CHILD AND FAMILY SERVICES PLAN
Federal Fiscal Years 2005-2009
Revised March 2005

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapters</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1: Description and Organization of the Department</td>
<td>3</td>
</tr>
<tr>
<td>Chapter 2: Components of the Child and Family Services Plan</td>
<td>7</td>
</tr>
<tr>
<td>Chapter 3: Child and Family Services Continuum and Description of Services Including Services in Relation to Permanency Planning</td>
<td>118</td>
</tr>
<tr>
<td>Chapter 4: Special Provisions</td>
<td>153</td>
</tr>
<tr>
<td>Chapter 5: Assurances and Certifications</td>
<td>171</td>
</tr>
</tbody>
</table>
Illinois Department of Children and Family Services
Child and Family Services Plan
FFY 2005-2009
Chapter 1: Description and Organization of the Department

Illinois State Agency That Will Administer the Title IV-B Programs Under the Child and Family Services Plan

The Department of Children and Family Services (Department) is the Illinois State agency that will administer the Title IV-B Programs under the FFY 2005-2009 Child and Family Services Plan.

Description of the Department

The Department of Children and Family Services (DCFS) consists of a central office, three Cook County regions, and three downstate regions. Each region is divided into field service areas. Each field area, in turn, encompasses one or more Local Area Networks (LANs). The general statewide management and support functions of the agency are performed at the central office level. The State Central Register (which includes the child abuse hotline) is also a central office function.

Regions direct, monitor, and support the provision of Department services within their boundaries. They also provide some services, such as resource development, directly. Child protection, follow-up, and other direct service staff are based in field offices and provide most of the Department's direct social services. The Department works closely with LANs in the planning and providing locally based services. The map on the next page shows the location of LANs within the boundaries of the Regions of the Department.

The major service program categories of DCFS are Protective Services, Adoption and Guardianship, Family Maintenance, Family Reunification and Substitute Care, and Support Services. These program categories together with Central Administration activities are grouped under the functional headings of and are directed towards Ensuring Child Well-Being, Promoting Permanency, Enforcing Accountability, and Securing Safety.

Department’s Organizational Units Responsible for the Child and Family Services Plan (CFSP)

The Department’s Division of Planning and Performance Management and the Office of Program Development and Support are the organizational units responsible for coordinating the development of the Child and Family Services Plan (CFSP). Implementation and administration of the CFSP are the responsibilities of the various organizational units of the Department that perform substantive program, support and administrative functions.
Organization of the Department

Administrative Infrastructure and Organizational Design of the Department Facilitating Capacity for Delivering Services

The recently re-designed management structure emphasizes teamwork, collaboration, innovation and communication. It represents a more integrated, comprehensive approach to effectively delivering high quality services to children in Department care.

This re-design supports the management priorities of the agency which are: protecting and serving the abused and neglected children of Illinois who come into our care and increasing their safety, permanency and well-being; building an efficient system around the needs of the children DCFS serves and obtaining a clear understanding of who these children are and what they need and, providing wards top notch services irregardless of the mechanism of delivery.

This is an attempt to change the way DCFS is managed, not the actual work done by staff. It is important to mention that the new organizational design and service delivery system is intended to represent the management structure, not a reorganization of the individual offices and clusters of work that is currently being done. The redesigning of the DCFS Management Team is not intended to change the units themselves and the way in which staff are currently organized. It is also not intended to make any significant changes in what functions they perform, or how the work is done on a daily basis. It is intended to change the way in which the work is overseen, the way in which decisions are made, and the way in which activities are coordinated.

The philosophy of the new management team is based upon the following three critical issues:

- The new structure will allow for information sharing.
- The new management team will open up discussions; creating diversity and a greater flow of possible options before decision are made.
- The new management team will allow for a more collaborative decision-making process. People will be held accountable and given responsibilities, but there will also be a means by which different parts of the Department will understand how others are operating. This will create a more systematic and synchronistic manner of functioning.

Redesigning of the DCFS Management Team will contribute to, promote and facilitate the Department’s capacity for delivering services to children and families subsequently leading to improved agency performance and outcomes.

The Management Team Organizational Chart of the Department is attached on the next page.
Illinois Department of Children and Family Services
Child and Family Services Plan
FFY 2005-2009
Chapter 2: Components of the Child and Family Services Plan

Mission Statement of the Department

The mission of DCFS is to:
- Protect children who are reported to be abused or neglected and to increase their families’ capacity to safely care for them;
- Provide for the well-being of children in our care;
- Provide appropriate, permanent families as quickly as possible for those children who cannot safely return home;
- Support early intervention and child abuse prevention activities; and,
- Work in partnerships with communities to fulfill this mission.

Vision Statement of the Department

DCFS is committed to acting in the best interest of every child it serves and to helping families by increasing their ability to provide a safe environment for their children and by strengthening families who are at risk of abuse or neglect.

DCFS envisions a future in which children who have been abused or neglected:
- Are served with respect, fairness, and linguistic and cultural competence;
- Live in families that are safe and healthy;
- Live safely at home or are placed for short-term care in capable, nurturing foster homes;
- Have no unplanned placement disruptions;
- Are quickly and safely reunified with their families through restorative services or are placed with adoptive families or permanent guardians when reunification is not possible;
- Are served by a comprehensive continuum of services including the provision of residential placement when that best meets the child’s needs;
- Live in communities where partnerships between DCFS, which has immediate and direct responsibility for wards, and other public and private agencies provide an effective array of services to meet the needs of children and families and prevent child abuse and neglect;
- Are served by competent, highly trained staff who respond to every report of abuse or neglect and who act quickly and professionally to protect them and ensure their well-being; and,
- Are served by a legal system that will promptly and efficiently adjudicate their cases and provide for an appropriate and expeditious disposition.
Strategic Plan of the Department Integrated With the Program Improvement Plan (PIP) That Originated From the Illinois Child and Family Services Review (CFSR)

This Strategic Plan is the core and primary plan of the Department. All other plans (Chafee/ETV Plan, FCS Strategic Plan, and the CAPTA Plan) are an integral part of this plan and are intended to support it.

The Office of Program Development and Support (OPDS), in the Division of Planning and Performance Management, coordinated and integrated the FFY 2005-2009 Child and Family Services Plan (CFSP) of the Department with its Program Improvement Plan (PIP) that originated from the Child and Family Services Review. This revised version of the Child and Family Services Plan (CFSP) has been fully integrated with the Program Improvement Plan (PIP) that was approved by the Administration for Children and Families (ACF) on December 10, 2005. The Action Steps that originated from the PIP are identified in the parenthesis by their PIP Action Numbers.

The Department has excluded the Action Steps, from this version of the CFSP that came out of the Program Improvement Plan (PIP) Work Groups ideas but were not included in the PIP that was approved by the Administration for Children and Families on December 10, 2005. This CFSP includes only those objectives, action steps and activities that the Department plans to implement during the FFY 2005-2009. Prior to developing the Annual Progress and Services Report (APSR) every year, the Department will consider these Action Steps with the needs assessment information. Should the Department plan to include them in the CFSP in the future, it will submit the revised CFSP to the Administration for Children and Families for approval.

The Department strongly believes in implementing the objectives in its Strategic Plan, although some of them may not be measurable at this time. These are the organizational objectives worth pursuing, and just because some of them are not measurable at this time does not mean that the Department should abandon them. For those objectives, the Department will develop the measures and baseline by June 30, 2005 and will report the progress in its FFY 2005 Annual Progress and Services Report.

In accordance with the 45 CFR 1357.15(v), the Department will post the FFY 2005-2009 CFSP, upon its official written approval by the ACF, on its website.

The FFY 05 budget changes should have no impact on Chafee, ETV, CAPTA or Promoting Safe and Stable Families (Family Centered Services) components of the FFY 2005-2009 Child and Family Services Plan. The federal grant amounts are not affected. The Chafee state appropriation has not decreased. It remains at $10,300,000, in excess of the grant, and permits finishing spending from one federal grant during the state fiscal year and beginning spending from another. The Family Centered Services state appropriation decreased by $723,200, from $18,200,000 in FY 04 to $17,476,800 in FY 05. Both of these amounts were "hopeful" in anticipation of a larger grant than the state received. They were above the amount of the federal grant in both years, and the reduction has no effect upon spending.
Priority I: Child Safety

Protect abused and neglected children who come to the Department’s attention.

Initiatives

- Ensure responsiveness of the State Central Register
- Minimize risk of harm to children reported to the Department
- Reduce recurrence of child abuse or neglect after agency involvement
- Partner with community resources for education and prevention of child abuse

Measurable Objectives

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

Ensure Responsiveness of the State Central Register

- Respond to calls without “call-backs”
  
  Percentage of State Central Register Hotline Calls that were answered the first time or had a message taken (An average of 95%, although the Department will strive towards 100% performance achievement)

- Minimize abandoned calls
  
  Handle an average of 44% of the calls with a message taken.

