, which identified that despite all systemic improvements, the remaining foster care caseload faces greater challenges and the Department and the child welfare aspects of the Judicial system need to enhance their processes in certain areas to meet these challenges. Through the Performance Improvement Plan and resulting new direction, the Department is concentrating efforts on the weaknesses identified in order to make the child welfare system even stronger. In the coming fiscal year, the Department will be carefully monitoring all the changes that have been made.

The Department's Record – Progress in Substitute Care

Illinois has reduced the number of children in substitute care for the eleventh consecutive year, from a peak of 51,596 in mid-FY 1997 to 16,027 children by the end of FY 2009. As the numbers of children in protective care declines, the needs of the population of children in care have changed as well. Approximately 36.4% of the children in care today are age 13 years and over. Not only are few of them likely to achieve permanency, but many also have a need for intensive physical and/or mental health services.

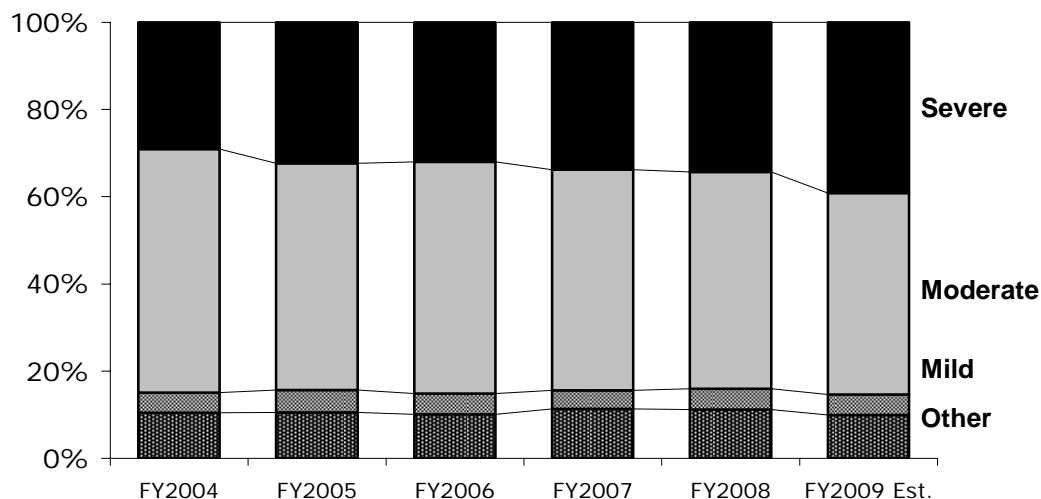
While the overall capacity of the residential care system is adequate, the Department continues to work to bring on-line placement resources for the hardest to place youth and youth who are currently underserved in the existing configuration and availability of beds.

This additional residential resource development is represented by the following characteristics:

- Behavioral health challenges and concomitant medical complications,
- Chronic mental illness that likely will require transition to the adult DHS system,
- Pregnant and parenting teens with behavioral health challenges,
- Dual diagnoses with mental illness and developmental disabilities.
- Severe conduct.

The chart below illustrates a continuing trend towards high-end care in residential services. In FY2004, 29% of the youth placed in residential treatment care required high-end services. In FY2009, an estimated 39% of the youth placed in residential treatment care will require high-end services.

Residential Caseload - 6 Year's Dynamic Serving Proportionally More Severe Cases



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 FY 2005 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 a series of reforms, which include:

Integrated Assessment: Each child coming into care is provided with a comprehensive clinical assessment. 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. 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. A total of 1,697 assessments have been completed during FY09 (as of January 2009). Regional breakdown includes: Northern Region, 371; Central Region, 543; Southern Region, 284; and Cook Regions, 499. The statewide implementation of this process is expanding to serve not only new entrants but other Department populations.

Trauma Treatment

The Illinois child welfare community, including both the Department of Children and Family Services (DCFS) and private sector child welfare agencies, faces a critical challenge: to create and sustain a system that responds to the effects of adverse and traumatic events to its clients and family members throughout their involvement with the Department. To be effective, this system must be responsive to clients' and families' needs across their varied and changing developmental and functional presentations, as well as at the various stages of their involvement with the child welfare system. The system-wide response must be universal, focusing on all its clients and families, and its scope must be comprehensive, providing an array of services and interventions that are specifically tailored to the needs all family members in order to integrate and facilitate safety, well-being and permanency.

The Department's Trauma Informed Practice Program is a collaborative effort between the Department (DCFS), Chicago State University (CSU), Community Mental Health Council (CMHC) and Northwestern University (NU) that utilizes an integrated systems approach to addressing the needs of children and their families within the child welfare system and within their community while in substitute care.

The Trauma Informed Practice Program is currently comprised of five (5) learning phases:

1. Child Trauma 101: Trauma-Informed Casework Practice (Embedded in Foundations Training in 2008)
2. Psychological First Aid
3. Trauma 201: Developing Casework Practices for Complex Trauma within Complex Systems
4. Assessment/ CANS Certification
5. Strengths-Based Service Planning using the CANS and Statewide Provider Database

Launching the Trauma-Informed Practice Program (TIPP)

During 2008, the Department launched the Trauma-Informed Practice Program (TIPP). Twenty-one staff were hired through a contract with Chicago State University and trained. TIPP staff members possess an exemplary range of experience in child welfare, trauma, and training. A TIPP staff member has a mean of 14 years post-masters at the time of hire. Supervisors and trainers from the Trauma Informed Practice Program (TIPP) along with staff from the Practice Application Support Services (PASS - another "Chicago State" program) programs have served as content experts and facilitators of learning collaboratives during Phases 1 & 2 of the trauma initiative.

Within this year, curriculum revisions were completed on the Trauma 101 curriculum. A residential version of this curriculum was also developed and implemented, and all TIPP Trainers were certified and now provide training in Psychological First Aid. Trauma 201 was also developed in partnership with the DCFS Office of Training and Professional

Development, Division of Operations, Office of Policy, POS agencies, and with our initiative partners.

Promising Practices: Establishing Learning Collaboratives within the Regions

The Department has adopted an evidence-informed approach to child welfare practice and service delivery with children who have experienced traumatic and adverse experiences that is inclusive of selected practice models that have demonstrated effectiveness in empirical trials and in field implementation. These evidence-informed practices build upon other “*promising practices*” established by the Department. This approach requires continuous evaluation, review and consideration of existing and emerging practices that have demonstrated effectiveness and address the complex needs of constituents throughout the child welfare system.

The Department of Children and Family Services along with national entities such as the National Child Traumatic Stress Network (NCTSN) and other practitioners across the country are committed to providing the highest quality of services for children and families that have experienced trauma. During FY2009, the Department developed 32 Learning Collaboratives that serve the 4300 DCFS and private agencies child welfare staff. While classroom training on these trauma-informed practices plays an important part in the adoption of new practices, it is not enough to ensure true understanding, increased skills and full implementation of these practices. The Learning Collaborative provides a systematic way for sites to simultaneously learn and implement new practices, test ideas, exchange experiences, and share ongoing feedback that will enable the learners to become each other’s teachers.

