



**FY2003**

# Budget Briefing



Illinois Department of Children & Family Services

George H. Ryan, Governor  
Jess McDonald, Director

# Department of Children and Family Services FY03 Budget Request Briefing Book

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**George H. Ryan**  
**Governor**



**Jess McDonald**  
**Director**

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**Illinois Department of Children & Family Services**

February 20, 2002

Dear Colleague:

Through the hard work of DCFS and its many service partners, considerable progress has been made on behalf of the state's children in substitute care. Safety, permanency and child well-being continue to be this Department's priorities, and this year's budget briefing book highlights our progress in each area.

Safety for children, the Department's top priority, shows sustained improvement in all critical areas: children served at home with their families and those in substitute care today are less likely to be re-abused or neglected compared to statistics four years ago. This success is a by-product of the Department's strategy of making investments at the "front door" of the child welfare system, a commitment reflected in this year's budget.

The Department continues to lead the nation in finding children permanent homes. Recent data released by the federal government shows the Department's adoption rate leading all other large child welfare systems. More than this, the cycle of children spending upwards of five years in care has been broken; children who have entered the child welfare system since 1995 are spending less time in care, averaging fewer than three years.

Even with this noteworthy progress, challenges remain. Our success in moving children to permanency means supporting families after adoption and guardianship so that committed families remain strong. With an aging substitute care population, a coordinated and aggressive service delivery strategy for adolescents is critical to ensure that wards leaving Department care transition to adulthood ready to succeed. Continued reductions in residential care use require more responsive, community-based mental health services for children who are seriously emotionally disturbed. And finally, the Department must continue the work started with accreditation in supporting the "front lines" by providing manageable workloads, prepared supervisory staff and comprehensive training.

While these are considerable challenges, with this budget the Department is strategically poised to deliver still better results for children. Our commitment to improving child safety, permanency and well-being remains, and I am confident that our community partners are equally invested in building on our record of success.

Sincerely,

Jess McDonald

# Department of Children & Family Services

## Fund Summary

(\$ .000)

	FY99 Funding	FY03 Request	FY99-03 \$ Change	FY99-03 % Change
<b>All Funds - Total</b>	1,392,638.1	1,400,019.8	7,381.7	0.5%
State Funds - sub-total	1,380,895.7	1,379,337.2	(1,558.4)	-0.1%
General Revenue	897,095.1	873,451.6	(23,643.5)	-2.6%
DCFS Children's Services	453,051.7	475,127.8	22,076.1	4.9%
Child Abuse Prevention	600.0	600.0	0.0	0.0%
DCFS Training Fund	30,000.0	30,000.0	0.0	0.0%
Special Purposes Trust	148.9	157.8	8.9	6.0%
Federal Funds - sub-total	11,742.5	20,682.6	8,940.1	76.1%
DCFS Federal Projects	11,727.5	20,667.6	8,940.1	76.2%
DCFS Refugee Ass't.	15.0	15.0	0.0	0.0%

## Program Funding

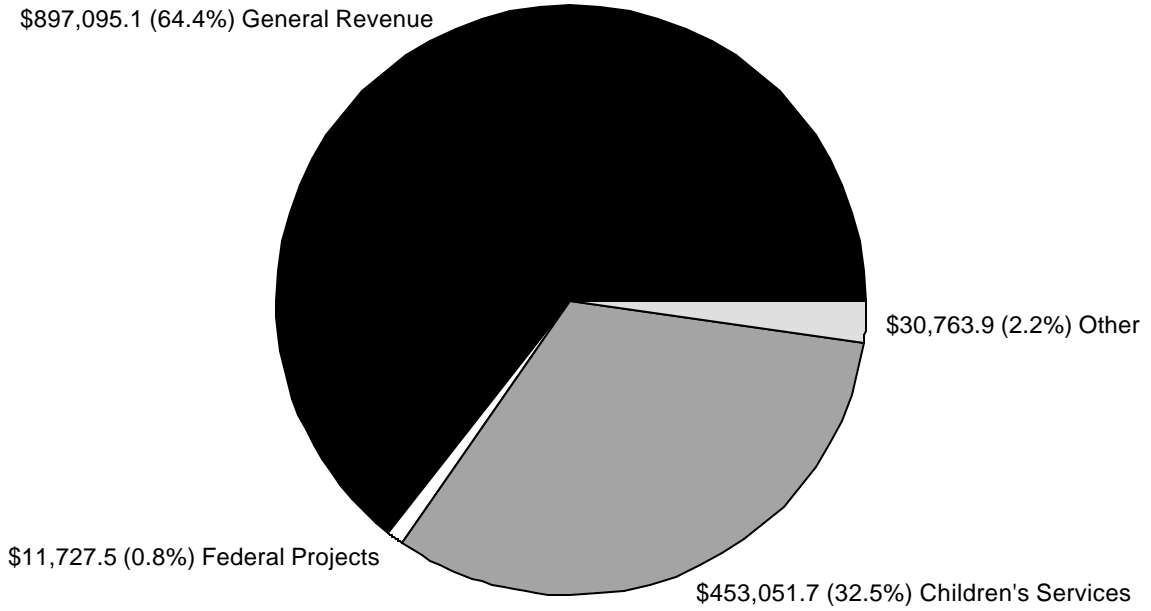
(\$ .000)

	FY99 Funding	FY03 Request	FY99-03 \$ Change	FY99-03 % Change
<b>DCFS Program</b>	1,392,638.1	1,400,019.8	7,381.7	0.5%
Protective Services	103,615.4	124,038.0	20,422.6	19.7%
Adoption & Guardianship	130,171.8	299,842.0	169,670.2	130.3%
Family Maintenance	82,381.6	90,925.7	8,544.1	10.4%
Family Reunification & Sub. Care	1,028,388.3	829,777.9	(198,610.4)	-19.3%
Support Services	48,080.9	55,436.2	7,355.3	15.3%

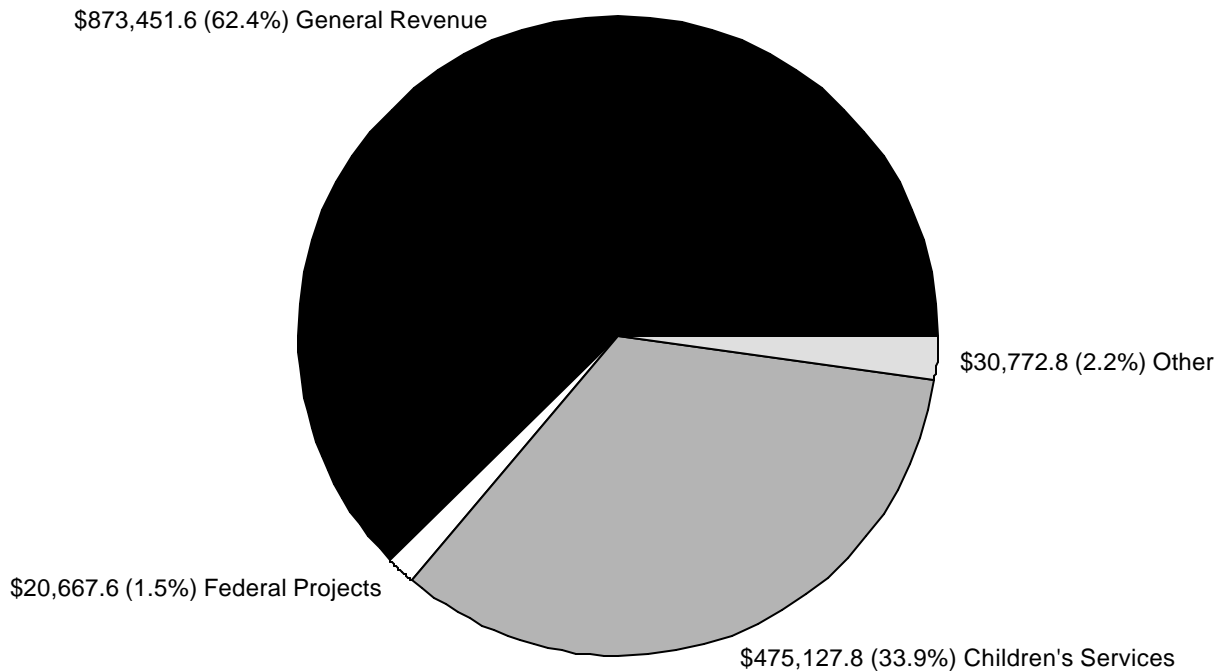
# Illinois Department of Children & Family Services

( \$ .000 )

## FY99 Funding - \$ 1,392,638.1



## FY03 Request - \$ 1,400,019.8



## Department of Children & Family Services FY03 Budget Request

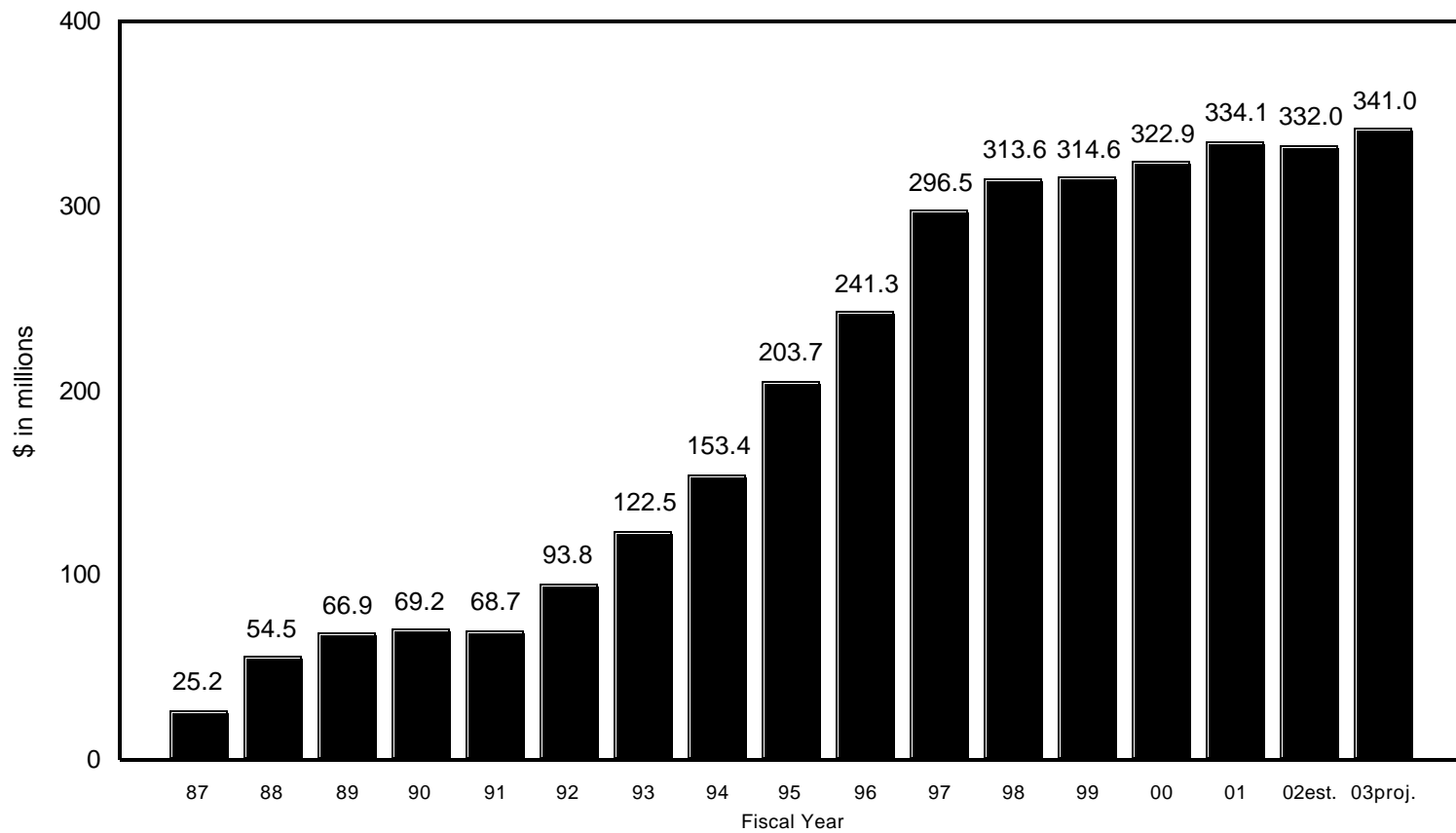
### Fiscal Summary by Program (\$ .000)

<u>Program</u>	<u>FY99 Funding</u>	<u>FY03 Request</u>	<u>\$ Chg. From FY99 Funding</u>	<u>% Change</u>
<b><u>Agency Total -</u></b>	1,392,638.2	1,400,019.8	7,381.6	0.5%
<b><u>Safety</u></b>	<u>137,104.9</u>	<u>153,318.5</u>	<u>16,213.6</u>	<u>11.8%</u>
Child Protection	103,955.1	110,035.0	6,079.9	5.8%
Family Centered Services	33,149.8	43,283.5	10,133.7	30.6%
<b><u>Permanency</u></b>	<u>1,044,238.6</u>	<u>1,014,252.3</u>	<u>(29,986.3)</u>	<u>-2.9%</u>
Adoption & Guardianship	106,681.7	279,062.3	172,380.6	161.6%
Substitute Care Services	799,846.0	593,346.5	(206,499.5)	-25.8%
Operations & Community Services	137,710.9	141,843.5	4,132.6	3.0%
<b><u>Well-Being</u></b>	<u>80,903.4</u>	<u>70,301.6</u>	<u>(10,601.8)</u>	<u>-13.1%</u>
Counseling & Auxiliary Services	70,883.3	49,458.1	(21,425.2)	-30.2%
Clinical Services	10,020.1	20,843.5	10,823.4	108.0%
<b><u>Dept. Accountability &amp; Service Quality</u></b>	<u>130,391.3</u>	<u>162,147.4</u>	<u>31,756.1</u>	<u>24.4%</u>
Administrative Case Review	8,270.5	8,659.6	389.1	4.7%
Office of Quality Assurance	1,575.9	2,744.5	1,168.6	74.2%
Office of the Guardian	2,177.7	4,514.5	2,336.8	107.3%
Inspector General	1,870.4	2,401.3	530.9	28.4%
Central Administration	24,751.0	27,407.3	2,656.3	10.7%
Purchase of Service Monitoring **	0.0	22,568.0	22,568.0	new
Support Services	60,145.8	62,252.2	2,106.4	3.5%
Training	31,600.0	31,600.0	(0.0)	-0.0%

\*\*Purchase of Service Monitoring unit was created primarily with licensing being moved from Child Protection and agency performance teams from substitute care.