- Implement mechanisms to strengthen the hotline to support timely response to calls (PIP Action Step 2.2)

Minimize Risk of Harm to Children Reported to the Department

- Initiate investigations within 24 hours
  
  Percentage of all child abuse/neglect reports DCFS responded to within 24-hours (An average of 95%, although the Department will strive towards 100% performance achievement)

- Complete investigations within 60 days (An average of 84%)

- 9 -
Minimize case openings for at-risk families needing only prevention services or emergency interventions (Develop baseline and benchmark by 6/30/05)

Reduce Recurrence of Child Abuse or Neglect After Agency Involvement

- Percentage of all children in care with no indicated maltreatment from a foster parent or facility staff member (An average of 99.7%, although the Department will strive towards 100% performance achievement)
- Percentage of children who do not experience subsequent indicated/substantiated abuse/neglect from any perpetrator within six months of a prior indicated report (An average of 92.4%, although the Department will strive towards 100% performance achievement)
- Implement use of SACWIS to document safety assessment statewide (By December 2006 with the completion and implementation of the SACWIS Phase III)
- Ensure the regular monitoring of foster homes, within legal parameters (Continuing)
- Implement mechanisms to capture and analyze accurate data/information on repeat maltreatment cases in order to better inform practices within the Division of Child Protection (PIP Action Step 2.1)
- Strengthen Family-Centered Services (FCS) in an effort to support intact families and reduce the risk of repeat maltreatment (PIP Action Step 2.3)
- Ensure appropriate services are provided to families to prevent removal and reduce risk of harm (PIP Action Step 3.1)
- Strengthen the provision of Alcohol and Other Drug Abuse (AODA) services (PIP Action Step 3.2)
- Implement casework practices that reduce risk of harm to children at home and in substitute care (PIP Action Step 4.1)
- Implement service modalities that reduce risk of harm to children at home and in substitute care (PIP Action Step 4.2)

Partner With Community Resources for Education and Prevention of Child Abuse

- Promote and support community-based services to strengthen families and prevent child abuse and neglect (Develop baseline and benchmark by 6/30/05)
- Design and implement information systems that will link to information systems in other agencies to facilitate cooperation and collaboration and resolution of common issues in child welfare
  Needs Analysis: 6/30/05
  Negotiations and Agreements with other Agencies: 6/30/06
  Design and Implement Information Systems: 6/30/07 – 6/30/09

Priority II: Family Maintenance/ Reunification

Support and stabilize families so that children can safely remain at home or, if they have been removed, quickly return home
**Initiatives**

- Provide effective programs to minimize intake into substitute care
- Ensure placement close to home and frequent family visits, when children are in placement
- Provide appropriate services and supports to families quickly
- Work with Illinois Department of Human Services (DHS) to optimize a family’s success toward both child welfare and self-sufficiency goals

**Measurable Objectives**

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

**Provide Effective Programs to Minimize Intake into Substitute Care**

- Percentage of cases opened where children were served at home and safely remained at home (An average of 95.9%)
- Maximize use of the Cash Assistance Program to reunify families
  - Families receiving Emergency Cash Assistance (An average of 4,000 families depending upon the Budget in each fiscal year)
- Maximize use of Housing Locator services to reunify families
  - Families receiving Housing Locator Services (An average of 1,500 families depending upon the Budget)
- Maximize use of Extended Family Support programs to reunify families
  - Families receiving Extended Family Support services (An average of 2,000 families depending upon the Budget)
- Provide effective in-home services to maintain stable family environments and prevent subsequent abuse (Develop baseline and benchmark by 6/30/04)
- Increase the number of intact family cases that can be safely closed
  - Percentage of cases opened where children were served at home and safely remained at home (An average of 95.9%)
- Implement mechanisms to enhance casework practices that support timely reunification (PIP Action Step 8.1)
• Strengthen service provision to children and families to support timely reunifications (PIP Action Step 8.2)

When Removal is Necessary, Ensure Placement Close to Home and Frequent Family Visits

• Place children within community, school district, and LAN of origin
  (An average of 50% of the substitute care population is expected to be placed within their home LAN)
• Maintain family and sibling visitation

  Percentage of sibling groups in foster care in which at least two siblings are placed together (An average of 79%)

Provide Appropriate Services and Supports to Families Quickly

• Provide a front-end integrated assessment prior to the development of the first comprehensive service plan (Develop baseline and benchmark by 6/30/04)
• Involve families in service planning through regular Child and Family Team meetings (Continuing and develop baseline and benchmark by 6/30/05))
• Involve families in Administrative Case Reviews (Continuing and develop baseline and benchmark by 6/30/05)
• Ensure appropriate services are provided to families to prevent removal and reduce risk of harm (PIP Action Step 3.1)
• Implement casework practices that reduce risk of harm to children at home and in substitute care (PIP Action Step 4.1)
• Implement service modalities that reduce risk of harm to children at home and in substitute care (PIP Action Step 4.2)
• Implement mechanisms to enhance casework practices that support timely reunification (PIP Action Step 8.1)
• Strengthen casework practices regarding the frequency and quality of family visitation (PIP Action Step 13.1)
• Enhance contractual and administrative practices that support family visitation (PIP Action Step 13.2)
• Strengthen engagement of birth parents, especially fathers, in the lives of their children (PIP Action Step 16.1)
• Enhance casework practices that support the timely identification of needs (PIP Action Step 17.1)
• Strengthen mechanisms that ensure appropriate service provision based on identified needs (PIP Action Step 17.2)
• Implement mechanisms that will improve the availability and accessibility of services that meet the well-being needs of children and families (PIP Action Step 35.1)
• Implement contractual enhancements with providers to improve service accessibility and to ensure the accountability of services being provided to children and families (PIP Action Step 35.2)

Work with DHS to Optimize a Family’s Success Toward Both Child Welfare and Self-Sufficiency Goals (Develop baseline and benchmarks by 6/30/05)

Priority III: Permanency

When children are unable to return home, move them to alternative permanency quickly

Initiatives

• Implement concurrent planning to ensure that an alternative permanency path is identified and can be quickly implemented when children are unable to return home.

• Place siblings together whenever possible.

• Strengthen and enhance visitation of children with parents and siblings in foster care (Originates from the PIP Item #12)

• Strengthen and enhance Worker’s Visits with child (Originates from the PIP Item #19)

• Ensure that children are in permanent homes within 24 months.

• Prepare youth who are emancipating from care for adult living.

Measurable Objectives

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

Permanency Goal for Child

• Strengthen casework practices that support the identification of timely and appropriate permanency goals (PIP Action Step 7.1)

• Implement mechanisms to help ensure timely movement of cases through the Cook County court system. (PIP Action Steps 7.3, 9.4a and 28.3)

• Ensure timely court approved permanency goal changes occur in Cook County (PIP Action Steps 7.2, 9.4b, and 28.3)
• Set permanency hearing dates at the temporary custody hearing (PIP Action Step 7.2a and 28.1)
• Enhance the automated tickler reporting system for attorneys in juvenile court to prompt them to file a motion for a permanency hearing (PIP Action Step 7.2b and 28.1)
• Caseworkers will be required to contact the DCFS Office of Legal Services to inform them when a critical decision has been made to change the permanency goal in a case to reunification or to seek termination of parental rights and to request the advancement of the permanency hearing date (PIP Action Step 7.2c and 28.1)
• Implement mechanisms to help ensure timely movement of cases through the Cook County court system (PIP Action Steps 7.3 and 28.2)
• Implement a process that generates a referral form from DCFS or Guardian ad Litem (GAL) to State’s Attorneys Office identifying cases appropriate for termination of parental rights (TPR) at the dispositional hearing (PIP Action Steps 9.4c, 28.3 and 28.4)
• Develop a handout for parents and relatives regarding parental rights and the TPR process, to be distributed at court and during Child and Family Team meetings (PIP Action Steps 9.4d and 28.3)
• Decrease time of service of summons of parents to court in Cook County (PIP Action Steps 9.4e and 28.3)
• Decrease notice to parents in Cook County by one week by changing publications (PIP Action Steps 9.4f and 28.3)
• Decrease time from commencement of TPR proceedings to conclusion of TPR proceedings (PIP Action Steps 9.4g and 28.3)
• Implement a process that generates a referral form from DCFS or Guardian ad Litem (GAL) to State’s Attorneys Office identifying cases appropriate for termination of parental rights (TPR) at the dispositional hearing (PIP Action Steps 9.4c and 28.4)

Child and Family Involvement in Case Planning

• Increase child and family involvement in case planning (PIP Action Step 18.1)

Adoption

• Strengthen current adoption casework practices (PIP Action Step 9.1)
• Improve use of diligent search process as mechanism for locating and engaging parents (PIP Action Step 9.2)
• Design a system to track children with a goal of Substitute Care Pending Termination of Parental Rights (SCPTPR) who are not in pre-adoptive homes (PIP Action Step 9.3)
• Strengthen Juvenile Court practices related to ensuring timely adoptions (PIP Action Steps, 9.4 and 28.3)
Implement Concurrent Planning to Ensure That an Alternative Permanency Path is Identified and Can be Immediately Implemented When Children are Unable to Return Home

- Deliver training to all staff on concurrent planning (Continuing contingent upon the Training Plan and Budget)
- Document concurrent plans for all cases via SACWIS (6/30/05 – 6/30/09)

Place Siblings Together Whenever Possible

- Percentage of sibling groups in foster care in which at least two siblings are placed together (An average of 79%)

Strengthen and Enhance Visitation of Children with Parents and Siblings in Foster Care

- Strengthen casework practices regarding the frequency and quality of family visitation (PIP Action Step 13.1)
- Enhance contractual and administrative practices that support family visitation (PIP Action Step 13.2)

Strengthen and Enhance Worker’s Visitation with Child

- Strengthen caseworker visitation practices to ensure thorough, timely, and substantive observation and discussion during visits: Worker visits with child (PIP Action Step 19.1)
- Strengthen caseworker visitation practices to ensure thorough, timely, and substantive observation and discussion during visits: Worker visits with parent(s) (PIP Action Step 20.1)

Ensure That Children Are in Permanent Homes Within 24-Months

- Continue efforts in relative and traditional foster care to move children to permanency

  Percentage of all children reunited with their families within 12 months or less from the latest removal from the home (An average of 43.6%)

  Percentage of all children exiting care to finalized adoption within 24 months of the time the child was removed from home (An average of 10.2%)