Identifying Resources: The Statewide Provider Database

The Illinois Statewide Provider Database has been developed in collaboration with Northwestern University and the Cook County Juvenile Court Clinic as a searchable database of community service providers across Illinois. The system contains details needed to access and utilize mental health, substance abuse, domestic violence, recreational, and other kinds of programs, including information that can help overcome barriers to accessing these resources. Information in the system is organized geographically so that searches yield the closest providers offering needed services. The system links with the CANS assessment database so that case work staff may use a recent assessment as a guide to service planning. The information contained in the system, updated regularly by staff and providers, is not limited to DCFS contracted providers, and collaborators outside of DCFS currently use the system as well.

Overview of the 5 TIPP Learning Phases:

Phase I: Child Trauma 101: Trauma-Informed Casework Practice: This curriculum provides introductory awareness and skill development regarding the nature of trauma, subsequent symptomology, and developmental impact. The curriculum fosters the development of viewing child welfare services through a “*trauma lens*” that enhances the resilience and protective capacity of children and their families. There is a residential version of this curriculum available that has been adapted for this service setting.

Phase II: Introduction to the Learning Collaborative & Psychological First Aid:

Psychological First Aid (PFA) is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of a disaster or critical event. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short and long-term adaptive functioning and coping.

Phase III: Trauma 201: Developing Casework Practices for Complex Trauma within Complex Systems. This curriculum provides the framework for the Illinois model for trauma-informed child welfare practices throughout the life of a case. It also develops the knowledge and skills of the workforce through trauma interventions that address complex trauma within an ecological perspective.

The goals of the Trauma 201 Model:

1. To expand knowledge developed in Child Trauma 101 and Psychological First Aid, by developing advanced knowledge of complex trauma which affects the majority of youth in care;
2. To enhance trauma-informed casework skills for investigation, assessment, and service planning when working with children and their families within an ecological/ systems' perspective;
3. To provide strengths-based; family-centered casework practices to the children and families of Illinois that have experienced trauma in order to support overall child and family well being.

Phase IV: Illinois Comprehensive CANS 2.0: The IDCFS assessment process already supports the Child and Adolescent Needs and Strengths (CANS) tool for assessment, decision-making, and to measure the child's progress over time. The CANS 2.0 version has been revised by better defining existing items and by incorporating the Department's Readiness for Permanency and Reunification. Using the "Readiness," key stakeholders in child welfare, including parents and substitute caregivers, will work together to build on parents' strengths and readiness for reunification. Phase IV will allow staff the opportunity to hone their critical thinking and gain the skills to become reliable users of the Child and Adolescent Needs and Strengths tool. All staff participating in a Learning Collaborative will be certified in the CANS 2.0. Veteran users will support new users throughout the two-day training. The newly developed Child Welfare Specialist (CWS) web application will be reviewed and staff will have access to their own data on a daily basis.

Phase IV – Strength-based Service Planning using the CANS: Building on skills learned in Trauma 201 and CANS Training, Phase V will focus on the intervention process in the child welfare practice cycle. A model for strength-based service/ treatment planning developed by Illinois CANS Super Users will be introduced and applied to existing case scenarios. Staff will also become familiar with the IDCFS Statewide Provider Database as a tool for identifying "local" resources. Using this database, child welfare staff will be better able to identify need and make referrals to

trauma-informed and trauma-trained providers within their geographical community, in addition to identify other needed services and improve access to services.

Psychiatric Services

DCFS established the Office of Psychiatric Services (OPS) to provide quality, timely psychiatric healthcare to the children and families in our care. The need for psychiatric services, particularly among youth in care, is high and the availability of expert providers is low. At 5.25 providers per 100,000 children, Illinois well below the national average of 8.67. The wait time for an outpatient appointment in the greater Chicago area is between 2 and 12 months. Mental illness is associated with school failure, high-risk behavior, suicide and running away. In addition to the emotional costs, there are serious financial costs to consider. The cost for a psychiatric hospitalization is on average \$23,000 (with a 12.5 day stay).

The goals of the DCFS Office of Psychiatric Services are to:

- Improve access to psychiatric care
- Ensure delivery of quality care
- Minimize in-patient hospitalizations
- Keep costs down while maximizing outpatient services.

To meet these challenges, the Department will respond with a three-pronged approach

1. PACT (Psychiatry for Adolescents and Children in Transition) Clinics in Cook County
2. Preferred Provider Network of Illinois
3. Working with DHS on an inter-agency agreement to provide Telepsychiatry services for Rural Areas of Illinois

PACT Clinics serve children with acute psychiatric needs by offering initial evaluations, medication monitoring and assessments. The PACT-South Clinic was established in February 2006 and has provided 428 appointments during FY09 (as of January 2009). PACT Clinic-Cook North and PACT Clinic-Cook Central will come online in FY09.

Counseling Services for Special Populations

Through various contracts, the Division of Clinical Services also has the responsibility of providing counseling services for victims of sexual abuse and domestic violence. In addition, the Division supports caregivers of medically complex or developmentally challenged infants and children between 0 and 13 years of age. Services are also provided to the pregnant and parenting population including moms with medical issues. Various services include outreach nursing services and medical advocacy, in-home respite, and in-home medical/patient education.

Other contracted services under the clinical umbrella include an alliance against sexual assault (counseling and therapy for victims) and services for abused and neglected wards with mental health and deafness issues.

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. By the end of FY 2007, approximately 6,700 youth received a total of 7,400 CAYIT assessments.

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, 80% of youth in care have a permanency goal of 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 FY 2007, fourteen programs were developed and are currently operational. Included in these 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.

Keeping Children in their School Area: For many years the Department has been faced with the educational challenge of keeping foster children progressing in school even as they move from one foster home to the next and from one school district to the next. To help stabilize educational outcomes and to help stabilize a child’s life, the Department has changed its policy regarding foster home locations so that every thing possible is done to keep the child in the same school catchments area. The results have been dramatic. Many more children are able to stay in the same school enabling continuous education even though they are moving from one home to another. Progress in implementing this new policy is continuing in FY2010.

Redesign of Transitional Living and Independent Living Programs: An extensive collaborative effort involving the Department and the provider community surveyed 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. Several redesigned programs became operational in FY 2007. The remaining programs were implemented in FY2008.

Cook County Shelter System

Overview

At this time the Cook County shelter system has an extremely low profile compared to the late 70’s and 80’s, when the shelter system was a source of criticism as well as media exposés. It should be noted that to maintain this stability requires constant vigilance, effective management, coordination and monitoring.

In 2003, the Department decided to move towards a system, which accommodated fewer youths in individual facilities. It was determined that *smaller was better* and that it afforded the opportunity to enhance programs for youth during shelter episodes. To that end, the Department contracted with seven private agencies to work collaboratively as part of a shelter network. Shelters that comprise the DCFS Cook County shelter system are located in varying

communities across the city and serve a diversity of children/youth ages zero (0) through twenty years (20) of age.