# Illinois Department of Children & Family Services

**Federal Title IV-E Claiming**  
(\$ in mil.)



# 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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## Caseload Change

FY 03	(1,392)	-16.0%	(217)	-4.8%	(512)	-6.4%	(204)	-9.8%	(48)	-5.4%	<b>(2,373)</b>	<b>-9.8%</b>
FY 02	(1,464)	-14.4%	185	4.3%	(931)	-10.5%	(207)	-9.0%	(50)	-5.4%	<b>(2,467)</b>	<b>-9.3%</b>
FY 01	(2,289)	-18.4%	(1,586)	-26.8%	24	0.3%	(177)	-7.2%	(35)	-3.6%	<b>(4,063)</b>	<b>-13.2%</b>
FY 00	(5,259)	-29.7%	(211)	-3.4%	(1,464)	-14.2%	(254)	-9.3%	(89)	-8.4%	<b>(7,277)</b>	<b>-19.2%</b>
FY 99	(6,352)	-26.4%	(686)	-10.1%	(963)	-8.5%	(190)	-6.5%	11	1.1%	<b>(8,180)</b>	<b>-17.7%</b>
FY 98	(3,586)	-13.0%	(541)	-7.4%	(197)	-1.7%	(344)	-10.6%	66	6.7%	<b>(4,602)</b>	<b>-9.1%</b>
FY 97	(221)	-0.8%	21	0.3%	1,343	13.2%	(581)	-15.1%	127	14.9%	<b>689</b>	<b>1.4%</b>
FY 96	822	3.0%	407	5.9%	1,298	14.7%	(275)	-6.7%	113	15.3%	<b>2,365</b>	<b>5.0%</b>
FY 95	4,324	19.0%	1,152	20.0%	771	9.5%	417	11.3%	178	31.7%	<b>6,842</b>	<b>16.8%</b>

## Caseloads

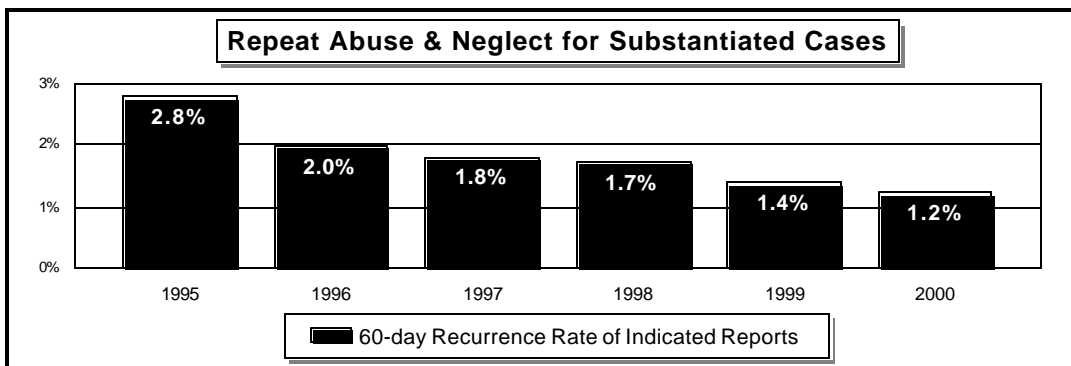
FY 03	7,310		4,289		7,449		1,882		835		21,765	
FY 02	8,702		4,506		7,961		2,086		883		24,138	
FY 01	10,166		4,321		8,892		2,293		933		26,605	
FY 00	12,455		5,907		8,868		2,470		968		30,668	
FY 99	17,714		6,118		10,332		2,724		1,057		37,945	
FY 98	24,066		6,804		11,295		2,914		1,046		46,125	
FY 97	27,652		7,345		11,492		3,258		980		50,727	
FY 96	27,873		7,324		10,149		3,839		853		50,038	
FY 95	27,051		6,917		8,851		4,114		740		47,673	

# Promotion of Safety

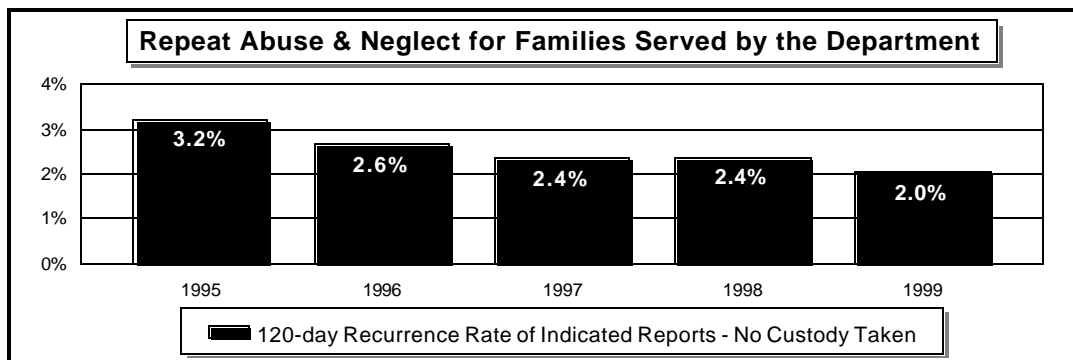
The top priority for the Department of Children and Family Services' is ensuring that children are protected from abuse and neglect, regardless of whether the child is under supervision while at home or placed in a substitute care living arrangement. The Department continues to organize both staff and resources—public and private—to improve on the safety of children. An integral part of the Department's performance improvements in child safety has been the recognition that investing resources at the entry point to the child welfare system is the most effective form of intervention. The Department has strengthened its response in child safety through the implementation of a standardized tool for assessing risk and has also pursued more manageable workloads for child protection investigators. The results are clear: over the course of the past seven years every safety outcome indicator has improved.

## The Department's Record – Protecting Children from Abuse and Neglect

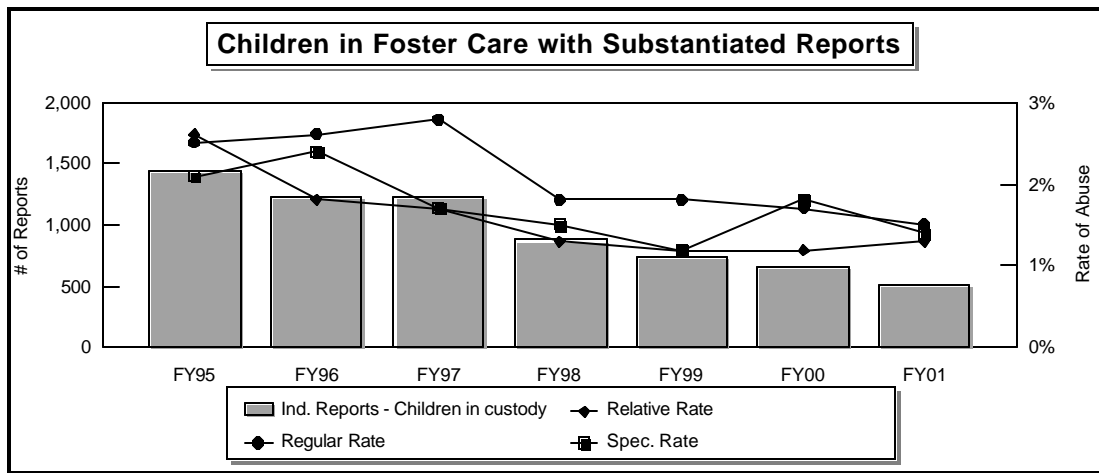
- Illinois abuse and neglect rates continue to decline. Since FY 95, the statewide rate of substantiated abuse and neglect reports has declined by 46 percent, from a high of 14.8 per 1,000 children to a low of 7.9 per 1,000 children in state FY 01.
- Repeat abuse and neglect for substantiated cases continues to decline. Since FY 95, the statewide rate of repeat abuse and neglect for cases already substantiated has declined by 57 percent, from a high of 2.8 percent to a low of 1.2 percent in 2000 (the most recent year for which data is available).



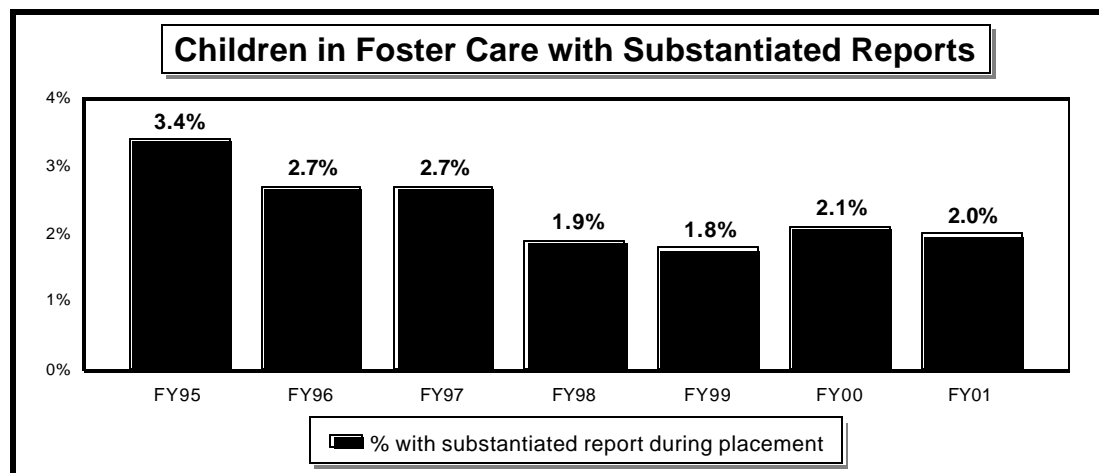
- Repeat abuse and neglect for families served by the Department continues to decline. Since FY 95, the statewide rate of repeat abuse and neglect for intact cases served by the Department has declined by 37 percent, from a high of 3.2 percent to a low of 2.0 percent in 1999 (the most recent year for which data is available).



- Repeat abuse and neglect for children served in substitute care continues to decline. Since FY 95, the statewide rate of abuse and neglect for children served in substitute care (all placement types) has declined by 41 percent, from a high of 3.4 to a low of 2.0 in FY 01.



- Repeat abuse and neglect continues to decline in all types of foster care. Since FY 95, the rate of repeat abuse and neglect for children in relative care, regular care and specialized care by 50 percent, 40 percent, and 33.3 percent respectively.

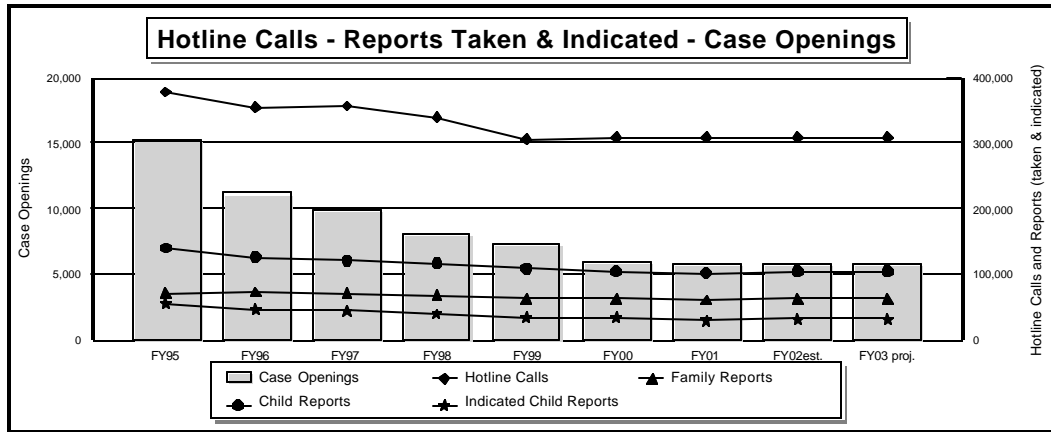


## FY 2001 Key Child Protection Indicators

Data for FY 01 (the year ending June 30, 2001) will continue to be updated for several months into FY 02. More accurate statistics result when FY 01 events are fully analyzed. As of January 2002, the data indicates:

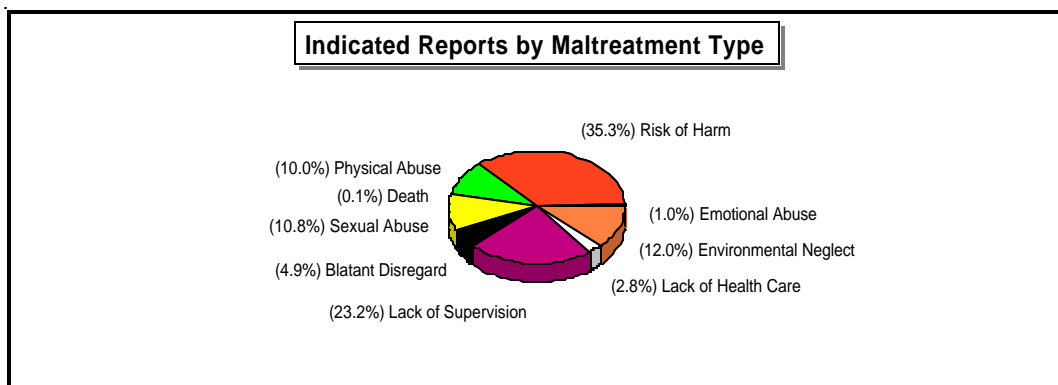
- Child Abuse Hotline staff responded to 306,506 calls involving possible abuse or neglect, a decrease of 0.1 percent from the 306,818 calls in FY 00.
- Hotline calls resulted in 60,168 family reports, a decrease of 2.6 percent from the 61,793 family reports in FY 00.