  Percentage of children in out-of-home care that exit care to a permanent living arrangement within 24-months of the time the child was removed from home (An average of 33.7%)
Percentage of children in foster care for 12 months or less from the date of latest removal from the home, plus children exiting care, who have had no more than two foster care placements within that 12-month period (An average of 84%)

- Recruit foster homes which are willing to provide permanency for children through adoption or guardianship, especially older youth (Develop baseline and benchmark by 6/30/05)
- Continue efforts to screen cases for termination of parental rights when sufficient grounds exist to do so (Develop baseline and benchmark by 6/30/05)
- Decrease placement disruptions Percentage of all children who entered foster care during the reporting period not re-entering care within 12-months of discharge from a prior foster care episode (An average of 94.4%)
- Percentage of children in foster care for 12-months or less from the date of latest removal from the home, plus children exiting care, who have had no more than two foster care placements within that 12-month period (An average of 84%)
- Percentage of children in unauthorized placements returned to care within 30 days (An average of 34.6%)
- Implement mechanisms to help ensure timely movement of cases through the Cook County court system (PIP Action Steps 7.3 and 28.2)
- Strengthen current adoption casework practices (PIP Action Step 9.1)

Prepare Youth Who are Emancipating From Care for Adult Living

- Conduct life skills assessments and provide life skills training for all older youth, 14-21 years of age, to aid in transition planning (Continuing and develop baseline and benchmark by 6/30/05)
- Utilize cash assistance programs and housing locator services for youth, as appropriate (Continuing and develop baseline and benchmark by 6/30/05)
- In cooperation with other state agencies, provide appropriate service linkages to wards with special needs who are transitioning out of the system (Identify the agencies, establish agreements/linkages with them and initiate referrals by 6/30/05)
- Improve initial and on-going assessment practices for older youth (PIP Action Step 10.1)
- Develop systems that support the provision of appropriate services to older youth (PIP Action Step 10.2)

Priority IV: Placement Stability

Provide children with stable living arrangements until permanency can be achieved

Initiatives

- Preserve family relationships and community connections as placement decisions are made
• Address the chronic problem of placement disruptions and unplanned moves of youth within the child welfare system

• Place children in the least restrictive, most clinically-appropriate setting

• Identify and locate missing children

Measurable Objectives

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

Relative Placement

Ensure children are placed with relatives whenever possible and appropriate (PIP Action Step 15.1)

Stability of Foster Care Placement

Strengthen mechanisms to improve the stability of children in their substitute care placements (PIP Action Step 6.1)

Implement intensive stabilization strategies that will enhance the stability of older youth in placements (PIP Action Step 6.2)

DCFS will establish a new Residential Monitoring Unit, which will improve admission screening and discharge, processes of children placed in residential care (PIP Action Step 6.3)

Preserve Family Relationships and Community Connections as Placement Decisions are Made

• Place children in community, school district, and LAN of origin (An average of 50% of the substitute care population is expected to be placed within their home LAN)

• Provide regular visitation (Continuing and develop baseline and benchmark by 6/30/05)

• Recruit foster homes to meet demand of specific communities and ethnicities (Develop baseline and benchmark by 6/30/05)
Address the Chronic Problem of Placement Disruptions and Unplanned Moves of Youth Within the Child Welfare System

- Percentage of all children who entered foster care during the reporting period not re-entering care within 12-months of discharge from a prior foster care episode (An average of 94.4%)
- Percentage of children in foster care for 12-months or less from the date of latest removal from the home, plus children exiting care, who have had no more than two foster care placements within that 12-month period (An average of 84%)
- Percentage of children in unauthorized placements returned to care within 30 days (An average of 34.6%)
- Analyze placement stabilization, intensive therapeutic and other support services to improve their success in stabilizing placements (By 6/30/05)

Place Children in the Least-Restrictive, Most Clinically-Appropriate Settings

- Maximize the rate of regional step-downs from residential placements (Develop baseline and benchmark by 6/30/05))
- Minimize the number of youth remaining in psychiatric hospitals beyond medical necessity (Develop baseline and benchmark by 6/30/05))
- Minimize utilization of youth emergency shelters (Develop baseline and benchmark by 6/30/05)
- Minimize residential placements for children under age 10 (Develop baseline and benchmark by 6/30/05)
- Implement monitoring mechanisms that help ensure safety and well-being of children in residential and group home settings (PIP Action Step 4.3)

Identify and Locate Missing Children

- Establish the specialized unit to oversee the efforts to locate runaways and other missing children (Establish and begin operation of the specialized unit prior to the beginning of the FFY 2005: develop baseline and benchmark by 6/30/05))
- Identify and implement strategies intended to decrease the number of runaways (By 6/30/05)
- Develop systems that support the provision of appropriate services to older youth (PIP Action Step 10.2)

Priority V: System of Care

Maintain a statewide system of care, which adequately assesses and responds to the needs of a changing child welfare population
Initiatives

- Ensure that children entering into custody have a comprehensive screen to identify mental, developmental and behavioral healthcare needs

- Maximize research relationships to garner information about DCFS wards and how to best meet their needs

- Fill direct service vacancies; recruit and retain qualified staff.

- Develop a full spectrum of mental health services and substance abuse services.

- Improve effectiveness of residential providers to meet the needs of youth.

- Identify strategies to address disproportionate number of African-American children within the child welfare system.

Measurable Objectives

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

Ensure That Children Entering into Custody Have a Comprehensive Screen to Identify Mental, Developmental, and Behavioral Healthcare Needs

- Implement the Integrated Assessment Program statewide (Implementation of the Integrated Assessment Program on Standard Placement Cases: Hiring, Interviewing and Training by October 2004; will provide the implementation status and the additional implementation plans in the FFY 2005 APSR)

- Implement monitoring mechanisms that help ensure safety and well-being of children in residential and group home settings (PIP Action Step 4.3)

- Strengthen the assessment and monitoring of children’s mental health needs (PIP Action Step 23.1)

- Enhanced pre-psychiatric screening services provided by Screening, Assessment, and Support Services (SASS) (PIP Action Step 23.2)

Maximize Research Relationships to Garner Information About Our Service Population and How to Best Achieve Desired Outcomes

- Require all researchers receiving permission to conduct research using DCFS data to submit final reports to the Department (Continuing and develop baseline and benchmark by 6/30/05)

- Solicit research proposals on topics of specific interest or applicability to the Department (Continuing and report on the efforts made in the FFY 2005 APSR)
Fill Direct Service Vacancies; Recruit and Retain Qualified Staff

- Recruit qualified staff to fill current and future vacancies (Continuing and report on the efforts made in the FFY 2005 APSR)
- Address staff turn-over (Continuing and report the efforts made in the FFY 2005 APSR)
- Develop career paths that allow educational and promotional opportunities (Continuing and report the efforts made in the FFY 2005 APSR)

Develop a Full Spectrum of Mental Health Services and Substance Abuse Services

- Coordinate with DHS/DASA to ensure access to substance abuse programs for DCFS clients (Continuing and develop baseline and benchmark by 6/30/05)
- Improve the timeframe for screening, referral, and access to treatment for alcohol and other drug abuse services (Develop baseline and benchmark by 6/30/05)
- Increase the number of clients successfully completing substance abuse treatment who are in need of such service (Develop baseline and benchmark by 6/30/05)
- Strengthen the assessment and monitoring of children’s mental health needs (PIP Action Step 23.1)
- Implement mechanisms that will improve the availability and accessibility of services that meet the well-being needs of children and families (PIP Action Step 35.1)

Improve Effectiveness of Residential Providers to Meet the Needs of Youth

- Consistently monitor high intensity placements to ensure that treatment is progressing and that children stay in restrictive settings only as long as necessary (Continuing and develop baseline and benchmark by 6/30/05)
- Minimize the number of out-of-state institutional placements (Develop baseline and benchmark by 6/30/05)
- Work to adapt Illinois’ residential treatment capacity to accommodate changing needs (6/30/05)
- Implement monitoring mechanisms that help ensure safety and well-being of children in residential and group home settings (PIP Action Step 4.3)

Address the Disproportionate Number of African-American Children Within the Child Welfare System

- Ensure that Department policies and practices do not reflect racial biases (Review policies by 6/30/05; initiate changes in policies and practices from 10/1/05 through 9/30/09)
Priority VI: Education

Maximize the Educational Achievement of Children in Care

Initiatives

• Screen children for and ensure provision of early intervention education services

• Enroll children in school and ensure regular attendance

• Increase the number of wards and former wards pursuing higher education or vocational training programs

• Improve academic and educational success of DCFS wards by reducing their suspensions and expulsions from schools

Measurable Objectives

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

Educational Needs of the Child

• Strengthen the assessment and monitoring of children’s educational and developmental needs (PIP Action Step 21.1)

Screen Children for and Ensure Provision of Early Intervention Education Services

• Screen all children under age 5 for early intervention services (Develop baseline and benchmark by 6/30/05)

• Make referrals for all children requiring early intervention services (Develop baseline and benchmark by 6/30/05)

• Maintain partnerships with other public agencies to ensure maximum enrollment of children (Continuing)

Enroll Children in School and Ensure Regular Attendance

• Minimize placement disruptions

• Percentage of all children who entered foster care during the reporting period not re-entering care within 12-months of discharge from a prior foster care episode (An average of 94.4%)

• Percentage of children in foster care for 12-months or less from the date of latest removal from the home, plus children exiting care, who have had no more than two foster care placements within that 12-month period (An average of 84%)
• Percentage of children in unauthorized placements returned to care within 30 days (An average of 34.6%)
• Coordinate with school districts regarding attendance issues (Establish contacts and coordination by 6/30/05 and continuing thereafter)
• Improve progress in school measures, including performance at grade level (Develop baseline and benchmark by 6/30/05)