Since completion of the redesign of the Cook County Shelter System, emergency placements are available at the following sites:

- *Aunt Martha's Children's Reception Center* (Bronzeville) accommodates all youth from birth to 21 years of age. The facility is oftentimes referred to as "The Hub" and serves as the entry point into the shelter system. The Center has a licensed capacity for 50 youths and serves as back up for all the other shelters.
- *Anchor/Methodist Youth Services* (East Rodgers Park) has a licensed capacity to house 8 adolescent males, ages 14-18 years
- *Essex/Lawrence Hall Youth Services* (South Shore) has a licensed capacity to house 8 younger males, ages 8-14 year
- *Graves/Lawrence Hall Youth Services* (Albany Park) has a licensed capacity to house 8 adolescent males, ages 14-18
- *Daniel J. Nellum* (Englewood) has a licensed capacity of 16 and accommodates older adolescent males, ages 16-21
- *Madden* (West Town) has a licensed capacity of 20 and is a program designed solely for females, ages 14-21, who are pregnant and parenting
- *Sadie Waterford* (Southern Suburb) has a licensed capacity of 15, accommodating adolescent females between the ages of 14-18
- *Ada S. McKinley Emergency Foster Homes* (South Shore) is a professional foster parent program providing emergency services for infants/toddlers, under the age of 3 and large sibling groups

All the shelters have programming for all the various age groups, which includes:

- Psychiatric services
- Medical services
- Life skills classes
- Case management services
- Educational services—(children/youth in shelter attend their home school when possible)
- Recreational services
- Parenting classes
- Drug Abuse Prevention services
- Employment/vocational services
- Domestic violence classes
- Individual/group therapy

Oversight

Maintaining safety, stability, coordination and communication with all the shelter providers and Department staff is a challenge. The shelter has a constant influx of children/youth and safety issues can emerge at a moment's notice. To that end the shelter administrators and Department staff have a daily teleconference referred to as "Grand Rounds". This daily call-in serves several purposes:

- Allows assigned Department staff to identify any milieu/group composition problems, which may have emerged during the 24 hour period and make appropriate changes;
- Identifies any potential problems within any of the shelters and/or the community, in which they reside and provides an opportunity to discuss, plan and intervene
- Provides an opportunity to place youth in the most appropriate shelter setting, using information presented, at the time of intake. This decision is made collaboratively with Department staff and shelter administration
- Provides general oversight of the entire Cook County Shelter System

Residential Monitors have been assigned to all the shelters/emergency foster homes. Residential Monitors are required to make unannounced minimum weekly visits(or more if necessary) to observe the programming and milieu management of the varying shelters. A critical role of the monitor is to identify short-term treatment concerns, issues around safety, program improvement, monitor corrective action plans and communicate with Department licensing when necessary.

This layer of monitoring serves as a safety net in ensuring that the group composition of each shelter is appropriate.

Shelter Initiatives

Over the past year, the Department has decided to enhance the entire shelter system from intake to discharge.

Temporary Placement Admissions to the Cook County Emergency Shelter System (301. Appendix G)

While the Department concentrated on enhancing the programming and monitoring of the shelters over the past few years, it became apparent that guidelines for Cook County Shelter admissions have never been formalized. A draft policy has been submitted to the office of Child and Family Policy to regulate shelter admissions.

The purpose of this policy is to provide consistent and clear direction to all Child Welfare/Child Protection staff that need to access the Cook County Shelter System, from the point of entry to discharge.

Electronic Referral/Intake

In order to streamline the intake process, admission form templates will be available electronically during FY10.

This will afford workers an opportunity to sit at their desk and complete a brief Intake form which captures information, necessary for the shelter admission. Upon completion the worker will send the form electronically to the Department Emergency Reception Center staff, gatekeepers of the shelter system. It is hoped that workers and youth will not spend unnecessary time going through a lengthy, outdated process.

SACWIS (Emergency Reception Center (ERC) Staff)

Currently, information related to “children and youth”, in shelter are entered into a NOMAD database by DCFS/ERC staff. This is a system which has been utilized by ERC staff for about 20 years and is a stand-alone mainframe database.

In order to integrate ERC service requests into a child’s SACWIS file, the ERC staff will have the ability to enter all service requests into the appropriate SACWIS file. ERC staff are currently being trained to enter notes in the SACWIS system.

The benefit of SACWIS access is:

- All information on any child/youth will be integrated into one file and not in separate systems.
- The assigned investigator /child welfare worker will have current information placed directly into SACWIS and immediately know it has been entered.

During the Intake process ERC staff will now have the ability to print pertinent documents from the child’s SACWIS file (such as Integrative Assessments and Client Service plans) and provide that information electronically to the shelter that is going to receive the client admission.

This will serve two purposes:

- Assist the worker with the required documents for shelter admission, during a critical time
- Provide much needed information for the shelter staff who will be providing care

Email Access for Shelters

All the shelters have now been given email access. It is the intent that ERC staff will email all Intake referrals and any related SACWIS information (child specific), to the shelter receiving the child. This also provides the ability for all shelter case managers to directly correspond with assigned case managers regarding placement efforts and other information sharing.

Shelter CAYITs

Over the past 18 months CAYITs has been convened onsite for youth who are currently in the shelter system. There are two CAYIT teams for the shelter population which convene three times daily Monday through Thursday.

Benefits of having CAYIT teams specifically for youth in shelter are:

- Increased participation from youth
- Participation from staff currently providing care/supervision of the youth
- Quick clarification regarding medical concerns due to access to medical records at the shelter clinic

- CAYIT reviewers have an ability to gain day-to-day information on a youth through observation and access to milieu staff to help determine placement type
- Enhanced coordination and communication

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; to support families indicated for, or at risk of, abuse or neglect; provide specific, targeted counseling for children in care experiencing trauma associated with abuse; or to counsel as 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.

Pre-Admission/Post-Discharge Screening and Assessments

The Department and its two partner agencies, Healthcare and Family Services and the Department of Human Services have developed a common system of Pre-Admission/Post-Discharge Screening and Assessment Services for its clients (referred to as SASS). 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. The system has resulted in fewer inappropriate psychiatric hospitalizations.

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.

Based on studies completed within the last two years, some of the challenges the Department faces include:

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% are older than their classroom peers. Only 40% 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% have repeated a grade and 17.9% have been expelled from school.

Enrollment in Special Education Programs - Nearly 7% 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% 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% change schools once during the school year while more than 10% change schools two or more times. Of 17 year olds in care, 27.4% 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% had neither a high school diploma nor a G.E.D. Only 38.6% were enrolled in a postsecondary college or vocational training program, while 30.3% were neither in school nor employed. Of the 33.9% who were currently employed, 79.4% 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% of youth had neither a high school diploma nor a G.E.D.; 56.4% of the national sample of youth were enrolled in a postsecondary college or vocational training program; 58.2% of the youth were currently employed.

The following outline represents specific details that demonstrate 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 the 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. Initially, 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 was to bring this result to 100% for all foster children by September 2007.