- Family reports resulted in 100,418 child reports investigated during FY 01, down 3.0 percent from 103,574 child reports investigated during FY 00.
- There were 16,751 indicated family reports during FY 01, down 10.9 percent from the 18,804 indicated family reports during FY 00.
- There were 28,914 indicated child victims compared to the 32,733 indicated child victims in FY 00, a decrease of 11.6 percent. The percentage of child abuse or neglect reports that are indicated has increased very slightly from 31.65 percent in FY 00 to 31.70 percent in FY 01.

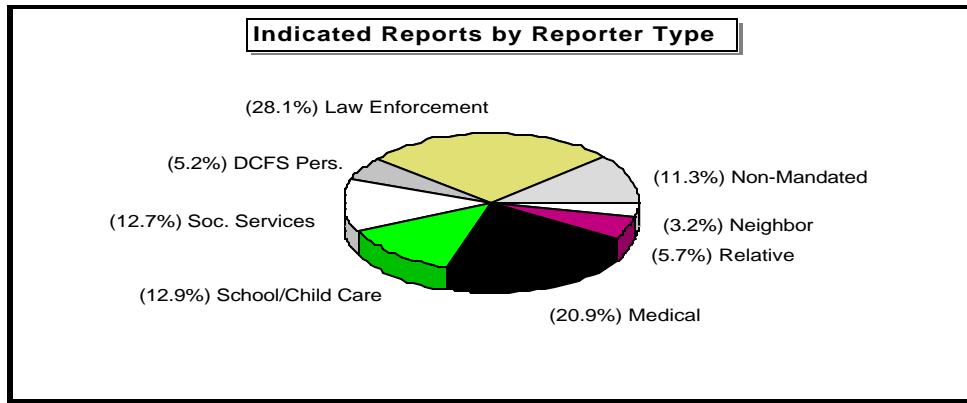


	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02est.	FY03 proj.
Hotline Calls	377,467	352,629	355,579	339,649	304,945	306,818	306,506	307,000	307,000
Family Reports	70,084	70,740	68,121	65,876	62,710	61,793	60,168	62,000	62,000
Child Reports	139,736	125,220	119,445	114,011	106,903	103,577	100,418	102,000	102,000
Indicated Child Reports	53,265	44,465	41,833	36,858	33,803	32,739	28,920	29,000	29,000
% Ind. Child Reports	38.1%	35.5%	35.0%	32.5%	31.6%	31.6%	28.8%	28.4%	28.4%
Case Openings	15,254	11,195	9,881	8,005	7,257	5,912	5,728	5,700	5,700

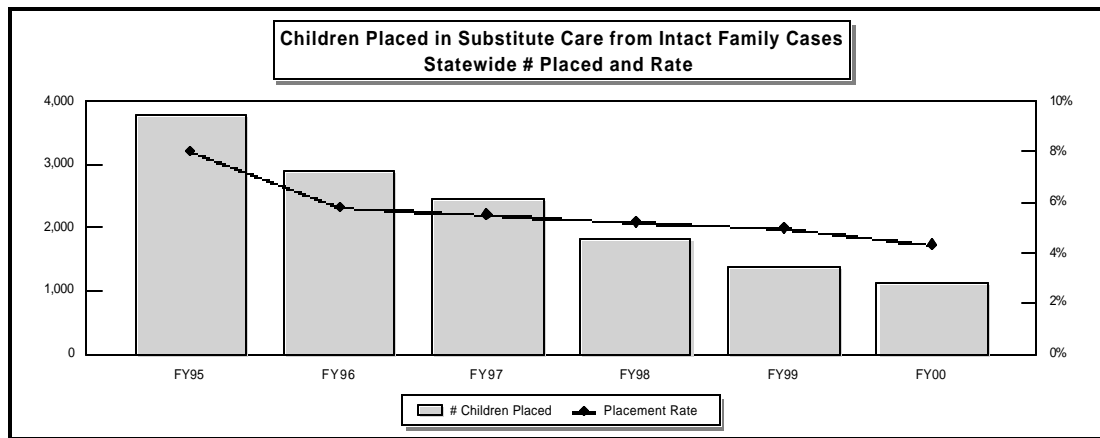
- Data for FY 01 highlights that over 70 percent of all indicated reports are from three categories: Risk of Harm (35.3 percent), Lack of Supervision (23.2 percent) and Environmental Neglect (12 percent).



- Data for FY 01 highlights that 74.6 percent of all indicated reports are made by law enforcement, social services, schools/child care or medical personnel; 5.2 percent of indicated reports are made by DCFS personnel; and 20.2 percent are made by neighbors, relatives and other non-mandated reporters.

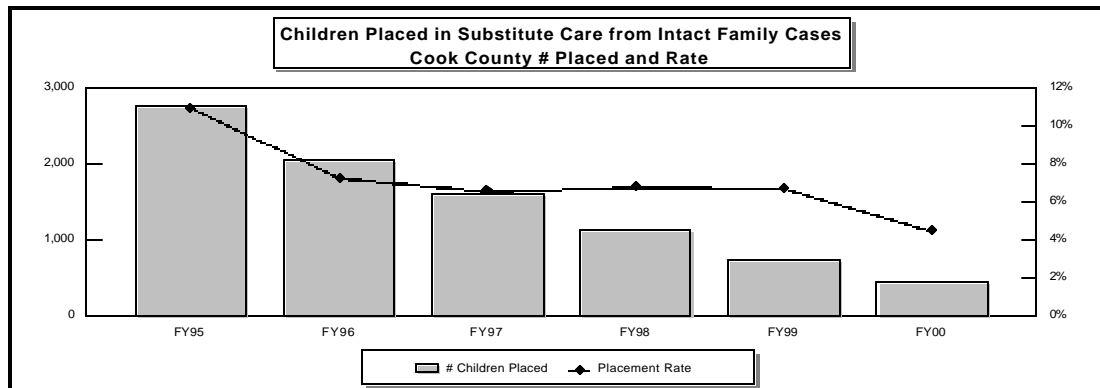


- The Intact Family Caseload statewide showed slight declines, while the rate of child placements from Intact Family caseloads declined by 14 percent in FY 01.



	FY95	FY96	FY97	FY98	FY99	FY00
# Children	3,784	2,895	2,454	1,833	1,378	1,107
Plcmt. Rate	8.0%	5.8%	5.5%	5.2%	5.0%	4.3%

- The Intact Family Caseload in Cook County showed sharper declines than the balance of the state and the child placement rate from Intact Family caseloads declined by 33 percent in FY 01

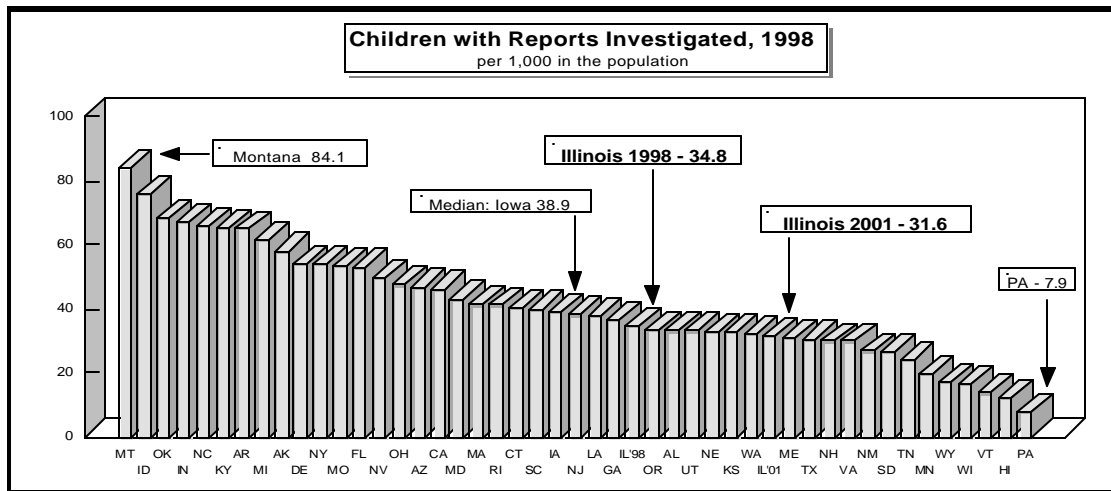


	FY95	FY96	FY97	FY98	FY99	FY00
# Children	2,770	2,049	1,601	1,143	740	449
Plcmt. Rate	11.0%	7.3%	6.6%	6.8%	6.7%	4.5%

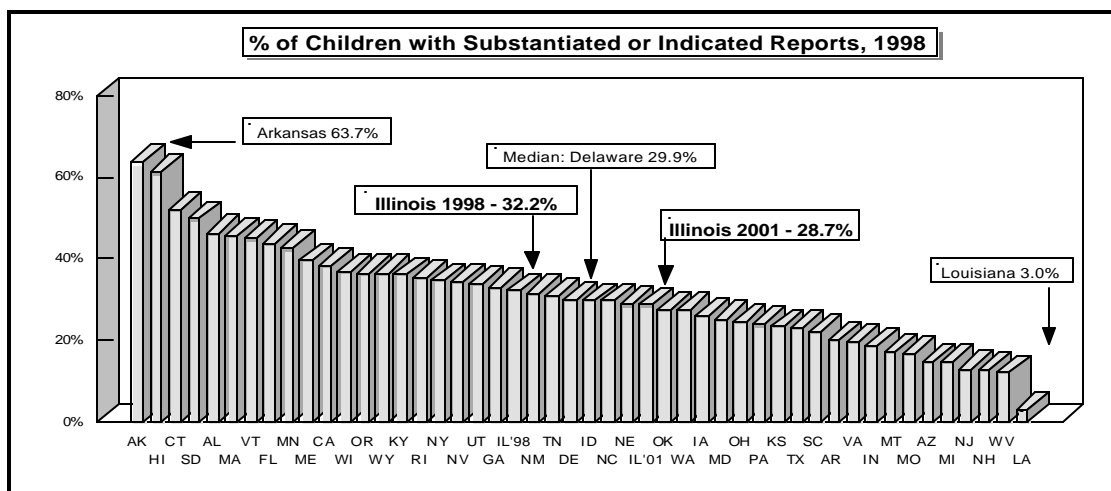
## Child Protection Indicators - Illinois in Context

Compared to data available for other states, Illinois has made considerable progress during the past four years by using an improved “front end” service delivery system for child protection which supports better performance and lowers the state’s child removal rate.

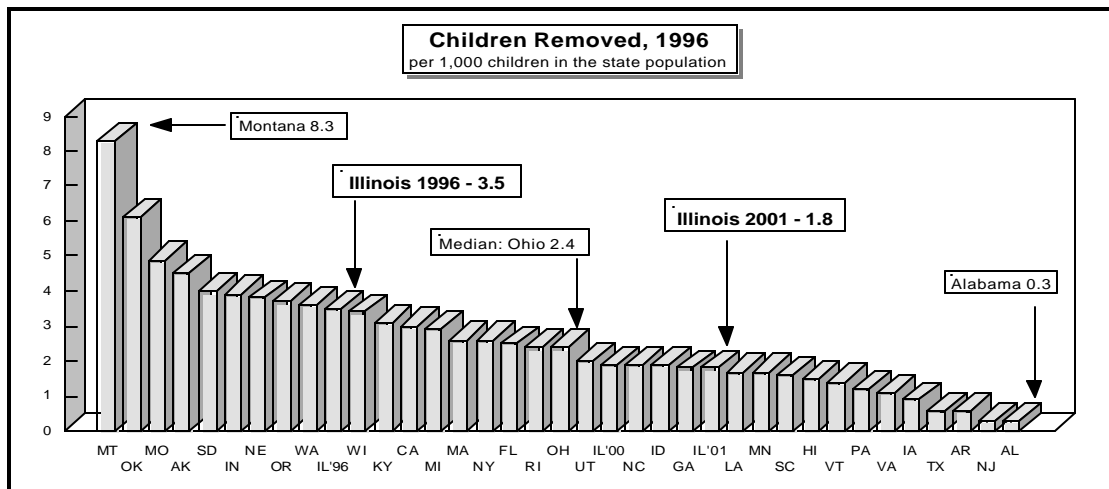
Relative to other states, Illinois remains near the national median for the number of reports investigated. This number declined from 34.8 per 1,000 children statewide in FY 98 to 31.6 per 1,000 children statewide in FY 01.



Illinois also remains near the national median for the percentage of reports substantiated for abuse and neglect. This number declined from 32.2 percent in FY 98 to 28.7 percent in FY 01.



Finally, Illinois remains near the national median for the number of children removed from their homes. This declined from 3.5 per 1,000 children statewide to 1.8 per 1,000 children statewide in fiscal year 2001.