**Increase the Number of Wards and Former Wards Pursuing Higher Education or Vocational Training Programs**

• Improve graduation rate (Develop baseline and benchmark by 6/30/05)
• Identify wards who are eligible for higher education or vocational training (Identify by 6/30/05 and thereafter quarterly)
• Collaborate with community colleges and vocational institutions to develop opportunities for wards and/or former wards (Develop contacts, coordination and collaboration by 6/30/05 and thereafter annually)

**Priority VII: Health Care**

Maximize opportunities for DCFS wards to access physical and mental healthcare services

**Initiatives**

• Continue to develop and maintain statewide healthcare network for wards

• Identify and address healthcare shortages and/or deficiencies in specific health care problem areas

• Ensure that the physical and behavioral healthcare needs of families are met by qualified providers

**Measurable Objectives**

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

**Continue to Develop and Maintain Statewide Healthcare Network for Wards**

• Increase proportion of wards enrolled in Healthworks with a primary care physician (Develop baseline and benchmark by 6/30/05)

• Improve documentation of immunizations
  Percentage of all children in care who have received required immunizations and health examinations (EPSDT) (An average of 66.7%)
• Improve documentation of EPDST exams  
  (Develop and implement policy and procedures by 6/30/05)

**Identify and Address Healthcare Shortages and/or Deficiencies in Specific Healthcare Problem Areas**

• Coordinate with DPA on medical issues  
  (Develop contacts, agreement and coordination with DPA by 6/30/05)  
• Improve the timeframes for screenings, referrals, and access to treatment  
  (Develop baseline and benchmark by 6/30/05)  
• Strengthen the assessment and monitoring of children’s physical health needs  
  (PIP Action Step 22.1)

**Ensure That the Physical and Behavioral Healthcare Needs of Families are Met by Qualified Providers**

• Establish certification standards for providers who receive DCFS referrals  
  (By 6/30/05 and start implementation thereafter)

**Priority VIII: Reform & Renewal**

Ensure quality and accountability within all Department operations

**Initiatives**

• Develop an organizational infrastructure, which fosters continuous quality improvement.  

• Organize and improve the effectiveness of the Department’s monitoring units

**Measurable Objectives**

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

**Develop an Organizational Infrastructure Which Fosters Continuous Quality Improvement**

• Develop outcome measures for all areas of service and a process for managing to the desired outcomes (6/30/05)  
• Maintain accreditation status (Continuing)  
• Implement an Employee Suggestion Program to identify efficiencies and process improvements (Report progress, utilization and impact of the Employee Suggestion in the FFY 2005 APSR by 6/30/05)
Organize and Improve the Effectiveness of the Department’s Monitoring Units

- Implement process improvement teams (By 6/30/05)
- Implement monitoring mechanisms that help ensure safety and well-being of children in residential and group home settings (PIP Action Step 4.3)

Priority IX: Balanced Budget

Maximize Department funding from all sources and utilize existing funds efficiently

Initiatives

- Maintain federal revenue in Children’s Services Fund, despite the declining caseload environment.
- Refine budget lines with appropriations allocated internally to each division to track and monitor expenses.
- Implement the Program Improvement Plan (PIP) that originated from the Child and Family Services Review

Measurable Objectives

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

Maintain Federal Revenue in Children’s Services Fund

- Increase efficiency in leveraging federal matching funds
  Proportion of annual spending for which the Department is reimbursed by federal government (FY 2005 projected is 31.8%)
- Improve licensure rates (Develop baseline and benchmark by 6/30/05)
- Utilize the IVE Waiver to obtain enhanced reimbursement for private agency staff training costs (Report the progress in the FFY 2005 Annual Progress and Services Report by 6/30/05)

Refine Budget Lines with Appropriations Allocated Internally to Each Division to Track and Monitor Expenses

(Review and study the allocation system and methodology by 6/30/05; Refine and implement the Budget Lines 6/30/06)

Prepare for and Respond to the Results of the Child and Family Services Review

(Implement the PIP within two years after its approval by the ACF by around 8/31/06)
Priority X: Enhance Systemic Factors (PIP Item Numbers 25 and Above)

Measurable Objectives

For benchmarks and achievement dates relating to the PIP Action Steps, please refer to the enclosed document “Illinois Child and Family Services Review Program Improvement Plan Matrix,” that was approved by the ACF on December 10, 2005.

Case Review System

- Implement mechanisms to enhance casework practices that support timely reunification (PIP Action Step 8.1)
- Implement mechanisms to ensure children and families are engaged in the case planning process (PIP Action Step 25.1)

Service Array

- Implement mechanisms that will improve the availability and accessibility of services that meet the well-being needs of children and families (PIP Action Step 35.1)
- Implement contractual enhancements with providers to improve service accessibility and to ensure the accountability of services being provided to children and families (PIP Action Step 35.2)

Incorporation of the Child Welfare Services-Related Assurances and Certifications in the Plan

The signed child welfare services-related assurances and certifications, that are an integral part of the Child and Family Services Plan, are included in Chapter Five of this document. A number of Divisions and organizational units in the Department share the responsibility for implementing them.
Family Centered Services (FCS) Strategic Plan Component of the FFY2005-2009 Child and Family Services Plan

Mission Statement

The mission of the FCS Initiative, as implemented under the 1994 Family Preservation and Family Support Act, is to develop, support, and maintain a coordinated and integrated statewide network of child-centered, family-focused and community-based prevention-orientated services. In 1997, the mission of the FCS Initiative was further expanded under the Adoption and Safe Families Act (ASFA) and subsequent 2001 amendments to include the development and support of services to adoptive children and families and children that were reunified with their families after being in substitute care. In September 2003 DCFS institutionalized these programs within its service structure. This allowed the FCS Initiative to focus a portion of its services to children and families that had a “brush” with DCFS but still remained outside the child welfare system.

The Family Centered Services Initiative (FCS) is an integral component of a statewide community-based planning and service delivery system operating in the Child and Adolescent Local Area Networks (LANs). The network is responsive to children and families’ needs.

The goal of the FCS programs is to maintain families safely in their homes, schools and communities and to deflect families from entering the state child protection system. This goal is consistent with the overall DCS priority to support and stabilize families so that children can safely remain at home. All FCS services promote the safety, permanency and well being of Illinois’ children and families.

Vision Statement

The vision of the FCS Initiative is to creatively enhance and enrich this statewide network of community-based services through expanded membership at the local, LAN and state level; coordination of LAN and FLEX funding, renewed community needs assessments; new quality assurance measures and increased technical assistance to the FCS programs. Parent and consumer participation at the LAN and state level is paramount to this vision.

The FCS programs in this statewide network are not stand-alone programs. These programs should be viewed holistically in the LAN and should be leveraged to provide a comprehensive array of traditional and nontraditional services. The FCS programs enhance the capacity of DCFS to build a community-based infrastructure for service delivery.

The funding for this network will be creatively leveraged to secure additional funds to increase the number and diversity of community-based services. FCS funding will not be used to supplant funds or to fund services that represent “business as usual”.

- 26 -
This network of FCS support and prevention services is an important component of a statewide continuum of services that addresses the needs of all community children and youth - whether wards or non-wards. This comprehensive network of services is viewed from a systems perspective, which espouses that a change in one aspect of the system will affect a change in another aspect of the system. Specifically, a reduction or a change in support and prevention programs designed to keep children and families out of the state system, may result in an increase in children and families coming into substitute care. Thus, it is important to maintain a balance of community-based services from prevention to intervention to treatment.

The statewide network developed to incorporate FCS programs is a flexible system designed to meet ever-changing community needs. Over the years, this network has modified its target population based upon revised federal guidelines. As recently as two years ago, the FCS programs made a major shift in the target population by including referrals from the Division of Child Protection and Intact families.

As the Illinois Department of Children and Family services analyzes its current service needs and priorities, the educational well being of children will be a priority. The Department faces several educational challenges for the children under its care. For instance, of the children in placement, almost half of all 3rd through 8th graders in care show scores in the bottom quartile in reading on the Iowa Test of Basic Skills. Twenty percent of DCFS wards are older than their classroom peers. Over 7% of students in the state’s care are enrolled in special education classes. Compounding this problem, is the fact that approximately 46% of these students change schools once during the school years and 10% change schools two or more times.

Based upon these priority needs, the FCS network will redesign its service continuum for FY06 to include an increased focus on educational support and intervention services within FCS programming. The new target population will include any child exhibiting social, emotional, and/or behavioral problems impacting negatively on school performance as demonstrated, for example, by poor school attendance, truancy, suspensions and/or expulsions. Categories of children to be served will include all children and youth in the community, including, but not limited to: at-risk community youth; post-adoptive families; children and youth in state care; foster families; and DCFS intact families.

The services to be provided will include educational support services that promote positive behavior and academic engagement through parent involvement and the coordination and collaboration of community, child welfare services, other state agencies and educational services. Educational support services are consistent with family support type services. All educational support services will focus on improved outcomes for increased school attendance, and/or a reduction in school suspensions, expulsion and/or truancy. Educational support services may supplement but will not supplant existing federal or non-federal funds for existing services and activities.
In order to implement this new service focus on educational supports, the FCS Steering committee will expand its statewide membership further to include schools, existing educational networks, and additional key state agencies. Specifically, representatives from the Chicago Public schools and the Illinois State Board of Education will be invited to serve as members. In addition, the members of the community LAN “table” will be broadened to include schools and representatives from those programs with the educational support expertise and resources.

In the next five years, the FCS network of community-based services will continue to be a viable service delivery system operating in the LANs. It will be flexible enough to assess and to meet changing community, state, and federal service needs. Oversight will continue to be provided to this network by a statewide steering committee. Through the incorporation of new community and state partners, the FCS steering committee will expand its capacity to provide the necessary vision, technical assistance and support required in an environment of increased need and of diminished funding.