In FY08 a concrete data collection process was established which tracks children with a legal relationship with IDCFS which are enrolled in head-start, pre-kindergarten, accredited child care facilities, licensed day care, return home and adoptions. The above categories represent 93% of the IDCFS data collected on children ages (3-5). Specific barriers to enrollment have also been identified.

Efforts are continuing to promote and strengthen the collaboration among early childhood and child welfare professionals. Every DCFS region has an assigned School Readiness Specialist that work with a variety of programs, including Headstart Quality Early Learning Programs and Strengthening Families Learning networks, to ensure the process of enrolling children meets the Department's educational mandates.

Illinois Joint Cooperative Agreement All children in the child welfare system qualify for Head Start. One of the major resources for enrolling children in quality early learning programs is Head Start. 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.

Strengthening Families through Early Care and Education Illinois Research has shown that the impact of center-based early childhood education on preventing and reducing the impact of child abuse and neglect on young children is positive. Early childhood programs work effectively with high-risk children and their families. This means that child welfare systems could partner with high-quality center-based childcare programs to significantly improve their services to both children and families. Illinois was one of seven states chosen for a Center for the Study of Social Policy (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. In FY 2007 the Department received an award for demonstrating the impact of Strengthening Families. In FY 2008 the Department is advancing this program to new geographic areas and to limited pilot projects with Intact Service Families shown to be at risk.

Educational Resources:

The Department's educational access project with Northern Illinois University offers technical assistance related to children's educational issues. A system of educational advisers in each region provides ongoing support for staff and foster parents. Caseworkers are required to visit the schools of their children and actively participate in educational planning, particularly when there is an Individual Education Plan and when transition planning begins as the ward reaches the end of high school.

In FY 2005, the Department developed the "education passport" database, which offers comprehensive student profiles to ease school-to-school transition for youth in out-of-home care. These passports assist in academic planning for students and outline specific academic and behavioral needs of children and adolescents in out-of-home care. Data collected from the passports 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.

In the Fall of 2007, the Department implemented Annual High School Academic Planning Meetings where the youth, caseworkers, caregiver, and other relevant participants develop an Annual High School Academic Plan. The Planning Meetings occur each year of the high school career with the primary focus areas of the junior and senior year meetings to be on the youth's post-secondary plans, including but not limited to, participating in college tours, registering for and taking the ACT/SAT, completing financial aid forms, etc.

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 any Illinois state colleges or universities, a monthly stipend and a medical card. In FY08, a generous donation was received from Morgan Stanley to award an additional ten scholarships to youth in the amount of \$1,000 each.

Youth in College/Vocational Training 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, start up payment to assist with educational expenses, and payment for book fees not covered by financial aid.

"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 youth, the Department is their family. Accordingly, to make connections for students, the Department

launched Find Your Future, a summer internship program. The goal for the program will be to assist 30 students during the summer of 2009.

The Alternative Schools Network (ASN), in collaboration with the Illinois Department of Children and Family Services, has developed the Youth Scholars, Skills and Service Program with 17 community based alternative high schools for DCFS youth who are out of school and do not have a high school diploma or GED. Each school provides a teacher and mentor who work closely with DCFS students to monitor academic achievement, personal development and supportive services. All programs offer the following: year-round academic program, after school enrichment program, full-time school based mentor, student savings, and scholarship program for post-secondary education.

“Project STRIVE” - In March 2001, the Department inaugurated the Project STRIVE (Strategies To Rejuvenate Interest and Value in Education) Network in 17 Chicago schools, using three social service agencies. Currently, the program has expanded to include 21 elementary and high schools across the Chicago area. The program design is simple, although the implementation is far from routine. A trained social worker is sent into the school with an average number of 40 wards to engage them in the educational process. The worker performs a wide variety of functions, depending on the receptivity of the school and the needs of the wards. The STRIVE worker connects and coordinates with the case manager from the POS agency or DCFS and gets to know the school intimately. The worker may counsel the student, attend staffings, initiate conferences with teachers, broker tutoring and other services, introduce a student to an appropriate activity sponsor, help the student find a job or get a scholarship, pick up a youth at his house when he is truant, etc. In each case, the worker must also engage the student’s family in both the program and the school. Due to the many instances that family is unavailable or unwilling to work with the school, this can be a difficult (but crucial) process. The STRIVE worker will often go to the home, at a time convenient for the family, to discuss school progress and plans for improvement with the youth and caregiver.

The Work-Attitude-School-Study Youth Program (WASSUP) is a program that focuses on skill building, increasing academic performance, and career development. Using the Seven Habits of Highly Effective Teens as part of the coursework curriculum, the Springfield Urban League provides services through individual case management, self-directed learning options, structured mentoring sessions, individual tutoring instruction, job shadowing and on-the-job work experience. Program participants are 16-20 years old under court-ordered legal supervision of DCFS that have completed the Ansell Casey Life Skills Assessment.

The Girls Awakening Power Program (GAP) is a Springfield YWCA program designed to find the hidden voice within each young girl and give it validation, power and a forum. The program offers a safe, yet challenging, academic and social environment that provides opportunities for girls ages 9-14, in an all girl setting, to participate in computer lab and homework tutoring, project based education (visiting women owned businesses), meeting women CEO's, mentoring/job shadowing opportunities from women leaders within the Springfield community; social and emotional learning through staff guided group discussions; exploring friendships and other relationships with more support and less peer pressure; expanding their view of the range of life options available to women; build healthier and more

appropriate views of their bodies, minds and potential; study non-traditional subjects such as computer science, welding and engineering; and business etiquette classes.

The High School to College Program was established in October 2005 to work directly with youth attending four Chicago Public Elementary and High Schools. The purpose of the program is to assist youth in care as they matriculate into high school and other post-secondary training programs, while also focusing on improving their academic and professional skills. Staff will work with the youth by linking them with DCFS resources, as well as programs within their communities. In addition, the program provides opportunities and support by maintaining an ongoing relationship with the youth.

Introspect Youth Services provides college admission direction to youth in care. Youth in care receive assistance in all aspects of the college application and decision making process and can visit the offices of Introspect and receive individual counseling services.

New Futures Program is a collaborative program between the Alternative Schools Network (ASN) and the Illinois Department of Children and Family Services. New Futures is a program that provides pre- and post-graduation transition services for DCFS youth in the Alternative School Youth Scholars, Skills and Service (YS3) Program. Project New Futures provides transitional support to YS3 graduates into employment, vocational training and/or college. Participants are tracked for three years by the Alternative Schools Network staff.

The Extra Learning Program uses computer-based technology to promote and increase academic skills and achievement in the areas of reading, math, and science. This tutorial program offers youth the opportunity to work at their pace, while improving their academic performance in the areas of reading, literature, comprehension, writing and other academic subjects. The program offers curriculum in each subject to promote subject mastery. At the conclusion of each lesson, an assessment is administered to document mastery of that subject. A total of 744 youth have participated in the Extra Learning program in FY 08.

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.

The Department has 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 improves 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 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

As previously mentioned the Department, working with the private foster care agencies has developed a plan to assure that as many foster children as possible stay in their current school. This assures more educational continuity. The history of foster care has been to hinder the educational development of the child; this new policy will reverse that tradition.