## Building on a Record of Success in Child Safety

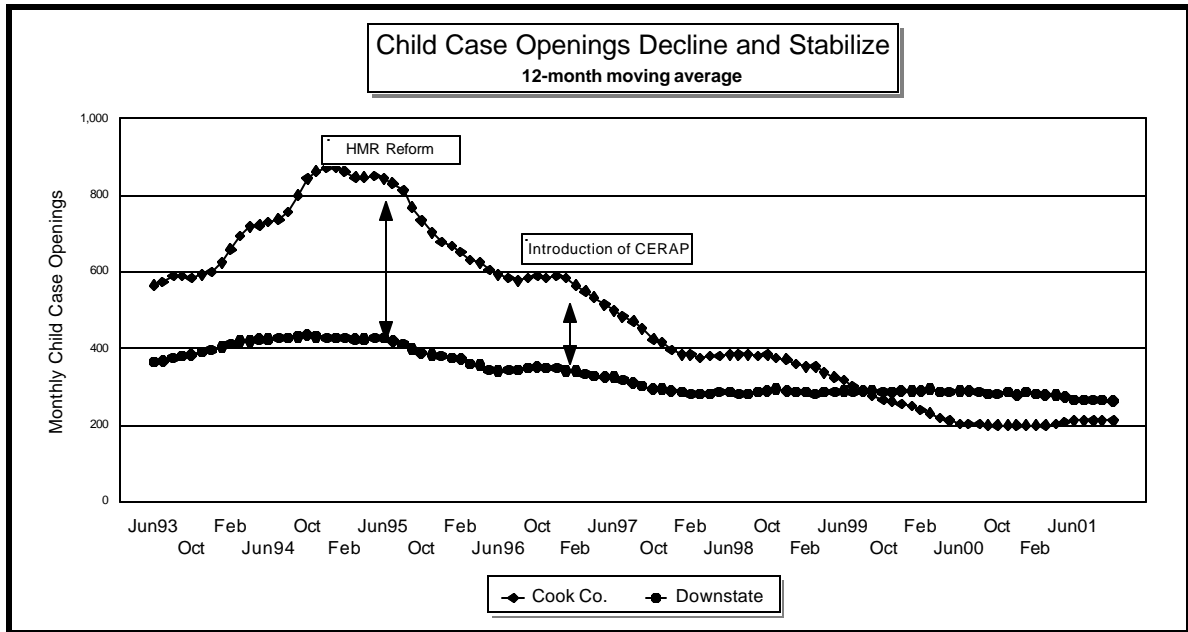
Changes affecting the investigative and child protection system in Illinois have resulted in improvements in child safety. The combination of fewer reports (leading to lower caseloads on the child abuse/neglect call floor), better screening of reports, more effective investigative tools, and more effective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

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

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

Finally, the Department continues to build on this record by investing resources in the “front end” of the service delivery system. For example, caseloads remain low for intact family workers, especially outside of Cook County where the number of intact cases served remains the highest. The proof of this strategy is evidenced by the remarkable change in the number of new child cases placed into substitute care since FY 93. As the chart below illustrates, Illinois has dramatically reduced the number of children removed from the home. This rate of decline has stabilized over the past two fiscal years. Most notably, as demonstrated earlier, these remarkable

gains were secured while at the same time ensuring that children were more safely served in the home.



## Serving Children Safely – Program Highlights

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

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

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

In order to be successful in quickly moving the children of substance abusing adults to permanency, substance abuse issues must be responsibly addressed with intensive and effective treatment. The Department must either help parents to make substantial progress through AODA treatment in time to be reunified with their children, or, make every reasonable effort to offer such services so that parental rights may be terminated and the child made available for an adoptive home. Below are specific program efforts designed to meet the needs of substance abusing biological parents.

## OASA/DCFS Initiative

The DCFS/DHS-OASA (Department of Human Services – Office of Alcoholism and Substance Abuse) Initiative is a collaborative AODA program between the two departments that began in 1995. The OASA/DCFS Initiative provides identification of AODA issues by DCFS and private child welfare staff, timely access to AODA assessment and treatment for DCFS involved families, enhanced outreach and case management for families receiving AODA treatment, removal of barriers to treatment for families (e.g. childcare), and improved information sharing between the two fields. The OASA/DCFS Initiative includes 33 AODA providers across the state.

### **DCFS ALL -- This is a summary of all DHS Treatment data below**

Type of Treatment	Duplicated Clients	Unduplicated Clients	Mean SVC Units	DHS \$ Cost
Case Mgmt TASC	413	390	2.91	134,648
Case Mgmt	3,938	3,632	7.24	1,239,830
Childcare residential	345	326	69.04	1,091,917
Detox	1,032	942	5.45	1,407,468
Halfway House	154	151	46.16	456,412
Intervention	1,475	1,429	3.31	216,445
Recovery Home	231	203	89.83	1,019,226
Sanctuary	2	2	20.50	1,857
Toxicology	305	296	7.58	15,855
Residential Rehab.	2,401	2,094	34.01	14,729,403
Intensive Outpatient	2,178	1,903	31.98	2,531,897
Outpatient	5,419	4,669	9.07	2,326,434
<b>Total</b>	<b>17,893</b>	<b>16,037</b>		<b>\$25,171,392</b>

### **DCFS Involved**

Case Mgmt TASC	329	310	4.18	113,988
Case Mgmt	965	945	6.52	282,377
Childcare residential	185	179	63.79	545,957
Detox	680	612	6.17	1,142,965
Halfway House	90	88	43.96	249,172
Intervention	284	273	3.44	46,901
Recovery Home	164	146	84.06	663,354
Sanctuary	1	1	6	272
Toxicology	75	72	5.23	2,709
Residential Rehab.	1,251	1,112	37.09	7,529,719
Intensive Outpatient	524	487	28.85	577,541
Outpatient	1,815	1,602	9.05	790,369
<b>Total</b>	<b>6,363</b>	<b>5,827</b>		<b>\$11,945,324</b>

### **DCFS Referred**

Case Mgmt TASC	47	45	3.36	12,822
Case Mgmt	2,658	2,382	7.90	897,166
Childcare residential	155	142	77.29	539,197
Detox	325	304	4.19	245,131
Halfway House	60	59	48.53	189,518
Intervention	1,007	975	3.10	139,846
Recovery Home	64	54	106.42	334,305
Sanctuary	1	1	35.00	1,585
Toxicology	221	215	8.58	12,971
Residential Rehab.	799	682	30.09	4,221,038
Intensive Outpatient	1,581	1,346	33.22	1,893,438
Outpatient	3,191	2,717	9.20	1,363,967
<b>Total</b>	<b>10,109</b>	<b>8,922</b>		<b>\$9,850,984</b>

### **DCFS Wards Not Referred or Involved**

Case Mgmt TASC	37	35	2.39	7,838
Case Mgmt	315	305	4.25	60,287
Childcare residential	5	5	28.60	6,762
Detox	27	26	3.49	19,372
Halfway House	4	4	56.20	17,722
Intervention	184	181	4.26	29,698
Recovery Home	3	3	63.00	21,567
Sanctuary	0	0	0.00	0
Toxicology	9	9	2.78	175
Residential Rehab.	351	300	32.85	2,978,645
Intensive Outpatient	73	70	26.23	60,918
Outpatient	413	350	8.53	172,098
<b>Total</b>	<b>1,421</b>	<b>1,288</b>		<b>\$3,375,082</b>

Data courtesy of the Department of Human Services' Office of Alcoholism and Substance Abuse.

## **Project SAFE**

Project SAFE is an intensive outpatient treatment service that provides a highly intensive outreach component, parent training, women's support groups, and aftercare.

OASA funds the AODA treatment components of the project and DCFS pays for the outreach, childcare and parent training. It has progressed from the original four (4) demonstration sites to a state funded program of twenty-three (23) sites across the state. DCFS is currently spending \$1,045,000 on support of these services in FY 03.

## **Healthy FIT**

The Healthy FIT (Family Intervention Team) Project is a drug/alcohol treatment program for pregnant/post-pardom women who are receiving care through the Sinai and the University of Chicago Health Systems. The program is a partnership with the Sinai Health System, University of Chicago Health System, Chicago Department of Health, OASA providers and DCFS. The project provides a comprehensive continuum of family-focused care in preserving intact families and preventing child abuse and neglect for chemically dependent women and their substance-exposed infants.

## **Intact Family Recovery Project**

The IFR model is designed to deliver comprehensive casework services, including AOD treatment and child welfare services to families who have a drug exposed infant, opened to the Department, but remaining intact. The families selected to participate in this program will come to the attention of the Department following the birth of a substance exposed infant. This program is intended to assure the safety of children for whom no placement decision has been made by assisting the families to meet minimum parenting standards.

This program reflects a partnership between child welfare providers and providers of AODA services. The expectation is that shared case responsibility and improved communication around all aspects of a client's life will support child safety, as well as recovery from drug addiction, improved family functioning, and a reduction in the births of subsequent substance exposed infants. DCFS will spend approximately \$2,170,000 on this program in FY 03.

## **FACT Program**

The Female Addicts & Their Children in Treatment (FACT) Program is similar to the Intact Family/Recovery program, but is located in suburban Cook County. Family Support Teams provide comprehensive child welfare and AOD services to intact families. The FACT model addresses barriers to services and is responsive by meeting the clients need, following her through detox, treatment and 2 years of support programming, education and aftercare.

## **Program Innovation: Title IV-E Waiver Supporting AODA Services**

The Department has received approval from the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) to conduct a Title IV-E waiver project in Illinois. This waiver allows the Department to test whether providing enhanced alcohol and other drug abuse (AODA) services to DCFS involved substance affected families will improve child welfare and AODA performance, particularly increased safe, successful reunifications for families served by DCFS and purchase of service (POS) agencies. The demonstration period started on April 28, 2000 and will be tested for up to five years. The demonstration area is limited to Cook County. The AODA Waiver incorporates two important programmatic components outlined below.

### **Juvenile Court Assessment Program (JCAP)**

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

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

### **Treatment Support Services for Parents (Recovery Coaches)**

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

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

Families facing environmental issues (i.e. inadequate food, inadequate shelter or clothing, or environmental neglect) can access Emergency Cash Assistance and Housing Locator Services to ensure a child is not unnecessarily placed in care or prevented from returning home. The final decision to provide these services is made by a supervisor or regional manager using standard criteria. Any cash payments are coordinated with other cash programs to eliminate duplication.

The effects of rising utility costs were seen during FY 01. There was a 10 percent rise in the number of requests for utility arrears vouchers and a 20 percent increase in the amount spent. Requests for security deposits by landlords caused a rise in expenditures for that purpose. Housing advocacy includes the housing locator service which is provided through 16 private agencies. Providers locate housing, develop relationships with landlords, train parents to locate housing and negotiate with landlords, and advocate for entitlements and other assistance. As a valuable adjunct to this program, the Department of Housing and Urban Development (HUD) has made available Section 8 Housing Vouchers to permit payment for environmentally safe housing for 1,270 families since 1995.

### **Children's Advocacy Centers**

During FY 01, 10.0 percent of all indicated child abuse/neglect reports involved sexual abuse, up from 9.8 percent in FY 99 and down from 10.2 percent in FY 00. 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 Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases.

Since 1987, twenty-nine Children's Advocacy Centers have been developed in Illinois. Four more are under development in FY 02 and will receive part of their funds from DCFS, increasing the total to thirty-three Children's Advocacy Centers statewide. Five of the 33 centers are in Cook County. The others, some of which serve multiple counties, are located throughout the state. By the spring of FY 02, it is estimated that 64 out of Illinois' 102 counties will be served by a Children's Advocacy Center. Most centers (70 percent) receive locally-based funding through appropriations of the county or townships. All are locally supported by the United Way or other local fundraisers. The Department, other state agencies, and national organizations supplement the local funding.

In FY 02, for a Governor's Office Initiative, the Department requested and received over \$1.2 million in additional funding to annualize costs in programs begun downstate before June 30, 2001. This funding will be used to provide additional resources to the Chicago Children's Advocacy Center located within the Chicago Medical District and Cook County Juvenile Court, to offer start-up funding for 4 new programs located throughout the state, to expand the service area of some programs, and to support the newly-formed organization Children's Advocacy Centers of Illinois. For FY 03, the Department is requesting \$100,000 to annualize funding to the 4 new centers which will receive their first funding in FY 02.

### **Child Safety Program Details**

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, improvements in staffing for investigators and workers serving families in the home, and 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. Added to this is the Department's work with funded family preservation services and intact family programs that are designed to serve at-risk families who are better supported through services permitting children to remain safely in the home. Work with at-risk families is also supported through the federally funded Family Centered Services (Title IV-B, Part 2) program and other federal grants which are part of the protective service and family maintenance systems.