Although the Department has significantly changed the Promoting Safe and Stable Families (PSSF), title IV-B, Subpart 2 service delivery system due to budget shortfalls, the Department has verbally committed to the ACF Region V in Chicago to continue to meet the non-supplantation and maintenance of effort requirements.

**Guiding Principles of the Family Centered Services Initiative**

The Family Centered Services Initiative promotes its core principles and values through services that are:

- Community based;
- Family focused – work with both parents and children;
- Address issues and concerns that are of high priority to each family;
- Culturally responsive and respectful;
- Built on family strengths;
- Enhance parents’ abilities to care for their children;
- Insure the safety of all family members;
- Connect families to other families and resources in their own neighborhood; and
- Involve parents in the development, implementation and oversight of the program services.

**Family Centered Services Community Goals**

In addition to the FCS program goals, the following community goals are promoted:

- Assuring the safety of all family members by building safer communities which protect children;
- Enhancing parents’ ability to create safe, stable, nurturing environments that promote healthy child development;
• Helping children and families resolve crises independently or quickly by connecting them with appropriate services which allow children to remain safely in their homes; and
• Avoiding unnecessary out-of-home placement of children.

Current Assessment

The following additional principles were identified by the FCS statewide Strategic Planning subcommittee as being key to the ongoing development of the FCS community-based network of service providers over the next five years.

Program and Service-Related Principles

• The continuation and enhancement of the ongoing development of a coordinated network of community-based services;
• A prevention orientation to service provision to avoid later more costly interventions;
• Outcomes based services to achieve measurable results; and
• Positive public relations regarding programs that are “working’’.

Community-Based Principles

• Community autonomy whereby major decisions are made locally at the community level;
• Community involvement in the identification of community needs and resources;
• Flexibility in service needs as determined by community needs; and
• Single point of entry to access all services.

Community-Based Agencies Features/Characteristics

• Critical role of the FCS agencies to bring local service providers together to serve at-risk families;
• Involvement of parents in planning and service delivery;
• Leveraging of funding and resources/service to enhance community-based network;
• Shared ownership of FCS principles by community agencies; and
• Central role of LAN liaisons both inter and intra- agency.

FCS Steering Committee-Related Features/Characteristics

• Continued statewide oversight of FCS Initiative and provision of technical assistance to DCFS;
• Increased visibility of statewide Steering Committee; and
• Steering Committee responsibility for identifying other related programs and promoting linkages to them.

**FCS Current Needs Assessment Continued:**

In order to fully assess the service needs and gaps, the LANs will be encouraged to conduct focus groups in their communities. These focus groups will be especially important when the service population is refocused to support educational needs.

To complete their community needs assessments, the LANs will be provided with a baseline of statistical data to help them judge their own level of health and functioning. DCFS will be working in conjunction with Chapin Hall at the University of Chicago to provide LAN-based statistics focusing on educational outcomes.

**FCS FY05 Target Population**

The current FY05 FCS target population is organized into service categories based upon two referral sources: community referrals and DCP/Intact families’ referrals, as defined below. Community referrals often involve family prevention/support services. DCP referrals often require family intervention/treatment services. Within this target population is a wide spectrum of family structures including biological and adoptive parents, single parents, teen parents grandparents raising grandchildren as well as other relative caregivers.

- **Community referrals** may include all referrals of children and families who are not currently involved in the child protection system. This also includes closed DCFS intact family cases and child welfare referrals.

- **DCFS DCP/Intact referrals** may include cases referred directly from the hotline investigator(s), which are not opened. Indicated but closed cases may also be served. In Cook County, Intact families are also a part of DCP.

**Federal Service Categories**

All FCS services are classified into the four federally defined categories detailed below. Changes are occurring in the FCS Initiative, but the Department will fully comply with the federal regulations.

- **Family Prevention/Support Services** are “community-based, preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and supportive networks to enhance child rearing abilities of parents and help compensate for the increased isolation and vulnerability of families.”
**Family Intervention/Treatment Services** typically include “services designed to help families alleviate crises that might lead to out-of-home placement of children; maintain the safety of children (and other family members) in their own homes; support families preparing to reunite or adopt and assist families in obtaining services and other supports necessary to address their needs in a culturally sensitive manner.”

**Time-limited Family Reunification Services** are services provided to children (and their parents) who are removed from their home and placed in foster care or a childcare institution to facilitate the safe and appropriate reunification with the family. These services are only available for 15 months after a child is removed from home.

**Adoption Promotion and Support Services** are defined as services and activities designed to encourage more adoptions out of the foster care system when adoptions promote the best interest of the children. Service may include pre- and post-adoption services and activities designed to expedite the adoption process and to support adoptive families.

**FCS – Funded Services**

FCS–funded services will continue to be provided statewide through the 62 geographically defined LANs. The specific services to be provided will be determined locally through an analysis of existing services and unmet service needs. In FY05, the FCS programs will begin the transition process to providing educational support and intervention services to an identified population of children and youth in the community and/or in state care.

A funding formula based upon the individual LAN child population; the number of child abuse and neglect victims; and the number of substitute care placements will continue to be used to determine specific LAN funding allocations.

The main FCS-funded services provided to the four federally defined categories listed above include: (This is not an all-inclusive listing, and other community services may be provided or linked to.)

- Individual and family counseling;
- Intensive case management;
- Parent education and support;
- Educational support and enhancement services;
- Family mentoring;
- Respite;
- After-school programs;
- Intensive home visitation;
- Crisis Intervention;
- Advocacy;
• Assessment;
• Post adoption services;
• Referral and linkage;
• Bi-lingual service capacity; and
• Transportation

These FCS services provided in the LANs are linked to both traditional and nontraditional community-based services to form a comprehensive service array. The goal is to tailor the services to meet the needs of the family. Services exemplify the following best practice principles, which help to overcome possible service barriers.

**FCS agencies address barriers that prevent a family from accessing, participating and/or following through with needed services by:**

• Contacting families within 48 hours of initial referral;
• Scheduling appointments at mutually convenient times and locations;
• Providing transportation or access to transportation for appointments;
• Providing services in the primary language spoken by the families; other translation services;
• Providing culturally responsive services;
• Assuring family confidentiality;
• Providing child care during appointments;
• Including the family in the development of a joint service plan based on client needs;
• Accompanying families to appointments for other referred services;
• Working with the family to insure that basic needs such as food, clothing, and shelter are provided; and
• Providing services in the client’s own community and filling service gaps in communities.

**Outcomes, Goals and Objectives**

Within the next five years, several quality assurance measures will be explored as methods to further analyze, review and document the progress of the FCS program services. Preliminarily, these measures include the continuation of the quarterly progress reports; client/consumer satisfaction surveys, and peer/community review processes.

In addition, the Department will explore the provision of social service supports that promote the academic and educational success of children in the child welfare system. Educational outcomes that may be tracked include, but will not limited to, increased school attendance; a reduction in school suspensions and a reduction in school expulsions.
Quarterly Progress Reports

Program, demographic, and fiscal data will continue to be collected on a quarterly basis from all FCS programs. In FY05 exploration will begin on the computerization of data reporting by the FCS agencies through excel spreadsheets. This automation will enhance compete and accurate reporting, will expedite the review process and will provide for more in-depth statistical reports. The quarterly report format will be modified in FY06 to reflect the new target population, and services.

Client/Consumer Satisfaction Surveys

The reinstitution of client satisfaction surveys will be explored further. If it is determined that a client satisfaction survey would be worthwhile, the survey instrument will be standardized, with the same survey used for all programs. Ideally, this survey instrument will also be professionally developed. Input from parents as providers will be solicited also.

Peer/Community Review

In FY04, FCS began an exploration of the peer/community review process, in conjunction with a consultant from Family Support America. This work group has continued into FY05. A work group composed of representatives from DCFS Intact families, DCP, FCS programs, Prevention Resource Developers and LAN liaisons was formed. Cook County was selected as the pilot site. The purpose of the work group is to review, develop, formalize and implement a best practice model for the DCP referral process to the FCS programs and to assess the quality and appropriateness of the program services to the FCS clients. The resulting product will be a quality assurance self-assessment tool/questionnaire to be used at the LAN level for a non-judgmental review of the FCS referral process and resulting services.

The Role of DCFS, Provider Agencies, LAN, and FCS Steering Committee in FCS Service Delivery

The FCS Initiative is a cooperative venture between DCFS, the FCS programs, the 62 LANs, and the statewide FCS Steering Committee. All parties play a critical and interdependent role. The key functions of these interrelated roles are defined as follows:

The Role of the DCFS

- Provides the funding to the community-based programs and maintains the funding levels at the 20% federal service category requirements;
- Interprets both state and federal funding guidelines and develops plan to implement those guidelines in the communities;
- Supports the role of the LAN liaisons;
- Builds community capacity to address service needs and gaps as defined in the LANs;
• Identifies new funding initiatives to the LAN to address service gaps;
• Promotes the establishment of a consistent vehicle to communicate with the LANs and FCS programs; and
• Provides technical assistance to the programs through local universities such as Spertus College.

The Role of the FCS Provider Agencies

• Provide family-centered services that are culturally responsive;
• Involve parents in planning and service delivery;
• Publicize and increase community awareness of services within the community;
• Identify and collaborate with a broad range of community-based providers and grass roots organizations;
• Collect and maintain required FCS service data;
• Provided require reports in a timely manner; and
• Adhere to state and federal guidelines.