Supporting the Transition of Youth from Substitute Care

Children in Department 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 approximately 6,200 children ages 13 and older in paid substitute care (approximately 36.4%).

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 has redesigned the existing Transitional Living and Independent Living Programs. The result of this redesign is now a seamless continuum of services transitioning youth to adulthood. 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 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 has been 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 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 abuse counseling and treatment immediately to youth who need these services.

The Department receives a Federal grant through the Chafee Foster Care Independence program. The Federal government has restricted the amount of this grant even though national child welfare policy suggests that there is a significant demand for the services funded by this resource. 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
- 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*	FY08 Actual	FY09 Estimated	FY10 Projected	09-10 Change	09-10% Change
Children in Regular Foster Care	4,480	4,574	4,675	101	2.2%
Children in Specialized Foster Care	3,205	3,187	3,258	71	2.2%
Children in Relative Care	6,188	6,088	6,223	135	2.2%
Children in Residential Care	1,342	1,373	1,390	17	1.2%
Children in Independent Living	856	805	823	18	2.2%
Children Reunified with Families	1,978	1,958	1,987	29	1.5%
Child Cases Closed	5,888	5,885	5,914	29	0.5%
Percentage of Children Reunified	14.0%	14.1%	14.3%	0.3%	2.1%
Department Foster Homes	2,031	2,060	2,071	11	0.5%

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

FY2010 Request

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Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Total Foster Care (All Funds)	313,897.0	331,850.4	341,864.0	10,013.6	3.0%
Total Institutions/Group Homes (All Funds)	222,936.2	253,405.1	260,756.1	7,351.0	2.9%
Foster Care (GRF)	189,613.9	174,788.6	195,025.0	20,236.4	11.6%
Foster Care (CSF)	116,229.5	133,901.3	123,678.5	-10,222.8	-30.5%
Foster Care (Budget Relief Fund)	0	14,871.2	14,871.2	0	0.0
Institutions & Group Homes (GRF)	124,545.9	128,780.6	174,160.3	45,379.7	35.2%
Institutions & Group Homes (CSF) ¹	98,390.3	124,624.5	86,595.8	-38,028.7	-30.5%
Foster Care Initiative (GRF)	6,805.9	6,812.2	6,812.2	0	0.0%
Foster Care Initiative (CSF)	1,247.7	1,477.1	1,477.1	0	0.0%
Reimbursing Counties (GRF)	338.5	338.5	338.5	0	0.0%
Federal Compliance/Program Improvement Plan Implementation *	3.7	0	0	0.0	0.0%
County Reimb. of Juvenile Justice Programs	465.3	465.3	5,000.0	4,534.70	974.6%
Total Substitute Care	537,640.7	586,059.3	607,958.6	21,899.3	3.7%

* Program Improvement Plan shifted almost entirely to other substitute care lines

Counseling and Other Supportive Services

Clients Served	FY08 Actual	FY09 Estimated	FY10 Projected	09-10 Change	09-10% Change
Counseling Services	7,098	7,133	7,204	71	1.0%
Children receiving Personal & Physical Maint. System of Care	5,695	5,723	5,780	57	1.0%
	3,982	3,900	3,925	25	0.6%

FY2010 Request

(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Counseling & Auxiliary Services (GRF)	12,880.2	14,028.5	12,128.5	-1,900.0	-13.5%
Counseling & Auxiliary Services (CSF)	10,307.1	9,603.7	12,047.2	2,443.5	25.4%
Psychological Assessments (GRF)	3,045.8	3,137.2	3,273.6	136.4	4.3%
Pre Admiss/Post Disch. Psych. Screening (GRF)	8,671.7	3,128.3	3,200.2	71.9	2.3%
Children's Personal & Physical Maint. (CSF)	2,582.8	2,791.9	2,856.1	64.2	2.3%
MCO Tech. Asst. & Prog. Development (GRF)	1,588.8	1,650.0	1,600.5	-49.5	-3.0%
Total	39,076.4	34,339.6	35,106.1	766.5	2.2%

The FY10 shift of \$1.9 million from GRF to CSF in Counseling reflects the increasing number of Medicaid certified programs. The divisions within the Department that have primary responsibility for promoting the well-being of children are as follows:

Field Operations

FY2010 Request

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Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Child Welfare (GRF)	117,395.4	111,666.1	110,242.8	-1,423.3	-1.3%
Targeted Case Management (GRF)	8,477.8	9,307.7	9,307.7	0	0.0%
New Frontline Staff (Budget Relief Fund))	0	8,100.0	8,100.0	0	0.0%
Federal Child Welfare Projects (FPF)	458.4	2,000.0	2,775.0	775.0	38.8%
Total	126,331.6	131,073.8	130,425.5	- 648.3	-5.3%

Field Operations is responsible for administering the delivery of child welfare and the division provides child welfare and permanency services to children who are placed in substitute care and their families.

Clinical Practice and Professional Development

FY2010 Request

(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Clinical Services (GRF)	4,106.6	4,322.1	4,698.5	376.4	8.7%

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 clinically-based assessment, treatment and support 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 children with sexual behavior problems (CSBP)
- Early childhood services
- Case management for children with AIDS and Medically-Complex cases
- Specialty services for cases having domestic violence, AODA, Deaf & Hard of Hearing, developmental disabilities, HIV, medically complex, & LGBT issues
- Child Protection consultations on investigations involving psychiatric issues
- Nursing consultations

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

FY2010 Request

(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Foster Care/Adoptive Care Training (CSF) *	10,604.6	14,608.5	14,608.5	0	0.0%

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
FY2010 Request
(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Health Care Network (GRF)	4,197.7	4,198.5	4,072.5	-126.0	-3.0%
Youth in Transition (GRF)	943.7	944.7	966.4	21.7	2.3%
Independent Living Initiative (CSF)	7,670.6	9,114.3	10,300.0	1,185.7	13.0%
Independent Living Initiative (FPF)	743.7	0	0	0	0.0%
Total	13,555.7	14,257.5	15,338.9	1,081.4	7.6%

The Division of Service Intervention is made up of six 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:
 - Employment Incentive Program
 - Services to pregnant and parenting teens
 - Youth in Employment
 - Youth in College/Vocational Training Program
 - Youth in Scholarship
 - Education and Training Voucher Program
 - Find Your Future Internship Program
 - Community College Payment Program
 - Education Advocacy
 - Life Skills Assessments and Training
 - SOAR

- Health Services, 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.

- This is accomplished through the collaboration between DCFS and the Departments of Healthcare and Family Services (DHFS) and Human Services (DHS) for the development and operation of the Department's HealthWorks of Illinois. The HealthWorks Program is administered by twenty (20) lead agencies covering all 102 counties of Illinois, which ensures that children in foster care have access to a comprehensive array of health care services and the work of child welfare staff is supported to meet the well-being needs of children in their care.

- 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.