### Service Measures for Protective Services

Units of Service	FY01 Actual	FY02 Estimated	FY03 Request	02-03 Change	02-03 % Change
Child Abuse/Neglect Hotline Calls	306,506	307,000	307,000	0	0.0%
Family Reports of Abuse or Neglect	60,168	62,000	62,000	0	0.0%
Child Reports of Abuse or Neglect	100,418	102,000	102,000	0	0.0%
Indicated Family Reports	16,657	17,500	17,500	0	0.0%
Indicated Child Victims	28,920	29,000	29,000	0	0.0%
Intact Family Caseload	9,277	9,300	9,300	0	0.0%
Family Cases Closed	11,446	11,000	11,000	0	0.0%
Families receiving Emerg. Cash Assist. Svcs.	4,311	4,500	4,750	250	5.6%
Families receiving Housing Locator Services	1,362	1,450	1,550	100	6.9%

### FY03 Request

(\$ .000)

Type of Expenditures	FY03 Request
Child Protection – Admin. (GRF)	8,027.5
Child Protection Downstate (GRF)	29,864.5
Child Protection Cook (GRF)	33,074.4
Children's Advocacy Centers (GRF)	1,881.8
Children's Advocacy Centers (CSF)	1,540.0
Purchase of Children's Services (CSF)	726.3
Treatment & Research of Child Abuse (GRF)	794.4
Child Death Review Committee (GRF)	125.0
Cash Assistance & Housing Locator (GRF)	3,565.6
Children's Justice Act (FPF)	773.0
Child Abuse Triage (FPF)	350.0
Child Abuse Prevention (FPF)	600.0
Comm. Based Family Resource (FPF)	1,607.0
Costs Under Child Abuse Act (FPF)	1,000.0
Protective/Fam. Maint. Day Care (GRF)	24,825.4
Day Care Infant Mortality (GRF)	1,280.1
<b>Total</b>	<b>110,035.0</b>

# Family Centered Services

<b>Units of Service for Family Centered &amp; Family Preservation Services*</b>	FY01 Actual	FY02 Estimated	FY03 Projected	02-03 Change	02-03 % Change
Family Centered Services – Family Support Children Served	15,925	15,925	15,925	0	0%
Family Centered Services – Family Pres. Families Served	9,077	9,077	9,077	0	0%
Family Centered Services – Adoption Promotion and Support – Families	502	502	502	0	0%
Family Centered Services – Time Limited Reunification – Children	917	917	917	0	0%
Extended Family Services	1,587	1,600	1,600	0	0%
Family Preservation Appropriation Unique Clients Served	4,035	4,050	4,050	0	0%

## FY03 Request

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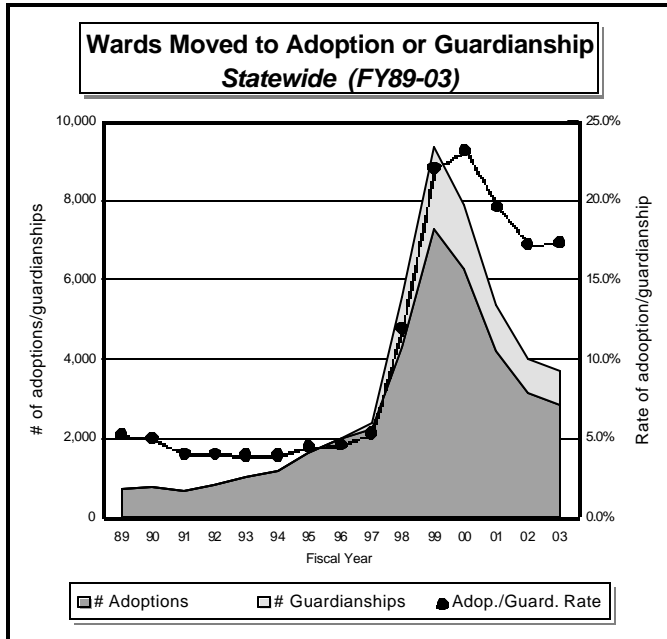
<b>Type of Expenditures</b>	FY03 Request
Family Centered Services Initiative (CSF)	13,200.0
Family Preservation (CSF)	30,083.5
<b>Total</b>	<b>43,283.5</b>

# Promotion of Permanency

The Department's record in securing permanency for children during the past five years stands in stark contrast to that of the early 1990s. The change reflects a combination of strategies including state and federal permanency legislation passed in 1997, performance contracting, subsidized guardianship, and court reforms—particularly in Cook County.

## The Department's Record – Securing Permanency for Children

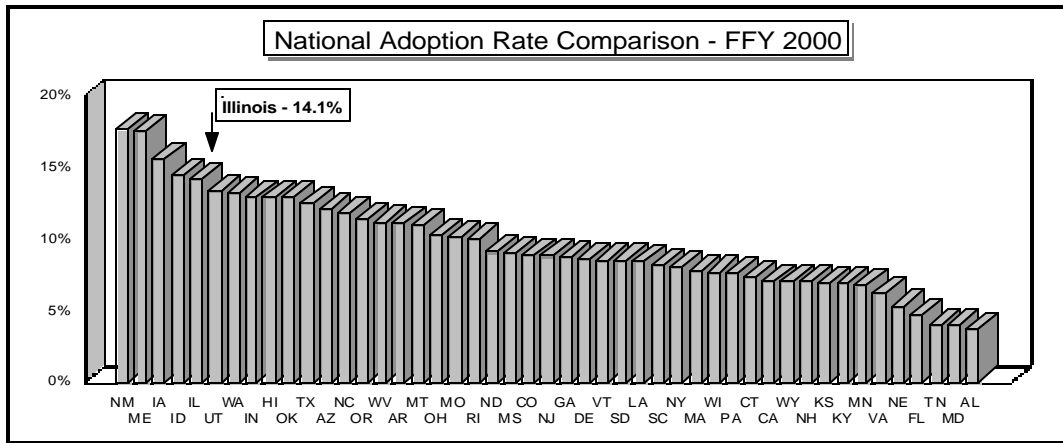
- Adoptions and guardianships jump. The 22,579 children moved to adoption and guardianship during state fiscal years 1999, 2000 and 2001 is more than 33% more than the 16,958 children moved to permanency through these means during the preceding decade of state fiscal years 1989 - 1998.



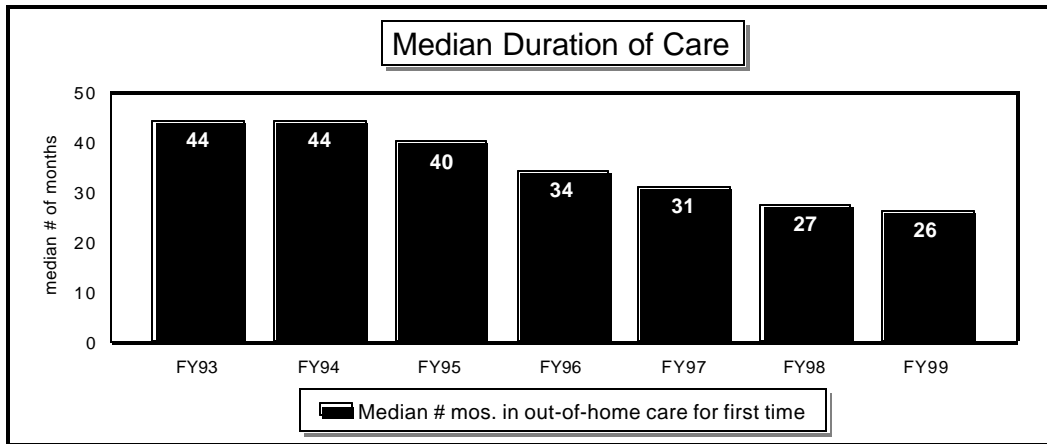
Fiscal Year	Rate	Adop.	Guard.	Total
90	5.1%	788		788
91	4.0%	708		708
92	4.1%	835		835
93	4.0%	1,034		1,034
94	4.0%	1,200		1,200
95	4.5%	1,640		1,640
96	4.6%	1,961		1,961
97	5.3%	2,229	185	2,414
98	12.0%	4,293	1,276	5,569
99	22.1%	7,275	2,053	9,328
00	23.2%	6,281	1,628	7,909
01	19.6%	4,208	1,134	5,342
02est.	17.2%	3,134	893	4,027
03proj	17.3%	2,867	805	3,672

("rate" is the percentage of foster care population moved to adoption or subsidized guardianship settings)

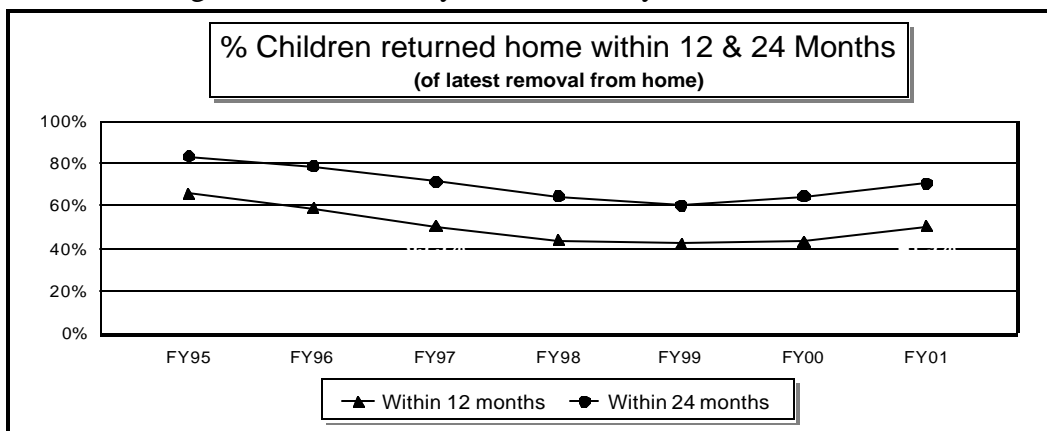
- Illinois leads the nation in adoption and guardianships. Adoption performance during state fiscal years 1999, 2000 and 2001 earned Illinois acclaim as the national leader in securing permanency for children three years in a row through the White House's National Excellence in Adoption Initiative. Based upon state adoption rates reported to the federal government for federal fiscal year 2000, Illinois ranked ahead of every other large child welfare system in the nation.



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

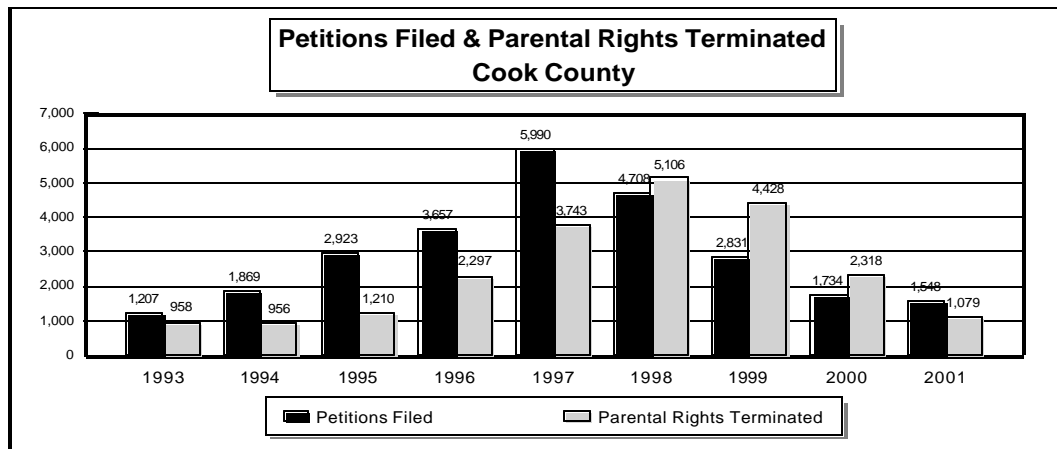
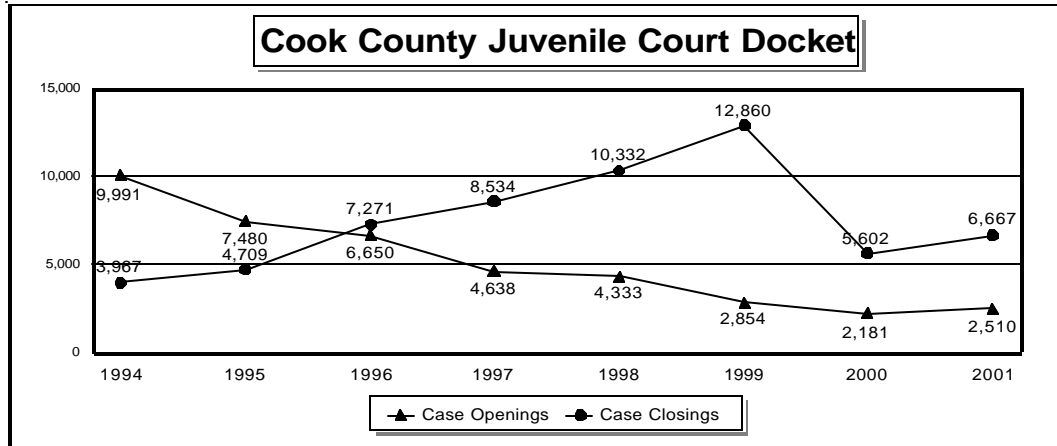


- Children spend less time in care before returning home. During state fiscal years 1999 and 2001, the percentage of children returning home within one year of removal climbed by 20% and the number returning home within two years climbed by 16%.

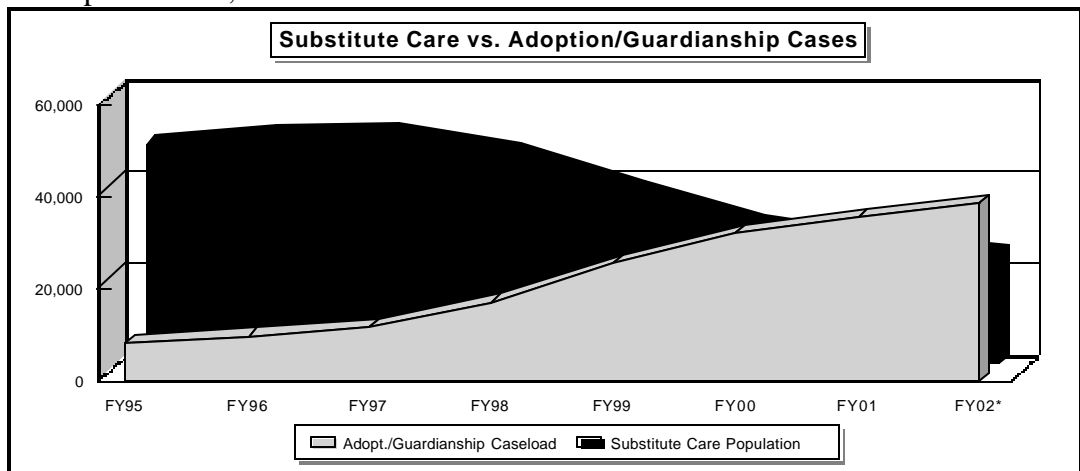


- Court reforms support permanency for children. Beginning in calendar year 1995, by working cooperatively with Juvenile Court in Cook County, child welfare cases were quickly

moved to closure, freeing children for adoption at record numbers.