The Role of the LANs

• Coordination of public and private service providers;
• Delivery of service information to the community;
• Maintenance of LAN structure, i.e. Co-Chairs, Steering Committee, FCS Planning Committee;
• Maintenance of diverse membership including parents and nontraditional service providers;
• Collaboration with multiple state agencies;
• Monitoring the implementation of the FCS Strategic Plan;
• Collaboration with local school districts and Illinois State Board of Education
• Administration of Flexible Funding Initiative;
• Promotion of ongoing needs assessment to identify service needs and to bring appropriate service providers into the LAN collaboration;
• Utilization of the child and family team model and process to assess family service needs;
• Develop and monitor new funding initiatives under the direction of the Department; and
• Serve as the community voice and advise the Department on issues that will impact the department’s policies and procedures.

The Role of the FCS Statewide Steering Committee

• Continued oversight of the FCS federal Initiative;
• Overall coordination of public and private service providers;
• Maintenance of FCS Steering Committee Structure including the development of new subcommittees as need arises;
• Review and monitoring of guidelines for the Flex/Wrap funders;
• Development and implementation of FCS Strategic Plan for FY2005-FY009;
• Provision of support and improved communication to the LANs and service recommendations to the Department regarding the administration of the FCS Initiative; and
• Ongoing review of membership expansion, recruitment and retention needs including the inclusion of critical code agency members.

**Monitoring the Implementation of the Strategic Plan**

A three-step process is proposed to monitor the progress of the FCS Initiative over the next five years. This will include monitoring program outcomes, exploring the development of a Logic Model, and site reviews. In addition, there will be continued tracking of the FCS programs’ service, demographic and financial data.

The first step includes the recommendation to monitor program outcomes in addition to the process outcomes currently being monitored. This will help to gauge whether the programs are achieving their outcomes as identified in their program plans. To implement this, FCS programs will provide quarterly reports to the FCS LAN Steering committee addressing desired outcomes.

Second, the Logic Model will be explored further as one method to identify short-term, intermediate, and long-term goals. The Logic Model is currently used by some FCS programs and local United Ways. If the Logic Model is accepted for use by the FCS programs, technical assistance will be provided to all programs.

Finally, annual and/or semi-annual site visits would be required of all funded FCS programs. A statewide oversight committee composed of the LAN liaison, a fiscal monitor, and a statewide Steering Committee member would conduct these reviews. The statewide FCS Steering Committee would review program outcomes on a semi-annual basis.

**FCS and the Program Improvement Plan (PIP)**

The Illinois Program Improvement Plan (PIP) was developed in response to findings from the Child and Family Services review (CFSR). Four PIP action steps address the strengthening of FCS in an effort to support intact families and to reduce the risk of repeat maltreatment. These action steps involve the “non-LAN” FCS contracts and are separate from the FCS contracts that will focus on educational support in FY06.

**Incorporation of the FCS-Related Assurances and Certifications in the Plan**

The signed FCS-related assurances and certifications, that are an integral part of the FCS component of the Child and Family Services Plan, are included in Chapter Five of this document. The Office of Program Development and Support has the lead responsibility for coordinating with other organizational units in the Department for implementing them.
The Chafee and the Education and Training Vouchers (ETV) Components of the FFY 2005-2009 Child and Family Services Plan

The Chafee/ETV Plan for the Federal Fiscal Year 2005

Description of the Chafee Foster Care Independence Program and its Components

The Chafee Foster Care Independence Program (CFCIP) replaced the Title IV-B Independent Living Initiative of 1986. With the passage of the Foster Care Independence Act of 1999, Illinois gained enhanced capacities and resources to better serve older youth transitioning from the state child welfare system to independence. The philosophy and values of Empowerment and Responsibility is the driving force for the provision of education, training, mentoring and financial support to youth that can be instrumental in paving the ways for their emancipation. Chafee is providing funding for the resources needed to offer programs to better support wards and former wards facilitating their transition to adulthood. The primary focus of the Chafee program includes achievement of the following seven outcomes for youth:

- Increase Level of Educational Attainment;
- Increase Employment Opportunities & Number of Youth Working;
- Avoid dependency;
- Reduce at-risk behavior;
- Reduce non-marital pregnancy;
- Reduce incarceration; and
- Reduce homelessness.

The States are required to implement the following key Chafee program components for youth transitioning from foster care to independence:

- Provide creative and useful programs and well-defined transition plans to meet the needs of the youth that will help them make the transition to self-sufficiency.
- Develop programs to provide services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, including budgeting and financial management skills, substance abuse prevention, and preventive health activities, smoking avoidance, nutrition education, pregnancy prevention, housing, counseling, education and other appropriate supports and services to former foster care recipients between 16 and 21 years of age.
- Develop programs to provide services to help youth, who are likely to remain in foster care until 18 years of age, receive the education, training, and services necessary to obtain employment.
- Develop programs to provide services to youth, who are likely to remain in foster care until 18 years of age, to prepare them for and enter post-secondary training and education institutions.
• Develop mentoring programs that promote interactions with dedicated adults to provide personal and emotional support to young people who are aging out of foster care.
• Develop programs to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 17 and 21 years of age to complement their own efforts to achieve self-sufficiency.

Description of the Education and Training Vouchers (ETV) Program and Its Components

The Education and Training Vouchers Program (ETV) will provide additional resources specifically to meet the educational and training needs of youth aging out of the Department’s (IDCFS) foster care system. The Illinois ETV program will expand upon and supplement the benefits and services authorized in the 1999 Foster Care Independence Act under Section 477 (a) (6). The expansion is intended to make available vouchers for education and training, including post-secondary training and education to youth who have aged out of foster care. The purpose of the Education & Training Vouchers program is to ensure every youth in care has the opportunity to attend a postsecondary or vocational training program in order to enhance skills needed to make a smooth transition to self-sufficiency.

The Education & Training Vouchers Program will allow the Illinois Department of Children and Family Services to make available vouchers for education and training to allow youth the opportunity to have more manageable academic plans and vocational choices. These services will help youth, who have aged out of foster care, to make a successful transition to self-sufficiency.

The ETV program components include the following:
• Tuition;
• Room & board;
• School Fees;
• Transportation;
• School Supplies;
• School Uniforms;
• Preparatory Test (ACT, SAT, GRE, LSAT);
• Purchase or rental of necessary equipment to assist youth enrolled in an education or vocational training program; and
• An amount not to exceed $5,000.00 per youth will be issued as a partial payment to the educational institution to cover tuition and fees. The balance of the payment will be issued to the youth to cover other reimbursable expenses.
Description of How the Department Will Establish, Expand or Strengthen its Post-Secondary Educational Assistance Program

Adequate funding for education and training has been a significant barrier to youth who are attending a post-secondary education program. Other non-Chafee funding, including Federal financial aid, may only cover a portion of the cost of tuition. The Chafee funding can be used to supplement tuition costs not covered by State and Federal financial aid. In addition, youth who are attending a junior college are eligible to receive tuition payment program benefits to cover tuition, fees, and books.

The Illinois Department of Children & Family Services will strengthen the post-secondary educational and assistance programs by informing all youth aged 16-21 that the program exists by using the following strategies:

1. Develop a Marketing Strategy: (by June 30, 2005)
   a. Conduct a needs assessment of youth in foster care, relative care, and other private agency placements. An information packet will be available to all youth in regional orientation sessions explaining the transitional and education services that are available to them and how to access them.
   b. Develop a quarterly newsletter to be mailed to all IDCFS/Purchase of Services caseworkers, supervisors, and caregivers.
   c. Post the above information on the D-NET internal computer system of the Department (IDCFS).

2. Develop a training curriculum in conjunction with the Division of Clinical Practice and Professional Development staff to offer extensive statewide training to DCFS/Purchase of Service providers, caregivers, foster parents, and adoptive parents to increase their awareness of the availability of post-secondary services. (By September 30, 2005)

3. Expand post secondary educational programs by the following strategies:
   a. Identify and assist youth who are attending vocational training or a public or private 4-year university without sufficient financial resources to cover tuition, fees, or books. ETV funds not to exceed $5,000.00 (five thousand) will be used to provide educational support to these youth (September 30, 2004)
   b. ETV funds will be used for financial support to pay tuition for youth who attend summer school. Currently, non-Chafee Federal Financial Programs (i.e., Pell grants and MAP funding) do not pay tuition for youth to attend a community college during the summer. (Completed/Current and On-Going)
c. Chafee funds will be used for financial support for youth who attend a community college during the summer. (Completed/Current and On-Going)

The number of youth who receive community college tuition payments paid from the Chafee grant will be reduced, and instead paid out of the Educational & Training Voucher funds.

**Description of the Methods the Department Will Use to Operate the Program Efficiently and Assure They Will Comply With the Conditions in the Subsection 477 (i).**

The State of Illinois assures that the Chafee and the ETV programs will operate efficiently and will comply with the conditions specified in subsection 477 (i) by the following methods:

- Provide ongoing extensive outreach and notification to eligible program participants (ETV by September 30, 2004; Chafee is On-Going)
- Conduct regular needs assessment surveys with youth to ensure the programs are meeting their needs and that they have an opportunity to participate in identifying needs; (Current and On-Going)
- Conduct quarterly orientations in each region to discuss and explain the available Chafee programs; (By June 30, 2005)
- Enhance program monitoring and control systems for tracking all expenditures and services; (Current and On-Going)
- Provide ongoing monitoring of data collection procedures. A program tracking file will be developed for each youth and, documentation will be kept of the services provided and the expenditures incurred; (Current and On-Going)
- Develop a client satisfaction survey for administering to youth, who age out of the DCFS system and who received the Chafee services, in order to evaluate the success of the services; (Current and On-Going)
- Provide ongoing monitoring to verify eligibility for the Chafee /ETV programs; (Current and On-Going) and
- Continue coordination with other state agencies that offer programs to older wards. (Current and On-Going)

**Discussion of How the Department Will Design, Conduct and/or Strengthen the Chafee and the ETV Programs to Achieve the Following Purposes**

**A. The Illinois Department of Children & Family Services will strengthen the Chafee and ETV programs to help youth transition to self-sufficiency by employing the following strategies:**
• Develop a comprehensive goal oriented transition service plan that begins with an interview with the youth to identify their service needs, goals, and objectives. (By September 30, 2005)

• Initiate a transition plan as part of the Administrative Case Review (ACR) with the youth, caseworker and educational advisor or education liaison; (by December 30, 2005, for all youth by age 16)

• Develop a personal assessment tool to include all life domains to help youth identify talents, skills, and career goals; (Current and On-Going)

• Initiate a Transition Plan which is a developmental plan to assist caseworkers, supervisors, Juvenile court personnel, Guardian Ad-Litem and other concerned individuals working with youth; (By June 30, 2005)

(This guide will outline basic skill level domains at different developmental stages of a teen’s adolescence years. This will cover the following areas: self-concept, education, employment, parenting, and daily quality of life. These skills are needed to assist the youth in becoming self-sufficient. These areas of learning can be monitored and assessed and modified as the youth completes tasks while in purchase of service placements.)