- Norman Services which provide assistance to families who have children who are in danger of coming into, or cannot be returned home from, DCFS care due to a subsistence issue such as lack of food, lack of housing or lack of clothes. The program provides the following three services:
 - Assistance looking for housing
 - Provides a waiver to families with children in DCFS custody who will be returned home within 90 days allowing them to apply for Temporary Assistance for Needy Families (TANF) before their children are returned home
 - Cash Assistance to purchase items needed to care for the children that the client cannot afford to purchase themselves

- 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.

- Post-Adoption and Guardianship services, which provide services to assist in assuring maintenance of safe, stable and healthy homes in which youth may grow to adulthood.

Reunification, Concurrent Planning and Permanency

The linchpin of the Illinois Child Welfare system is to create options that will provide for children in care (or threatened with protective custody) to achieve permanent settings. Since FY 2000 when the percent of children moving into adoptive settings reached an all-time high of 18.4% of the foster care population, the Department has increased other options. An increased effort is being made to reunify families after temporary protective custody. With improved services, training of foster families and better domestic problem solving efforts, the aim is to increase the number of children that can safely be returned to their families. Foster home recruitment where the foster home not only assists in working with the biological family but is also recruited to be an adoptive home provides the Department with an invaluable option for securing a permanent setting for the child.

The Department's priority is to reunite children with their families whenever possible. Research suggests that children do better in school and in life when they stay with their own parents, even under difficult circumstances. While removing kids from their parents may be necessary to increase short-term safety, it can jeopardize longer-term well-being by setting children on trajectories toward other, negative outcomes. With this in mind, the Department tries to do everything possible to give parents a chance to make the positive changes necessary to provide a safe and secure environment in which their children can grow, learn, and thrive.

To this end, the Department is establishing Family Advocacy Centers. The Centers are community-based groups that provide parents with the support and encouragement they need to follow through on the goals that will allow them to regain custody of their children. The hope is that with a caring adult to provide non-judgmental support and encouragement by accompanying parents to appointments, listening to struggles and challenges, and maintaining focus on the long-term goal of reunification, positive changes will be within reach. This model has been proven to work in other programs, such as the AODA waiver project that provides parents dealing with substance abuse problems with recovery coaches to help them through the process of treatment.

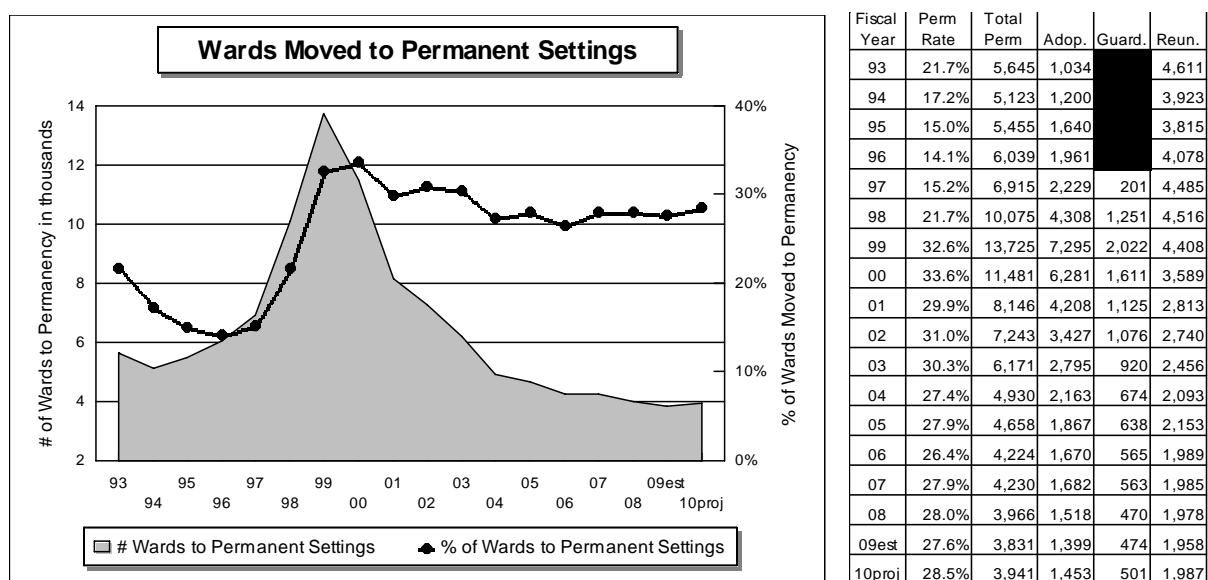
Differential Response

Envision a Department of Children & Family Services that can be approached to provide help and support to parents who are struggling to meet the needs of their children, rather than a Department that "takes away kids" when parents mess up or fall short. To accomplish this vision, it is necessary to take steps to meet the needs of parents as well as children. By incorporating strengths-based approaches and integrating an understanding of protective factors such as those embodied in the Strengthening Families model, the Illinois Child Welfare system can work to build upon the many strengths of our families helping to prevent them from ever coming into care, and to help them reunite as quickly as possible when they do. Family Advocacy Centers represent one step in this direction. It is an innovative approach

into the continuum of support that the Department provides to children and families. 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 the period FY 1999 through the end of FY 2008, over 42,000 wards will have moved to permanent placements via adoption and guardianship. In FY 2008, the Department put a new emphasis on another aspect of permanency; reunification of children taken into “temporary” custody. In FY 2009 the agency will strive to exceed estimates that 2,001 will be reunited with members of their biological family.



(“Rate” is defined as the percentage of foster care population moved to permanent 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 is expected to decrease slightly from an estimated 1,988 in FY 08 to 1,873 children in FY 2009.
- Consistent with the slight decrease in the substitute care population during FY09, the number of Reunifications is expected to decrease from 1,978 in FY08 to 1,958 children in FY2009.

Adoption and Guardianship Preservation Services

The provision of post adoption services to approximately 37,411 children and youth receiving adoption or subsidized guardianship assistance continues to be a critical challenge for the Department. Many of these children and youth continue to struggle with the issues that brought them into the care of the Department. Intensive services are often required to stabilize and support these families. 14 years of age is now the median age of youth in homes receiving adoption or guardianship assistance and so it is clear that the special needs of adolescents will only amplify the behavioral and mental health issues of their past.

Statewide adoption preservation programs have been the cornerstone of the post adoption services offered to these families and this successful model has proven to be an invaluable resource of intervention and stabilization.

To build upon the base of adoption preservation in FY09, two additional models of outreach and support were developed. The Adoption Preservation, Assessment and Linkage (APAL) Programs were initially developed in Cook County and the Aurora area to provide an outreach to adoptive and guardianship homes that have youth age 13 thru 16 years old in their home. This outreach effort provides for a thorough assessment of service needs as well as a referral and linkage component to post adoption services and programs that can meet those needs. In the last quarter of FY09, this type of outreach program will be expanded to cover the DCFS Southern Region and the lower half of the DCFS Central Region. This latter program also reaches out to homes with adolescents between 13 and 18 years of age, so it is an expansion to reach all homes with adolescents.

These outreach programs have proven to be an invaluable means of checking on the well-being of these youth and their families and is a means to provide an intervention before a crisis occurs.