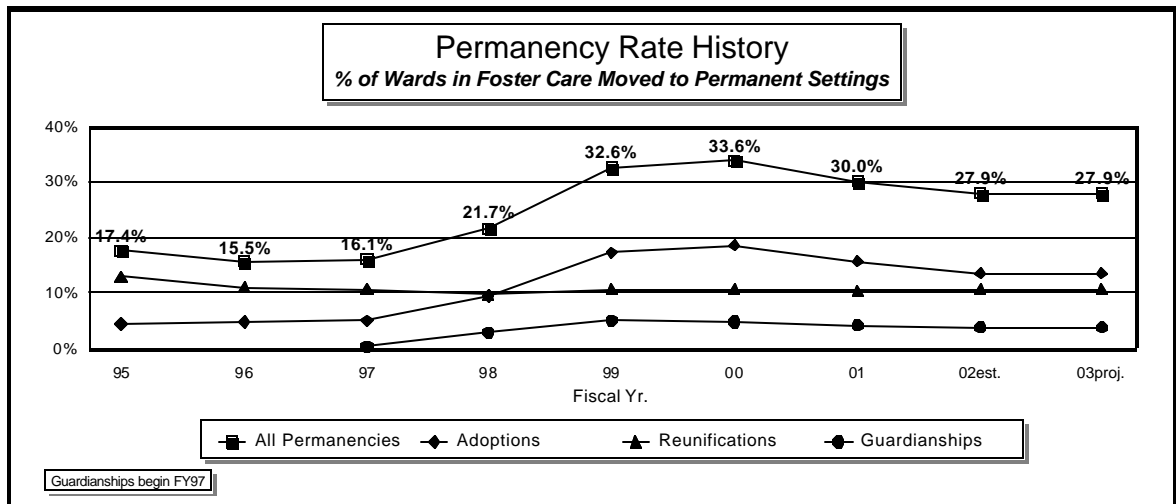
- Illinois shifts child caseload from substitute care to permanent living arrangements.** During state fiscal year 2000, Illinois crossed an important threshold by moving more children into the adoption and guardianship caseload than are served in substitute care. By the end of state fiscal year 2003,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



	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02 est.	FY03 proj.	
Adoption/Guardianship Expenditures ( \$ x .000)	30,286.3	44,702.5	58,679.4	73,894.2	109,945.9	171,618.1	216,173.4	251,028.3	277,556.7	
% Increase		9.5%	47.6%	31.3%	25.9%	48.8%	56.1%	26.0%	16.1%	10.6%
# Subsidized Cases	8,179	9,736	11,539	17,160	25,709	32,489	35,705	38,594	41,157	
% Increase		16.7%	19.0%	18.5%	48.7%	49.8%	26.4%	9.9%	8.1%	6.6%

## FY2001 Key Permanency Indicators

- Data for FY 01 (the year ending June 30, 2001) will continue to be updated for several months into FY 02 as more accurate statistics result from all events in FY 01 becoming observed. As of January 2002, the data shows that:
- The number of new adoptions and guardianships being completed is now declining due to the decline in the substitute care caseload and the changing composition of the remaining caseload. During FY01, the number of new adoptions and guardianships declined by 33 percent, from 7,909 children in state fiscal year 2000 to 5,350 children in state fiscal year 2001. This reflects a smaller change in the rate of adoption and guardianship, which declined about 16%.
- As with the number of adoptions and guardianships, the number of reunifications continues to decline with the shifting substitute care caseload. An additional contributing factor is a continued reduction in the number of new case openings. During FY01, the number of reunifications declined by 21% from 4,406 children in state fiscal year 2000 to 3,589 children in state fiscal year 2001. Despite this decline in numbers, the rate at which children are returned home out of substitute care remained unchanged at 10.5%.



## Securing Permanency for Children – A Partnership for Success

Every child deserves a stable and lasting family life. This basic principle of “permanency,” endorsed as far back as the 1909 White House Conference on the Care of the Dependent Child, was a goal of public child welfare systems for most of the twentieth century and continues as a goal today. It is only in the last few years that substantial progress has been made in order to bring permanency to the lives of thousands of children who otherwise would have spent their childhood in foster care. The success of Illinois and its move from “worst to first” was a result of a comprehensive set of reforms that involved legislation passed by the General Assembly, reforms in the juvenile court system and a provider contracting system which links financial incentives and positive outcomes for kids.

## **The Permanency Initiative**

Turning stable placements into legally permanent homes was no small matter after years of inattention by the child welfare system. First, state laws had to be changed so that undue hesitancy about terminating parental rights was removed as a barrier to adoption. In 1997, the Illinois General Assembly passed comprehensive legislation (“Permanency Initiative”), which among other things, eliminated “long-term foster care” as a permanency goal, reduced permanency planning timelines to one-year, and directed the Department to engage in concurrent planning to help achieve permanency at the earliest opportunity.

## **Juvenile Court**

The Courts also played a major role in supporting the objectives outlined in the Permanency Initiative by identifying and resolving barriers to permanency for children for whom reunification is not an option. Terminate parental rights once reunification has been ruled out, allowed more children become free for adoption. During 1994, rights were terminated in less than 1,000 cases in Cook County. In 1996, that number first doubled, tripled and finally peaked in 1998 when rights were terminated in 5,106 cases; an increase of more than 500%. (see previous chart titled Petitions Filed Parental Rights Terminated – Cook County)

## **Creating Additional Pathways to Permanency**

In addition to adoption, shortened permanency timeframes meant opening up additional pathways to permanency. Because over half of the children in the Illinois foster care system are placed with kin, adoption may not always be the best option for relatives who indicate a desire to assume long-term responsibility for the children in their care. Acknowledging this reality, the Department applied for and received IV-E waiver authority to mirror its subsidized adoption program and extend subsidies to families who assume private guardianship for children who otherwise would have stayed in long-term foster care. Since the implementation of the demonstration in May of 1997, Illinois has discharged over 6,700 children to the private guardianship of relatives and foster parents.

Reunifications with parents also needed to improve to achieve long-term reforms of the system. So to increase access to this existing pathway, in 1998 DCFS increased the investment in family reunification services from \$600 to \$8,000 per family. Although the state has a long way to go in order to restore reunification rates to their previous level, the decline has ended and return-home rates are rising again for the first time in a decade.

## **Linking Contracting to Permanency**

In FY 98, the Department implemented Performance Based Contracting, which is a nationally recognized program and winner of the 2000 Harvard Innovation in American Government Award. Under this program, financial incentives were aligned with securing permanency for children.

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

In 2000, Performance Based Contracting was selected from among 2,000 other government programs as a winner of the coveted Harvard Innovations in American Government award. The recognition comes with a grant of \$100,000, which the Department is using to build performance-oriented contracting models in other child welfare jurisdictions.

## **Making Good on the Promise of Permanency**

### **Program Highlights**

#### **Permanency Supports for Children and Families (Post Adoption and Guardianship Services)**

Because the number of children supported through adoption and guardianship is now larger than the number of children in substitute care, the support made available for families making a life-long commitment to a child has never been more important. Post Adoption and Post Guardianship counseling/therapy services can be provided to a child who was previously under DCFS guardianship and to families facing post adoption or post guardianship issues. As the total number of adopted children and children in private guardianship continue to increase, more of these services will be needed and are being planned. For FY 03, spending for these services will exceed \$3.2 million. In addition, post-adoption support groups have been offered by performance contract agencies and by a few local LANS that have won regional awards. In FY 03, up to \$1,168,000 is budgeted for these services.

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

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

Adoption and Guardianship Preservation services are the most intensive in home services offered

by the Department to preserve families at risk of dissolution. Because of the growing number of children supported through adoption and guardianship assistance, in FY 98, these services were expanded to cover the entire state and to eliminate waiting lists in underserved areas such as Cook and DuPage Counties. Further expansions have occurred in FY 01 and 02. As the population of adoptees and children served by guardianship grows, the Department continues to expect growth in this area.

## Mid-West Adoption Center

The Illinois Adoption Act mandates that specific "non-identifying information" from closed files be provided upon the request of adult adoptees and adoptive parents of minor children. The Department has contracted with **Midwest Adoption Center** to provide this service. All available DCFS files are obtained and the information is put into a written report to the client. Care is taken to include everything which the law permits to be given including personal mementos such as photographs, hospital bracelets and report cards.

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

## Permanency Program Details

From a national perspective, Illinois' experience during the last decade is without parallel. During the first seven years of the 1990s Illinois experienced an unrivaled 146 percent increase in its substitute care population, bringing with it dubious notoriety—the child welfare system with the highest substitute care rate in the country. Fortunately, by 1997, the trend lines turned and the remaining three years of the decade tell a very different story for Illinois: caseload declines of over 40 percent and national recognition as a leader in getting results for children. Changes of this magnitude don't occur overnight, nor are they accomplished without the hard work and dedication of case workers in the field who serve our families. Through their commitment and passion, more and more children go to sleep each night knowing they'll wake up in a permanent home.

### Service Measures for Permanency

<b>Actual FY01 and Budgeted FY02 &amp; FY03 Units of Service</b>	<b>FY01 Actual</b>	<b>FY02 Estimated</b>	<b>FY03 Projected</b>	<b>02-03 Change</b>	<b>02-03% Change</b>
Reunifications	2,813	2,486	2,241	-245	-9.8%
New Adoption Cases	4,208	3,134	2,867	-267	-8.5%
Total Subsidized Adoptions	30,201	32,575	34,655	2,080	6.4%
Families Rcvg. Adopt./Guard. Pres. Svcs.	766	900	1,000	100	11.1%
New Private Family Guardianship Cases	1,134	893	805	-88	-9.9%
Total Subsidized Guardianships	5,504	6,019	6,502	483	8.0%

**Adoption and Guardianship**  
**FY03 Request**  
(\$ .000)

<b>Type of Expenditures</b>	<b>FY03 Request</b>
Adoption & Guardianship (GRF)	158,548.6
Adoption & Guardianship (CSF)	119,008.1
Adoption Listing Service	1,505.6
Total	279,062.3

# *Ensuring Child Well-Being*

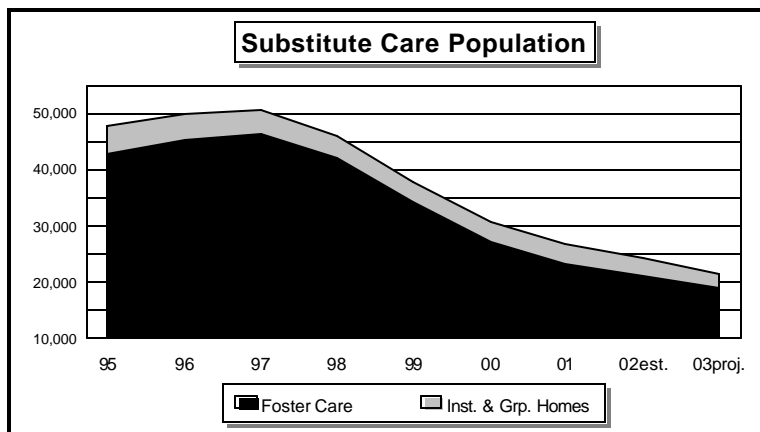
The Illinois child welfare system has made remarkable progress during the last five years on multiple fronts. More children are being maintained safely in their own homes; the number of children retained in long-term foster care has declined; and an unprecedented number of children have moved into permanent homes as a result of rising adoptions and guardianships in Illinois. 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 are being removed from kinship care. Innovations such as performance contracting and subsidized guardianship, more children are being discharged from foster care to the permanent custody of adoptive parents and legal guardians.

These achievements stand in sharp contrast to Illinois' record in the mid-1990s, when the State registered the highest per-capita rate of foster care in the nation.

As a result of these improvements, the number of children in foster care has dropped from 51,600 to under 25,000. The per-capita rate of foster care has been nearly halved from 17.1 per 1000 children in 1996 to 8.8 per 1000 children in 2000. These accomplishments have had the right effect: caseloads have declined by 50 percent, resulting in a foster care caseload with greater challenges, but substantially better working conditions in terms of caseloads, training and technology.

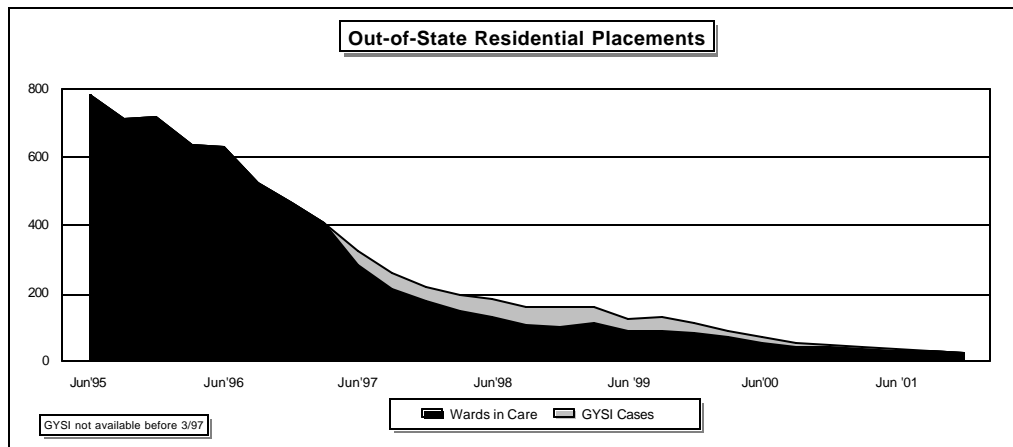
## **The Department's Record – Progress in Substitute Care**

- Substitute care caseloads continue to decline. While the number of children in foster care nationally continues to rise, Illinois reduced the number of children in substitute care for the fourth consecutive year, from a peak of 51,600 children in mid-FY 97 to an estimated 24,138 children by the end of FY 02. (The table below shows end of fiscal year statistics.)