• Complete a life skill assessment for all youth 14 – 21 years of age. The Department (IDCFS) is currently transitioning from the Daniel Memorial Assessment tool to the Ansell Casey Life Skills Assessment; (by June 30, 2005)

• Initiate use of Ansell-Casey Life Skills Instrument for initial and on-going assessment of independent living skills.

  ▪ Action transmittal disseminated by 8/04
  ▪ Conduct “Train the Trainer” sessions for both DCFS and POS staff 8/04 – 9/04
  ▪ Conduct pilot of Ansell-Casey instrument and process from 10/04 – 6/05
  ▪ Disseminate policy and procedure to DCFS and POS staff by 6/05
  ▪ Statewide implementation by 7/05

• Complete an interactive life skill program via individual instruction or classroom instruction for all eligible youth; (Current and On-Going)

Due to the decrease in Chafee funding, the statewide life skills vendor contracts may provide life skills group instruction rather than
individualized instruction. The plan is to explore other funding sources to supplement the Chafee funding.

- Create an educational “passport” to track children’s educational needs and services and respond more proactively to educational needs.
  - Database built by 1/05
  - Identify and train staff 1/05 – 4/05
  - Database fully operational by 4/05

This system will be designed to “red flag” children experiencing academic problems to connect them to the Educational Access project by 8/05.

- Encourage all youth to be involved in an educational or vocational training program; (Current and On-Going)

- Ensure youth receive appropriate mental health and substance abuse services, if indicated; (Current and On-Going)

- Conduct a needs assessment in each region to determine gaps in AODA services and collaborate with the Office of Alcoholism and Substance Abuse (OASA) in the Illinois Department of Human Services (IDHS) to address AODA treatment in targeted areas.
  - Needs Assessment (completed)
  - Findings will be presented at the quarterly OASA/DCFS advisory committee meeting, to be held 3/05.
  - The Illinois Department of Human Services (IDHS) and DCFS will establish a system to prioritize referrals and admissions that is mutually agreeable to both departments by 7/05.

- Explore the possibility of every youth ages 14 – 21 years having the opportunity to obtain a State ID; (Current and On-Going)

- Develop a comprehensive discharge plan for youth leaving care (By June 30, 2006); and

- Explore the possibility of providing in-home services to pregnant/parenting youth during the six-week post-partum recovery period. (By June 30, 2006)

Due to the decrease in Chafee funding, other funding sources are needed in order to provide this service.
• Provide additional resources to caregivers via the DCFS website, newsletters and resource libraries on how to support independent living needs of older youth. (By November 2004)

• DCFS state website, newsletters and resource libraries updated (Current/Ongoing).

• DCFS will coordinate work between the Local Area Networks (LANS) and the Educational Access project to provide timely advocacy and support services to children experiencing academic difficulties.
  - DCFS will initiate planning meetings by 9/04
  - Direct referrals to start 10/04

B. The State of Illinois will design programs to help youth receive the education, training and services necessary to obtain employment through the following strategies:

• Make ETV funds available to youth who attend a Vocational Training program & trade schools;

• Explore the possibility of developing programs that offer statewide job coaches who will provide pre-employment workshops, job placement, monitoring and tracking; (Completed /Current and Ongoing for Cook County; Statewide by June 30, 2006); and

Due to the decrease in the Chafee funding, other funding sources must be explored in order to provide this service statewide. The service is currently funded for Cook County.

• The ETV program will be offered to former wards age 16 years or older who are interested in attending a junior college, 4 year university, or vocational programs. (Current to September 30, 2005)

C. The State of Illinois Department of Children & Family Services will strengthen and help youth prepare for and enter post-secondary training and educational institutions by employing the following strategies:

• The Department is currently using the Ansell Casey life assessment tool, which is not appropriate to use to assess youth with Developmental and learning disabilities. The youth are referred to the Division of Clinical Services to ensure the youth receive transitional services. (June 30, 2005)
• Develop on-going educational training for youth, who are graduating from high school, to provide assistance with financial aid forms, college applications and share information on how to access programs; (Current and On-Going)

• Utilize Chafee funding to support literacy programs to assist youth with reading skills; (Current and On-Going)

Due to the decrease in Chafee funding, the plan is to research existing community literacy programs to assist older wards. The current funding allows limited development of new initiatives.

• Establish contracts with qualified community providers to offer tutoring programs for youth; (June 30, 2006)

Due to the decrease in Chafee funding, it is necessary to research other funding sources in order to provide this service to older wards. Our goal is to identify existing resources within the public and private school systems.

• Identify existing study resource centers in each junior college and four-year university to assist youth with study skills; (By June 30, 2005)

• Establish an educational passport for all youth age 16-21 in the DCFS system; (By June 30, 2005)

(This document consists of pertinent education information to assist the youth in pursuit of educational services.)

• Offer supportive services to youth, such as completing financial aid, providing tuition, fees, book assistance, etc., and housing advocacy, and life skills, to youth who are currently in Adoption/Sub-Guardianship placements; (Current and On-Going)

Due to the decrease in Chafee funding, it is necessary to identify a different funding source to supplement the Chafee funding. Our goal is to identify existing resources located on the junior college campuses, and public and private universities.

• Provide quarterly orientations for DCFS & Purchase of Services direct service staff in each region to explain the educational services that are available to DCFS youth; (By June 30, 2006) and

• Identify a point person at the post-secondary institutions to provide supportive services to DCFS youth. (By June 30, 2005)
D. The Illinois Department of Children & Family Services will design a mentoring program to provide personal and emotional support to youth through the promotion of interactions with dedicated adults by the following:

The DCFS Office of Education and Transition Services (OETS) will provide a portion of the Chafee funding to support the proposed Host Family program. The Host Family program will provide adult connection, mentoring, and assistance to youth age 16 and over, who do not have family supportive resources. The Host family can offer mentoring by:

- Inviting the youth for meals in their home;
- Hosting the college youth for extended breaks, holidays; and
- Attending school functions.

A survey was mailed to over 600 youth who are currently in the Youth in College and Youth in Scholarship program. DCFS received a response from 100 youth who expressed an interest in participating in the Host Family program.

Also, the Department has established a new contract with a provider that will provide mentoring to wards 14-21 years of age who reside in the Southside of Cook County. This mentoring project is designed to enhance the chances of a youth to make a successful transition form IDCFS to adulthood through a modeling character development. This program will offer bi-monthly workshops, which will include inspirational and skill building components. These skill building components will include: training mentors on tutoring techniques, public speaking, self esteem issues, anger management, conflict resolution, job interview skills, personal hygiene/family planning, cultural/heritage and financial management. This program has the capacity to serve up to 100 youth each year. The program will be funded with a combination of Chafee funding and state funding.

DCFS has begun the “Host Family Program” which will match DCFS youth in college with a host family. The Host Family program will begin with a pilot of 10 students who are enrolled and attending Northern Illinois University in Dekalb Illinois the 2004-2005 school year. Host families will be recruited who are interested in offering a place for the youth to visit for summer breaks, holidays, birthdays, and Sunday dinners. Also, the Host families will invite the youth to church activities, community and social functions. In addition, a “Care Package Program” will serve approximately 650 DCFS college youth. Volunteer DCFS staff and others interested in participating in the program will send care packages on a monthly basis and on special occasions as a means of encouragement for our youth in college programs.
Clinical Services and Service Intervention staff at DCFS have developed a training on Child and Family Team facilitation that promotes interactions between dedicated adults with youth in the system to assist the youth in making appropriate decisions about his/her future needs and services. The training is set to roll out in SFY 2005 for DCFS and POS providers.

Currently, approximately 10% of eligible youth statewide receive formalized mentoring services, i.e. thru life skills contracts, educational programs, and job programs, etc. which we hope to increase to at least 50% of eligible youth thru the statewide implementation of Child and Family Teams, the Host Family Program, and the initiation of mentoring contracts such as the VIP Youth Mentoring program.

Due to the decrease in Chafee funding, we anticipate a slight decrease in the service provider contract. It is necessary to explore other funding sources in order to continue this program.

**Description of What Financial, Housing, Counseling, Employment, Education and Other Appropriate Support and Services are Being Provided to Former Foster Care Recipients Between 18-21 Years of Age**

The Illinois Department of Children & Family Services will offer the following services to former foster care recipients:

**A. Education**

DCFS will continue to offer the Scholarship program to former foster care recipients. There are 48 scholarships that are given out each year of which 50% of the scholarships are awarded to former wards, who are adoptees or under subsidized guardianship.