The Department's second new model, the Maintaining Adoption Connections programs began operation in Cook County and Aurora in FY09 and are continuing in FY10 to meet the ever expanding support needs of the post adoption families. These programs have been able to meet many service needs that are not covered through the normal subsidy related services and have provided much needed stabilization and support services.

In FY2010, initiatives and improvements will continue which were begun in FY2009 as follows:

- Statewide Adoption Preservation Programs will continue to provide the most intensive form of in-home services to prevent disruptions
- Services will continue to be monitored in all post adoption programs to assure they are meeting the critical needs of the growing population of adolescents
- Administrative systems will be improved to assure immediate responsiveness to adoptive family needs
- Improve the coordination of services to older caregivers including service needs for the youth in their care as well as back-up and support plans as necessary

Service Measures for Permanency

Units of Service	FY08 Actual	FY09 Estimated	FY10 Projected	09-10 Change	09-10% Change
Reunifications	1,978	1,958	1,987	29	1.5%
New Subsidized Adoption Cases	1,518	1,399	1,453	54	3.9%
Total Subsidized Adoptions	31,876	30,361	28,215	-2,146	-7.1%
Families receiving Adopt/Guard. Pres. Services	1,177	1,340	1,530	190	14.2%
New Private Family Guardianship Cases	470	474	501	27	5.7%
Total Subsidized Guardianships	5,400	4,991	4,892	-99	-2.0%

Adoption and Guardianship FY2010 Request (\$.000)

Type of Expenditures	FY08 Actual	FY09 Est. Exp.	FY10 Projected	09-10 Change	09-10% Change
Adoption & Guardianship (GRF)	202,377.3	199,584.1	163,448.0	-36,136.1	-18.1%
Adoption & Guardianship (CSF)	73,248.2	62,214.0	84,563.4	22,349.4	35.9%
Total	275,625.5	261,798.1	248,011.4	-13,786.7	-5.3%

Enforcing Accountability

The Illinois Department of Children and Family Services is committed to ensuring that Illinois children are safe, have loving, permanent homes and 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.

The Department has been awarded a federally funded grant through the National Quality Improvement Center on the Privatization of Child Welfare Services. Illinois has been selected as one of only three national projects on performance contracting. The project, entitled: **Striving for Excellence: Extending Performance Based Contracting to Residential, Independent Living and Transitional Living Programs** is a partnership with the Child Care Association of Illinois and the Children and Family Research Center at the University of Illinois, Urbana-Champaign. The project is now into its second year. The grant funds support activities for extension of the state's existing performance based contracting and quality assurance system to residential, independent living and transitional living programs. The goal is to improve outcomes for youth living in out-of-home care. A critical component of the performance-based contracting initiative is the Department's collaboration with service providers and other stakeholders. The project capitalizes on the existing public/private Child Welfare Advisory Committee structure.

Accreditation

In October 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. The agency began the process to continue this level of excellence in FY07 and anticipates being fully reaccredited under the Council on Accreditation's new 8th Edition Standards by the end of FY10.

Residential Performance Unit

Funding for residential and group home programs represents a significant portion of the Department's budget. Over the last four years, there has been a dramatic shift in the need for residential and hospital beds directed toward youth that are severely mentally ill. With this shift there has been a diminution of need for facilities that serve the less severely ill child. Continued growth in inpatient services for the higher need youth will strain the current delivery system and require the Department to work with providers to expand levels of care.

The Residential Performance Monitoring Unit (RPMU) monitors both the quality of care and the appropriateness of levels of care through data collection and interpretation, in-person visits to residential milieus, and oversight of treatment processes. The RPMU monitors the ability of providers to successfully serve the youth in their care, as well as identifies strengths and weaknesses in the overall system of care. The RPMU 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. The Residential Performance Monitoring Unit

provides 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.

Challenges at the Federal Level

Child Welfare in Illinois depends on four primary sources of Federal funding: Title IV-E of the Social Security Act which provides payments for Foster Care, Adoption Assistance, and the Foster Care Independence Program (Chaffee/ETV); Title IV-B Subparts 1 & 2 that provide funding for case management services and the Promoting Safe and Stable Family programs; and Title IV-A which provides block grant funds to the states for Temporary Assistance for Needy Families (TANF).

Federal programs the Department participates in provide a total of \$596 million in eligible claiming support for the State. The Department itself anticipates recouping \$372.8 million of this into the Children's Services Fund (CSF) by the end of FY10 for existing services. New revenue opportunities into CSF for FY10 include \$16.6 million in Federal Stimulus reimbursement, with the potential for an additional \$17 million being deposited into CSF as a result of the Department's work in the area of Medicaid expansion for purchased services. With the addition of these two revenue sources, total CSF revenues for FY10 are estimated at \$406.4 million which accounts for approximately 30% of the Department's budget.

There are two challenges facing the Department and private sector partners in the coming year. First is the continuing challenge to license home of relative (HMR) foster parents. The full impact of the Federal Deficit Reduction Act (DRA) signed in 2006 continues to be a primary area of revenue loss. Namely, the inability to claim administrative costs associated with children in unlicensed HMR. The Department and private sector providers are approaching this challenge with focused attention in the coming year to address barriers to licensure in order to increase the percentage of homes licensed.

The second challenge this year involves the Medicaid expansion initiative of the Department to increase the availability of mental health services for clients while simultaneously maximizing the federal reimbursement received by the Department under the federal Medicaid program. Department contracts targeted for Medicaid expansion include: counseling, performance-based foster care, specialized foster care, adoption, and case management administrative costs. The anticipated revenue increase from this work being implemented through a joint public and private sector effort is projected at \$17 million.

Adoption Reform Act

In FY 2005, 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.

- Rulemaking was completed in February 2006. Procedures were issued in October 2007.
- The Department has been working with for-profit and Illinois non-profit adoption agencies in Illinois to provide them with training and support to ensure compliance with the law.
- The Department has not yet implemented the reform-monitoring unit but plans to hire staff for it during the last quarter of FY09. However, Licensing Representatives have engaged in agency monitoring and investigated and followed-up on licensing complaints related to the new requirements of the law.
- Implementation of the toll-free telephone service for adoption information and agency complaints.
- Website information and resource development will continue in FY10.
- Incidents of unethical/illegal activity on the part of adoption agencies have been reported to the IL Attorney General's Office, as required by law.

**Quality Assurance
FY2010 Request
(\$.000)**

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Quality Assurance (GRF)	2,360.4	2,594.1	3,155.5	561.4	21.6%

The Division of Quality Assurance (DQA) is charged with monitoring agency practice towards ensuring the delivery of quality child welfare services and continues to be recognized nationally as a leader in the field of Continuous Quality Improvement (CQI), Accreditation and innovative Quality Assurance practices. Quality Assurance staff evaluate casework practice and ensure that services are being delivered in a manner that is consistent with rule and procedure. This work is ongoing in local field offices and within each of the Department's six regions.

A critical focus of Quality Assurance in FY10 will be in the successful implementation of the Federally mandated Illinois Child and Family Services Review and subsequent Program Improvement Planning process.