Fiscal Year	Foster Care	Inst/Grp Home	Total Csl.
95	42,819	4,854	47,673
96	45,346	4,692	50,038
97	46,489	4,238	50,727
98	42,165	3,947	46,112
99	34,164	3,781	37,945
00	27,229	3,438	30,667
01	23,379	3,226	26,605
02est.	21,169	2,969	24,138
03proj.	19,048	2,717	21,765

- Out of state residential care placements decline. The number of children placed out of state in residential care has declined from a peak of 784 placements in FY 95 to 30 placements in FY 01.

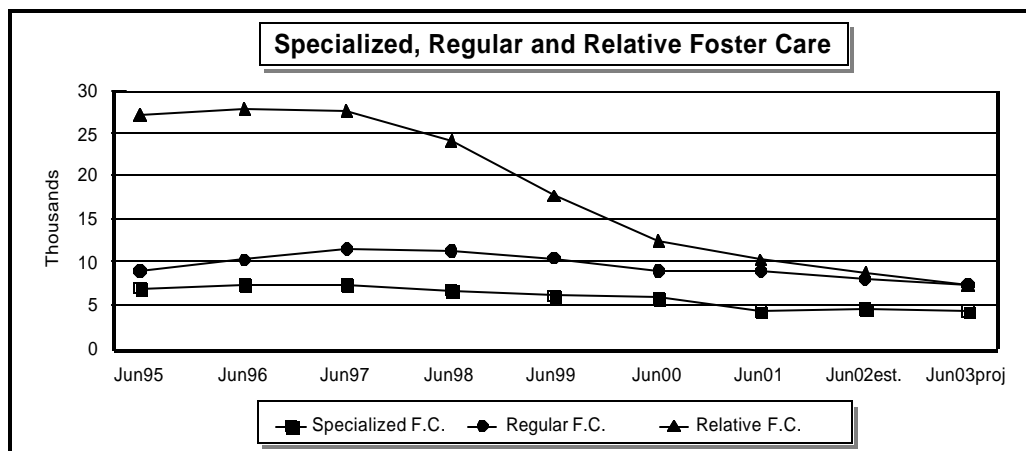


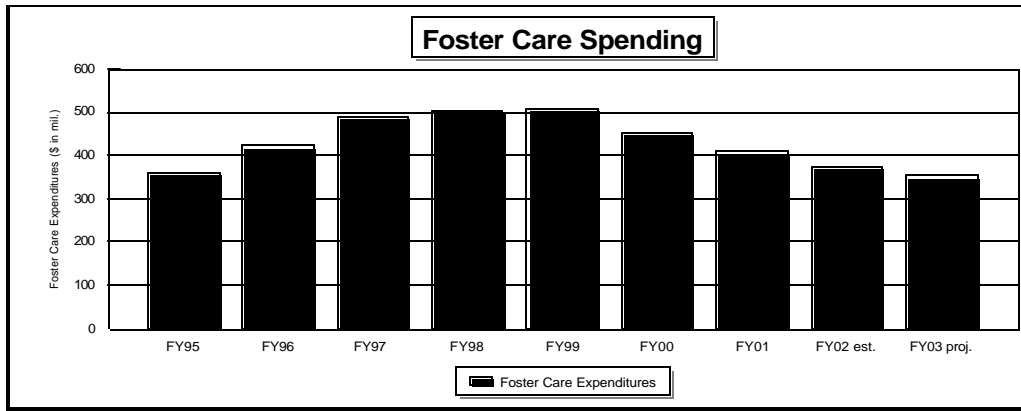
- Illinois maintains its status as the largest accredited child welfare system in the country. The work continues for both private agencies and the Department to ensure that the components of a quality child welfare system remain in place. This work involves supporting staff and supervisors with manageable workloads and access to training.

## FY2001 Key Substitute Care Indicators

Data for FY 01 (the year ending June 30, 2001) will continue to be updated for several months into FY 02 as complete analysis of FY 01 is completed. As of January 2002, the data indicates:

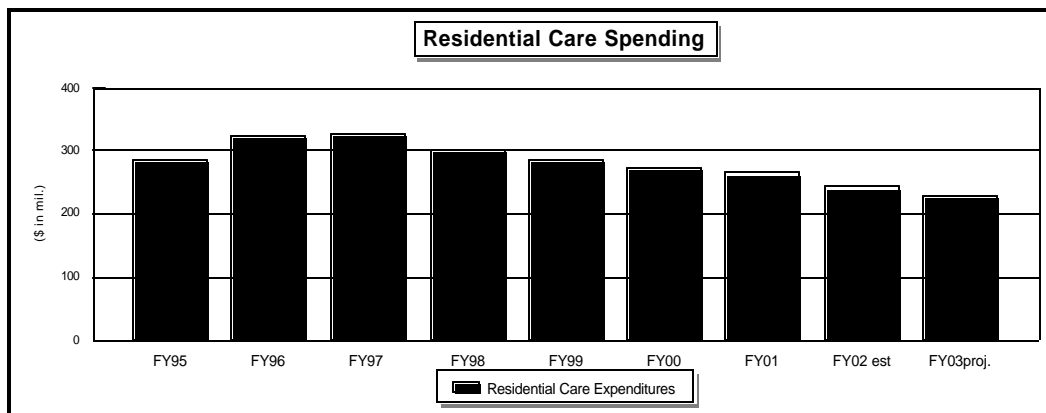
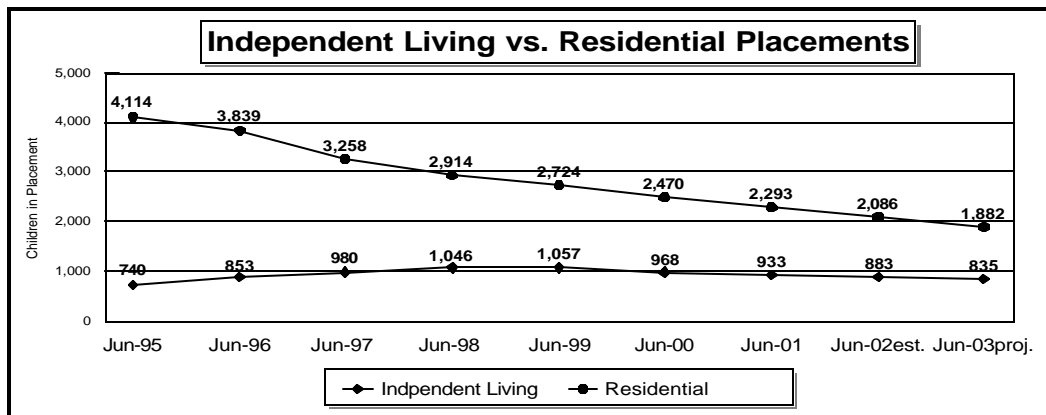
- The number of children served in unrelated or regular foster care, relative care and specialized foster care all declined. During FY 01, all three foster care arrangements combined decreased by 14% from 27,229 children to 23,379 children. Although the rate of decline has slowed, the combined foster care caseload is projected to drop below 20,000 children by the end of FY 03.





	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02 est.	FY03 proj.
Expenditures (\$,000)	361,940.9	420,820.1	487,401.7	501,278.9	504,316.5	449,522.8	409,303.7	373,069.7	353,157.1
% Change	27.2%	16.3%	15.8%	2.8%	0.6%	-10.9%	-8.9%	-8.9%	-13.7%

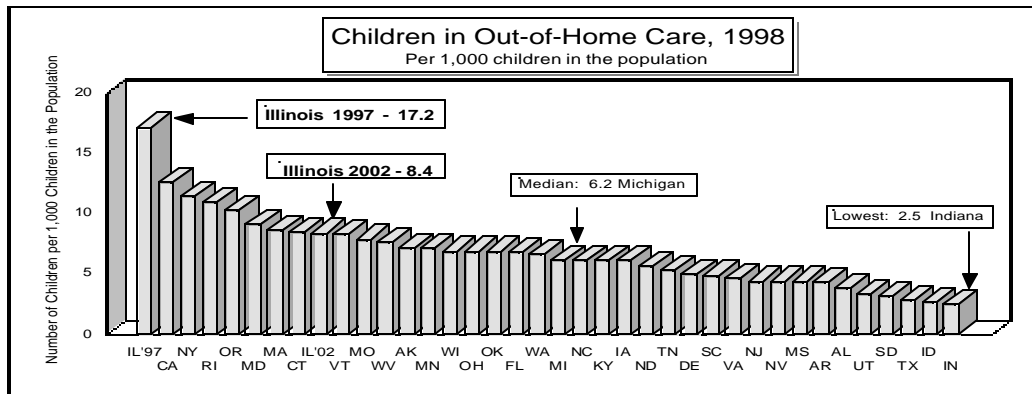
- The Department continues to make progress in reducing the number of high-end placements. Residential care placements fell to 2,293 FY 01, and Independent Living placements fell to 933 placements during the same period. Taken together, this represents a total decline of approximately 6 percent. This decline is projected to continue through FY 02, when the combined residential and Independent Living population will fall another 6 percent to 2,969, and into FY 03, when it is projected to fall to 2,717 by the fiscal year's end.



	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02 est.	FY03proj.
Res. Exp. (\$,000)	285,287.6	323,688.3	326,842.9	300,964.5	283,787.6	273,718.2	263,566.9	242,329.2	229,684.0
% Change	35.7%	13.5%	1.0%	-7.9%	-5.7%	-3.5%	-3.7%	-11.5%	-12.9%

## Substitute Care Levels – Illinois in Context

The reduction in the number of out of home placements reflects the combined impact of investments in front-end service delivery and new resources at the back end designed to support permanency activities. Over the past 5 years, Illinois reduction in substitute care caseload had slashed the out of home care rate from a high of 17.2 per 1,000 children in state fiscal year 1997 to an estimated low of 8.4 per 1,000 children by the end of FY 03.



## Improving Child Well Being – Program Highlights

Performance improvements in safety and permanency have contributed to an environment in which staff workloads—public and private—and service capacity make it possible for Illinois to continue making progress in securing greater gains in stability, educational attainment and meaningful transitions from foster care to independence. Additionally, as the Department continues to reduce the amount of time children spend in foster care, the work necessary for those children remaining in the substitute care system intensifies. Increasing the Department's capacity to assess and treat serious mental health problems is vital for managing a child welfare system that is less intrusive, more responsive and better directed on securing clear outcomes for children.

## Counseling and Other Supportive Service

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

The Department also provides specific, targeted counseling for children in care experiencing trauma associated with abuse or necessary to stabilize children with mental health diagnoses. This includes sexual abuse counseling, sexual abuse victim treatment and therapy for sexually aggressive children and youth (the SACY program) as well as Intensive Treatment Services (ITS), a deliberate and effective strategy for achieving stability and permanency for children who are experiencing serious emotional and/or behavioral problems.

ITS combines Medicaid community mental health and other social and support services that are provided on an outpatient basis to children experiencing serious emotional and/or behavioral problems. The goal is to promote the child's emotional and behavioral stability, preventing the need for the child's movement to a more restrictive and expensive placement and also supports children moving from residential placements into foster care or returning home to their parents. Services are planned individually for each client. The average length of service is nine months. In the 36 counties it serves, ITS programs have stabilized community placements or stepped down children to a less restrictive placement in 82% of the referrals to the program. The cost of these services is included in the Counseling appropriations and 55-60% of the services are claimable under Medicaid.

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

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

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

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

### **State Automated Child Welfare Information System (SACWIS)**

The goal of SACWIS is to improve the quality of the states data collection process. The purpose of SACWIS is to be an automated case management tool to assist workers, supervisors and managers to provide more effective, efficient, services to children and families served by the Department. It will also assure that the Department fulfills all federal reporting requirements such as those created by the Adoption and Foster Care Analysis and Reporting System.

The foundation of the SACWIS application is the Department's Best Practice Model. This is the result of a multi-year, intensive effort to develop a practice model which emphasizes child safety, permanency, and well-being from intake to case closure. The Best Practice Model incorporates the requirements of the federal Adoption and Safe Families Act, the Illinois Permanency Initiative, other laws and regulations, consent decrees, the Office of Inspector General recommendations, business standards, accreditation requirements, and principles of sound child welfare practice. The Department is using the new practice model to guide organizational change, including policy development and training.

In addition, the development and implementation of the SACWIS application is guided by four principles. SACWIS must:

- Improve the quality of services to clients – with quality measured by outcomes.
- Aid individual caseworkers in the performance of their duties to the degree that caseworkers seek to use the system and feel ownership of system data.
- Improve administrative efficiency by enhancing accountability of staff and reducing administrative burdens.
- Be adaptable (capable of evolving) to satisfy the changing needs of the Department.

When SACWIS is fully implemented in August 2003, the Department will have one, comprehensive, integrated case management information system to support the staff of DCFS and purchase of service agencies that serve children and their families. The system will permit staff to be more effective, providing the staff with new electronic tools and supports such as 24 hour access to essential information, decision support tools and Best Practice guidance.

### **Program Innovation – Enhanced Training IV-E Waiver**

Under existing federal regulations, states are reimbursed for 75% of their training costs, as long as the recipients of this training are public sector employees. In Illinois, this provision creates a financial barrier for providing the same level of training for voluntary, not-for-profit sector which partners with the Department to serve nearly 80% of the children in substitute care. This year, the Department received permission from the federal government to test whether or not this restriction is in the best interest of children. Beginning in April of 2002, Illinois will undertake implementation of its third federal IV-E waiver, and will offer enhanced training for private agency staff. This training, claimed at the 75% level, is designed to improve service to children with an eye toward securing specific outcomes including improved permanency, greater stability while in foster care and improved health.

If successful, Illinois will make an important contribution to the national discussion on the value of training for private agency staff. Under the signed terms and conditions, the waiver will be in effect for five years and will be subject to a rigorous evaluation.

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

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

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

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

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

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

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

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

high school. Efforts are made to provide drug counseling and treatment immediately to youth who need these services.

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

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

## **Child Well-Being Programmatic Details**

In order to ensure that children receive appropriate, quality services while in substitute care necessitates the coordination of services across multiple divisions within the Department. While in care, the full range of service needs for children addressed, whether medical, mental health, education or specialized services for children with disabilities. Services are provided at a variety of levels, but most have been programmed at the community level, with providers prepared to meet the needs of children in the communities in which they are placed.

The Department continues to pursue programmatic and policy changes that will support increasing the stability of children while in substitute care. Currently, the Department works with private agencies and DCFS workers to review the service history of children experiencing multiple placement changes. Based upon this review, additional service planning and specific services may be put in place to prevent a proposed move or an additional move in the future.

While the typical child entering care today will spend less than three years in care, a growing proportion of the children in substitute care are adolescents. The Department's programmatic shift reflects this change through the growth in transition services, the emphasis on education attainment and utilization of the Independent Living program.

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

## Substitute Care Services

<b>Units of Service</b> End of Year Counts	FY01 Actual	FY02 Estimated	FY03 Projected	02-03 Change	02-03 % Change
Children in Regular Foster Care	8,892	7,961	7,449	-512	-6.4%
Children in Specialized Foster Care	4,321	4,506	4,289	-217	-4.8%
Children in Relative Care	10,166	8,702	7,310	-1,392	-16.0%
Children in Institutions or Group Homes	2,293	2,086	1,882	-204	-9.8%
Children in Independent Living	933	883	835	-48	-5.4%
Children Reunified with Families	2,813	2,486	2,241	-245	-9.9%
Child Cases Closed	10,241	8,459	7,618	-841	-9.9%
Percentage of Children Reunified	10.5%	10.5%	10.5%	0.0%	0.0%

### FY03 Request

(\$ .000)

<b>Type of Expenditures</b>	FY03 Request
Total Foster Care (All Funds)	363,254.2
Total Institutions/Group Homes (All Funds)	229,684.0
Foster Care (GRF)	201,765.8
Foster Care (CSF)	151,391.3
Institutions & Group Homes (GRF)	127,989.5
Institutions & Group Homes (CSF)	101,694.5
Foster Care Initiative (GRF)	8,139.1
Foster Care Initiative (CSF)	1,958.0
Gov. Youth Service Initiative (FPF)	50.0
Reimbursing Counties (GRF)	346.3
Refugee Assistance (RAF)	12.0
<b>Total Substitute Care</b>	<b>593,346.5</b>

## Counseling and Other Supportive Services

Clients Served	FY01 Actual	FY02 Estimated	FY03 Projected	02-03 Change	02-03 % Change
Counseling Services except ITS	10,498	10,300	10,300	0	0.0%
Intensive Treatment Services (ITS)	918	920	920	0	0.0%
Pre-Admission/Post-Discharge Screening	3,739	3,800	3,800	0	0.0%
Pre-Adm./Post-Discharge. Hospital Deflections	1,964	2,000	2,000	0	0.0%
Clients receiving Homemaker Services	4,502	4,400	N.A.	0	0.0%
Children receiving Pers. & Physical Maint.	11,140	10,900	10,900	0	0.0%

### FY03 Request

(\$ .000)

Type of Expenditures	FY03 Request
Counseling & Auxiliary Services (GRF)	16,904.9
Counseling & Auxiliary Services (CSF)	13,249.6
Psychological Assessments (GRF)	4,211.9
Pre Admiss/Post Disch. Psych. Screening (GRF)	8,257.6
Children's Pers. & Phys. Maint. (GRF)	5,132.3
MCO Tech. Asst. & Prog. Development (GRF)	1,701.8
<b>Total Counseling</b>	<b>49,458.1</b>

## Operations & Community Services

Licensing Performance Measure Licenses Issued – Department Homes Only	FY01 Actual	FY02 Estimated	FY03 Projected	02-03 Change	02-03 % Change
Department Foster Homes	4,279	3,900	3,700	-200	-5.1%

### FY03 Request

(\$ .000)

Type of Expenditures	FY03 Request
Operations & Community Services (GRF)	4,445.8
Operations & Comm. Services (Refugee Assist.)	3.0
Targeted Case Management (GRF)	8,569.5
Other Grants (FPF)	1,700.0
Child Welfare – Downstate (GRF)	68,819.1
Child Welfare – Cook (GRF)	58,306.1
<b>Total</b>	<b>141,843.5</b>

The Division of Operations and Community Services is responsible for administering the delivery of child welfare and permanency services to children and families assigned to Department caseworkers for service. The goal of all services provided by the Division is the safety, permanency and well being of the children served, with the health, safety and best interests of children always being paramount.

In Cook County, the Division provides child welfare and permanency services to children who are placed in substitute care and their families. Outside of Cook County, the Division serves children who are part of an intact family cases as well as children who are placed in substitute care and their families.

The Division also administers the following activities:

- Recruiting, developing, licensing and supporting foster homes that are supervised directly by the Department,
- Managing the work with the Department’s system of 62 community-based Local Area Networks,
- Outside of Cook County, administering the work of Purchase of Service Agencies under contract to the Department to provide child welfare and permanency services to children who are served in relative and foster care placements,
- Managing the use of residential care for children who are unable to be served in a less restrictive, family-like, community-based placement,

**Clinical, Health and Transitional Services**  
**FY03 Request**  
(\$ .000)

Type of Expenditures	FY03 Request
Clinical Services (GRF)	3,229.7
Health Care Network (GRF)	4,657.9
Youth in Transition (GRF)	827.0
Independent Living Initiative (FPF)	12,128.9
<b>Total</b>	<b>20,843.5</b>

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

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

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. HealthWorks includes four primary components:

- A network of more than 3,000 physicians, including hospital emergency departments, and public and private clinics
- Operation under a set of standards specific to children in foster care specified by the Child Welfare League of America
- A specific tracking and documentation process called Health Passport which follows the child through placement in substitute care
- Medical case management for children age five and under

The Division also oversees the provision of all substance abuse treatment services offered under the alcohol and other drug abuse waiver and those offered jointly by DCFS and the Office of Alcohol and Substance abuse.

The Division of Education and Transition Services works to ensure that the needs of adolescents in foster care are met through a series of coordinated program efforts. Programs operated through the division include:

- Independent Living Program
- Services to pregnant and parenting teens
- Youth in Employment
- Youth in College

**Training**  
**FY03 Request**  
(\$ .000)

<b>Type of Expenditures</b>	<b>FY03 Request</b>
Train Department Staff (CSF)	1,600.0
Foster Care & Adoptive Care Training (FCTF)	30,000.0
<b>Total</b>	<b>31,600.0</b>

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.

# *Accountability*

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

## **Accreditation**

In June of 2000, the Department secured an important accomplishment by becoming the second and the largest public child welfare system to be accredited by the Council on Accreditation for Children and Family Services. The Department also sent this message of quality its private partners, requiring all providers with foster care contracts to secure the same accreditation by 2002. The Department's accomplishment sparked interest nationally, and prompted over a dozen other public child welfare systems to pursue accreditation. Work to maintain the Department's accreditation status continues during FY02.

## **Best Practice**

Best Practice is a multi-year, intensive effort to develop a practice model emphasizing child safety, permanency and well-being from the moment of intake through case closure. This work promotes one consistent investigative and casework practice model statewide, with a constant focus on child risk and safety, rapid permanency and child well-being. Best Practice incorporates requirements which cross the spectrum of child welfare service delivery, including:

- Requirements of the federally legislated Adoption and Safe Families Act
- Illinois' Permanency Initiative
- Recommendations from the Office of the Inspector General
- Appropriate business standards
- Accreditation requirements

The Best Practice effort has provided the Department with a means in which to analyze and reform DCFS policy, protocols and practice in a manner that is supported by research as effective and designed to meet the specific needs of children and families.

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

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

**Central Administration**  
**FY03 Request**  
(\$ .000)

<b>Type of Expenditures</b>	FY03 Request
Central Administration Operations (GRF)	22,636.9
Federal Projects Operations (FPF)	3,108.7
Attorney General Rep. On Litigation (GRF)	600.6
Department Scholarship	861.9
Marriage & Dissolution Home studies	41.4
Special Purpose Trust Fund Grants	157.8
<b>Total</b>	<b>27,407.3</b>

Central Administration consists of the Offices of the Director, Legal Services, External Affairs, Internal Audits, the Legislative Liaison, Communications, Litigation Management, Affirmative Action, the Office of African American Services, and the Office of Latino Services.

**Support Services**  
**FY03 Request**  
(\$ .000)

<b>Type of Expenditures</b>	FY03 Request
Support Services (Ops. & Refunds) (GRF)	26,894.5
Support Services Grants (GRF)	242.0
Support Services Lump Sums (GRF)	494.6
AFCARS / SACWIS (CSF)	28,275.0
Title IV-E (CSF)	4,541.8
SSI Reimbursement (CSF)	1,804.3
<b>Total</b>	<b>62,252.2</b>

The Support Services Division comprises the majority of financial management and fiscal functions of the Department. They include: financial planning, fiscal management and monitoring, budget development and monitoring, rate setting, contract development and processing, centralized voucher verification and processing (payments), payroll services, information services maintenance operations and development (EDP), and administrative support (building and equipment leasing, printing, mail and property inventory control). The primary

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

## Quality Assurance

### FY03 Request

(\$ .000)

Type of Expenditures	FY03 Request
Division of Quality Assurance (GRF)	2,744.5

The Division of Quality Assurance was created to ensure that quality child welfare services are delivered in a timely manner. Staff of this office conduct comprehensive reviews of DCFS direct service operations and produce and evaluate outcome information. In addition, Division of Quality Assurance staff recommend ways to shape overall process to achieve desired outcomes.

## Purchase of Service Monitoring Division

Licensing Performance Measures Private Agency Licenses In Force 6/30/01	FY01 Actual	FY02 Est.	FY03 Proj.	02-03 Change	02-03 % Change
Private Agency Foster Homes	15,480	14,800	14,500	-300	-2.0%
Child Welfare Agencies.	227	225	225	0	0.0%
Institutions, Group Homes, Youth Shelters, Maternity Centers, Others	113	113	113	0	0.0%
Day Care Centers, Day Care Agencies	2,757	3,200	3,500	300	9.4%
Day Care Homes	9,516	11,200	13,000	1,800	16.1%
Group Day Care Homes	246	290	330	40	13.8%

### FY03 Request

(\$ .000)

Type of Expenditures	FY03 Request
Div. of Purchase of Service Monitoring (GRF)	22,568.0

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 agencies. An External Management Audit recommended that DCFS improve the communications system with external providers, provide a direct link between evaluative data and contracting decisions, link the quality of monitoring information to the process of placing children, establish an independent performance monitoring

unit, establish a strong fraud detection program, implement a strong provider technical assistance system and assist in the development of a management assistance program.

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

## Administrative Case Review

### FY03 Request

(\$ .000)

Type of Expenditures	FY03 Request
Administrative Case Review (GRF)	8,659.6

Administrative Case Review is the independent review process required by federal and state law. The purpose of review is to assure that foster care plans are family focused. The Administrative Case Review Division incorporates both clinical and monitoring perspectives. Clinically, reviewers review the appropriate services needed by a child and family, based upon the assessment completed by the caseworker of record and the service plan presented during an Administrative Case Review. The reviewer makes recommendation to responsible staff to ensure the facilitation of good child welfare practice and sound planning towards safety, well being and permanency for children. Administrative Case Review also provides an oversight mechanism for good child welfare practice for all divisions within the Department as well as for private agencies that contract with the Department.

## Office of the Guardian and Advocacy Office

Performance Measures Advocacy Office for Children & Families	FY01 Actual	FY02 Estimated	FY03 Projected	02-03 Change	02-03 % Change
Calls Taken (new measure)	59,001	60,000	60,000	0	0.0%
Interventions Initiated	3,485	3,500	3,500	0	0.0%
Information & Referral Requests Received	2,601	2,700	2,700	0	0.0%
Avg. # Days to Complete an Intervention	20.2	20.0	20.0	0	0.0%
Avg. # Contacts to Complete an Intervention	25.0	25.0	25.0	0	0.0%

### FY03 Request

(\$ .000)

Type of Expenditures	FY01 Actual	FY02 Estimated	FY03 Request	02-03 \$ Change	02-03 % Change
Office of the Guardian & Advocacy Ofc. (GRF)	3,901.9	4,393.7	4,514.5	120.8	2.7%

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

An important function of the Department is the Advocacy Office for Children and Families. The Advocacy Office (formerly known as the Ombuds Office) is charged with responding to complaints, concerns, inquiries and suggestions which are related to the child welfare system. The Office becomes aware of concerns through a variety of avenues such as letters to the Director, the toll free help line and walk-in visitors. The Office responds to issues and concerns from foster, biological, and adoptive parents, subsidized guardians, caseworkers, service providers, and the general public. The Office also operates the Department's Youth Hotline. Youth with issues may contact the Office for consultation and direction. It is the function of the Office to help ensure that recurring complaints, systemic issues or agency structural concerns are brought to the attention of appropriate Department leadership to improve the service delivery system.

The Advocacy Office has increased in size and scope. Additional staff were added to address issues and a new phone and data tracking system have been put in place to more accurately capture office activities. The Department has actively informed the public of the upgrade of the Advocacy Office to give better service to the public.

## Inspector General

Performance Measure	FY01 Actual	FY02 Estimated	FY03 Projected	02-03 Change	02-03 % Change
Complaints Registered & Investigated	1498	1200	1200	0	0.0%

### FY03 Request (\$ .000)

Type of Expenditures	FY03 Request
Inspector General (GRF)	2,401.3

The role of the Office of the Inspector General is to assure accountability for services to children and families. The Office performs this function by investigating complaints regarding the quality and appropriateness of services and recommending needed changes.

In accordance with Public Act 88-0007, HB 1886, the Office of the Inspector General fulfills a number of mandated responsibilities, including investigation and LEADS inquiries for the purpose of investigating allegations of misconduct, 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.

The Inspector General drafts a report to the Legislature on January 1 of every year.