**Purchase of Service Monitoring Division
FY2010 Request
(\$.000)**

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Div. of Purchase of Service Monitoring	24,164.5	23,424.4	29,007.9	5,583.5	23.8%

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% of child welfare

services are provided through purchase of service contracts. As the implementation of the Behavioral Health trauma based treatment advances from the pilot sites, contracts for these services will be changed to purchase of care contracts.

Licensed Entities	FY08 EOY Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Private Agency Foster Homes	10,515	10,568	10,620	52	0.5%
Child Welfare Agencies.	195	193	194	1	0.5%
Institutions, Group Homes, Youth Shelters, Maternity Centers, Others	195	196	198	2	1.0%
Day Care Centers, Day Care Agencies	3,009	3,024	3,039	15	0.5%
Day Care Homes	9,992	9,947	9,902	-45	-0.5%
Group Day Care Homes	548	603	633	30	5.0%

Central Administration
FY2010 Request
(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Central Administration Operations (GRF)	10,381.8	10,743.4	12,533.8	1,790.4	16.7%
AFCARS / SACWIS (CSF)	13,891.7	19,759.3	20,370.4	611.1	3.1%
Attorney General Rep. On Litigation (GRF)	555.4	842.5	817.2	-25.3	-3.0%
Department Scholarship (GRF)	836.6	574.1	574.1	0	0.0%
Private Grants for Child Welfare Improvements	16.0	16.0	344.0	328.0	2,050.0%
Total	25,681.5	31,935.3	34,639.5	2,704.2	8.5%

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

Budget and Finance
FY2010 Request
(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Budget & Finance (Ops. & Refunds) (GRF)	39,471.4.6	43,691.4	40,743.9	-2,947.5	-6.7%
Tort Claims	164.9	226.8	164.9	-61.9	-27.3%
Cook Co. Referral Support (GRF)	247.2	247.2	247.2	0	0.0%
Shared Services (GRF)	3,179.50	0	0	0	0.0%
Title IV-E (CSF)	3,866.5	3,866.5	4,128.8	262.3	6.8%
SSI Reimbursement (CSF)	1,411.5	1,435.5	1,513.3	77.8	5.4%
Total	48,341.6	49,467.4	46,798.1	-2,669.3	-5.4%

The Budget and Finance Division comprises the majority of the 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, and administrative support (building and equipment leasing, printing, mail, property control and records management).

The primary goal of Budget & Finance is to ensure internal and external accountability to laws, rules, procedures and good practice.

Administrative Case Review
FY2010 Request
(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Administrative Case Review (GRF)	6,552.0	6,648.3	6,931.0	282.7	4.3%

Administrative Case Review is the independent review process required by federal and state law to ensure safety, permanency and well-being of children in state care. The purpose of review is to assure that foster care plans are family focused; and to assure that children and families who receive services from the Department or its provider agencies have participation and periodic review to determine sound planning.

An Administrative Case Review is a periodic six-month review to consider:

- The continuing need for and appropriateness of the placement;
- Extent of compliance with the case plan;
- Extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care; and
- A projected date by which the child may be returned home or placed for adoption or legal guardianship or achieve independence.

These responsibilities are addressed:

- To assure permanency and continuity for every child in out of home care;
- To assure that a case plan moves forward, reducing and/or alleviating delays and barriers in the system;
- To promote needed changes in systems in order to provide more effective treatment and care for children and families; and
- To shape public policy that actively promotes conditions which ensure every child lives in a safe, secure, healthy and permanent home, preserving families whenever possible.

Guardian and Advocacy

Performance Measures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Interventions Initiated	5,317	5,900	5,600	-300	-5.1%

FY2010 Request (\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Division of Guardian & Advocacy (GRF)	5,042.6	5,382.0	5,837.4	455.4	8.5%

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 authorized by court order until age 21 if he/she has special needs. In FY 2008, the Guardian continued refining the new statewide centralized psychotropic medication consents prior authorization system for all prescriptions including psychotropic drugs that was implemented in FY 2007. This system promotes consistent policies on drug efficacy and is reducing inappropriate prescription practices.

Additionally in FY 2008, Immigration policies and procedures were revised and training pamphlets were developed. The Immigration Services Unit of the Division of Guardian and Advocacy is responsible, on a statewide basis, for assisting staff with acquiring adjustment of legal status (to Special Immigrant Juvenile, Legal Permanent Resident or Citizenship) for foreign-born children who are under the guardianship of the Department of Children and Family Services. The child/youth must meet certain Federal requirements. The DCFS Immigration Services Unit also provides assistance with other immigration services for children and youth who are wards of the State (Refugee, Asylum, Conditional Status, Removal proceedings).

The Advocacy Office is charged with responding to complaints, concerns, inquiries and suggestions from a variety of sources, within the context of the child welfare system, staff advocates for parents, foster parents and foster children. In doing this work 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. It also works closely with the Office of the Governor, legislators and other public officials. The role of the office is to act as a troubleshooter, resolve problems, mediate where possible and clarify problems. One key function is to help older youth with issues in their life as it relates to the rules and policy of the Department. 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	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Complaints Registered & Investigated	2,474	2,500	2,550	50	2.0%

FY2010 Request

(\$.000)

Type of Expenditures	FY08 Actual	FY09 Est Exp.	FY10 Projected	09-10 Change	09-10% Change
Inspector General (GRF)	1,809.8	1,978.9	2,100.3	121.4	6.1%

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.

In FY 08, 15 cases were referred to the Inspector General's Office for Child Welfare Employee License investigations. In addition, the Inspector General's Office provided technical assistance to the Office of Employee Licensure in 8 cases, and monitored pending criminal or abuse/neglect charges in 6 cases. The Inspector General's Office provided technical assistance to the Department and private agencies in performing and assessing criminal history checks. In FY 08, the Inspector General's Office opened 2,126 cases requesting criminal background information for the Law Enforcement Agencies Data System (LEADS).

The Inspector General is the Ethics Officer for the Department of Children and Family Services. The Inspector General reviews Ethics Statements for possible conflicts of interest of those employees of the Department of Children and Family Services who are required to file Ethics Statements. The OIG Ethics staff also coordinated DCFS compliance with the statewide ethics training mandated under the Illinois State Officials and Employees Ethics Act of 2003. In 2008, 3,036 DCFS employees were trained.

Public Act 095-0527 requires the Office of the Inspector General to remedy patterns of errors or problematic practices that compromise or threaten the safety of children as identified in the

Inspector General's death and serious injury investigations and by Child Death Review Teams. To accomplish this task, the Inspector General developed training curriculum and initiated the first round of comprehensive trainings of child protection staff in August 2008. Error reduction and risk management literature have taught us that one cannot reduce errors unless one is willing to admit that errors occur. To date the OIG staff have trained over 60% of child protection investigators, supervisors, and managers, including all child protection staff in Cook County and the Southern Region. The Juvenile Protection Association has assumed responsibility for this training and has scheduled trainings for the State's Northern and Central Regions. This phase of the training will be completed within the next three months.