**B. Housing, Financial Assistance, and Counseling**

The goal of the Division of Service Intervention is to provide financial and housing services to wards and former foster care recipients who need it, between their 18th and 21st birthday to complement their own efforts in achieving self-sufficiency, recognizing and accepting personal responsibility in preparing and then making the transition from adolescence to adulthood.

The following services will continue to be offered to youth:

- Housing advocacy;
- Cash assistance;
- Start-up grants;
- Partial housing subsidy; and
- Crisis Cash Assistance
Housing advocacy services will be available to wards starting six months prior to their emancipation. A housing advocate will be automatically assigned to every youth when the youth attains the age of 17.5 years. Advocacy agencies will help wards prepare a budget, teach them about being a good tenant, and help them locate and acquire appropriate and affordable housing. This service will be available to all youth nearing emancipation and to former wards who age out of care until their 21st birthday. As stated above, this will also be available to youth who move to adoption or guardianship after age 14, if they wish to access it.

If a youth is pregnant, parenting or disabled, cash assistance up to $800.00 (eight hundred) will be available, based on a needs assessment, from Youth Housing Assistance and Transition Cash Assistance to facilitate independence. This cash assistance will cover such expenses as security deposits and basic necessities that many youth may not have upon leaving foster care. They will be awarded cash assistance only when the youth has a balanced budget. Funding through Youth Housing Assistance and Crisis Cash Assistance will also be available to help former wards who age out of care who are homeless, or in significant danger of becoming homeless, up until their 21st birthday. Cash assistance may be authorized for up to $2,000 (two thousand) per 12 months, with a lifetime limit of $4,000 (four thousand). The youth must have a balanced budget in order to receive assistance. However, if the youth does not have a balanced budget he or she may receive up to $600 (six hundred). If an emancipated youth’s housing costs exceed 30% of her or his income, a partial housing subsidy of up to $250 (two hundred and fifty) per month for up to 12 months (stopping no later than the 21st birthday) will be provided. The new subsidy ensures that the youth pays at least half the rent during the final sixth month of the subsidy.

Former foster care recipients will continue to access counseling services through community based organizations and Department of Human Services’ funded programs/services. Counseling services offered by community based organizations include substance abuse and mental health counseling, parenting classes offered by local hospitals, domestic violence counseling and shelter services, and church based support groups and general counseling. Career / employment counseling is available through local state unemployment offices and State of Illinois Central Management Services’ career counselors. In addition, the state Department of Human Services funds such programs as AmeriCorps where youth can receive skill training, serve as part of a team, receive a small living stipend, and an education award. Local Department of Human Services’ offices in each county also provide cash, food, and medical assistance to those who qualify.

C. Employment

The Department’s collaboration with the Illinois Department of Employment Security will continue to provide employment and training opportunities for youth. DCFS will continue to present employment opportunity events to youth, caregivers, DCFS staff and POS staff.
Former Foster Care recipients will be provided information about employment and training opportunities that are available statewide through federal, state, local and city funding.

**D. Make available Vouchers for Education and Training, Including Postsecondary Education for Youth Who Have Aged Out of Foster Care**

The State of Illinois will make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care by employing the following methods:

Currently, there are 209 youth, ages 21 - 23 who have aged out of foster care and are attending a post-secondary education-training program. The vouchers are issued to cover payment for tuition, room and board, books, supplies, and equipment. A total of $5,000 (five thousand) per youth is available to issue a partial payment to the educational institution to cover tuition and fees, and books with the balance available to the youth to assist with housing, transportation, and supplies. Currently, there are several youth who are attending a vocational training program and need assistance with tuition and payment for equipment and supplies.

The primary purpose of the Education & Training Voucher program is to make available vouchers for education and training, including postsecondary training and education to youths who have aged out of foster care. The eligibility criteria are:

- Youth otherwise eligible for services under the State CFCIP program;
- Youth adopted from foster care after attaining age 16; and
- Youth aging out of the system will be participating in the voucher program on their 21st birthday until they turn 23 years old, as long as they are enrolled full time in a post secondary education or training program and are making satisfactory progress toward completion of that program.

**Description of the Approaches Being Used by the Department to Provide Services to Youth Ages 18 through 20 Years Who Have Left Foster Care But Have Not Reached Their Twenty-First Birthday**

The Program Instructions indicate that States are required to provide services (including room and board) to, and expend funds on behalf of, youth who left foster care because they attained 18 years of age but have not yet attained 21 years of age. Traditionally, The Illinois Department of Children and Family Services keeps wards in care until their 21st birthday in order to provide services. IDCFS continues to serve some wards in care until their 21st birthday. The Youth in College students, who are still wards until age 21, are provided a monthly stipend.

Those wards who do leave care prior to their 21st birthday are eligible for the Housing Advocacy, Youth Housing Assistance and Crisis Cash Assistance programs up until
their 21st birthday. Former wards who left care through adoption or guardianship
arrangements are also eligible to apply for the DCFS College Scholarship Program
and former foster care recipients are also eligible to participate in the Education and
Training Voucher (ETV) Program (see page 43). In addition, as part of their
discharge plan, eco-mapping is completed with the ward to assist with linkage to
community resources and services.

Description of the Approaches Being Used by the Department to Make Room
and Board Available to Youth Ages 18 Through 20

The Program Instructions indicate that no more than 30 percent of the allotment of
Federal funds will be expended for room and board for youth who left foster care
because they attained 18 years of age but have not yet attained 21 years of age.

Housing is a major and primary need for our youth. According to the last 4-year plan,
DCFS will continue to set aside 20% for direct room and board and 6% for housing
advocacy services. In the new plan, the housing advocacy services will increase to
7%. Direct room and board is defined as the room and board portion costs of the
Independent Living Option (ILO), Transitional Living Program (TLP), Pregnant and
Parent Teen Program (PPT), and the Youth Cash Assistance payments for youth
between the ages of 18 and 21.

Due to the decrease in Chafee funding, it is necessary to explore other funding
sources in order to supplement Chafee funding to continue this service at the same
funding level.

Description of How Youth of Various Ages and at Various Stages of Achieving
Independence are to be Served, Particularly With Regard to Services for (1)
Youth Younger Than 16, (2) Youth 16 - 18 and (3) Youth 18 Through 20

Illinois has selected age 14 as the eligibility starting point for Chafee services.
Research has shown that the likelihood for youth to attain permanency decline
sharply once a youth reaches that age. Thus, a youth in care at age 14 is likely to
remain in foster care until age 18. Illinois’ approach to preparing youth for
independence is individualized and focused on youth development. Youth are
required to complete a Department-recognized life skills assessment at age 14, age
16, and, currently, at 6 months prior to emancipation. The Department is exploring
the feasibility of an assessment to occur at an earlier time frame than 6 months prior
to emancipation and, to include a substance abuse screen as part of the assessment.
The results from the assessment are used to develop an individualized transition plan
for youth based on the identified service needs.
Services Offered to Youth 14 – 16

- Education Passport will be used to track education services for youth.

- Life Skills Assessment

All youth in care are required to participate in the Ansell Casey life skills assessment, which becomes the basis for the transitional service planning for the youth. A well-developed CFS 497 service plan should include clear and concise objectives for all wards ages 14 - 21, which will include the 14-16 populations. These objectives should address specific areas for development and timeframes for task completion, person’s responsible, desired outcomes and progress evaluations.

Based upon the results of the life skills assessment, youth can participate in life skills classes, trainings, and experiential activities to learn and practice the skills s/he will need to make a successful transition to adulthood. Currently, youth life skills classes provide training in such areas as education (i.e., applying to college), budgeting and money management, consumer skills, decision-making, self-esteem, parenting, healthcare, transportation, access to community resources, locating and maintaining housing, and career planning.

Participation also provides youth an opportunity to establish a peer group support network with other youth. Most classes are held once a week for a 10-12 week period. Life skills instructors use a variety of creative teaching modalities, including hands-on activities, field trips, incentives, and group discussion. An extensive library of training materials and equipment, including instructional software and computer video training tapes, are accessible to the providers. All youth, who complete the 10-12 week life skills class, receive a stipend of $150 (one hundred and fifty).

- Tutoring services
- Assistance with reading skills
- Mentoring services
- Transitional planning
- Obtaining a state identification card

Services Offered to Youth 16 –18

- Transition staffing with caseworker and education advisor to discuss career options and the educational programs that are available
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance in completing referral application to Youth in College programs
- Assistance in completing Tuition Payment program applications
• Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills through the use of a job coach
• Advanced life skills classes that utilize “hands on” instruction and real life experiences
• Referral for Employment programs and follow-up to ensure youth engages in the program
• Assistance with obtaining a State ID.

Services Offered to Youth 18 –21

• Develop a community resource directory to link youth to community resources
• Monitor academic and vocational training progress
• Assist with housing needs: develop “step down” program to transition youth to self-sufficiency while still eligible for Department funded services; during the “step down” phase, ensure youth are acquiring sufficient cash savings for emergencies that will arise after emancipation
• Assist with career planning and follow through with youth
• Offer life skills classes which focus on the unique needs of the youth to achieve successful transition out of system
• Referral to the Education Training Voucher program for possible support until age 23, for those who are in a post secondary education or vocational training program.
• Assist with obtaining a State ID.

Due to the decrease in Chafee funding, our plan is develop strategies to offset the decrease by:

• Reducing the operation expenses and indirect costs;
• Develop linkages to existing community resources;
• Explore additional funding resources; and
• Restructuring existing programs for young adults to more appropriately assess the needs of the youth. The goal is to redefine the approach to working with youth to offer preventative services, as well as preparation and training, rather than crisis management services.

Identification of State Statutory and/or Administrative Barriers, If Any, Which, In Order to Facilitate the State Serving a Broader Range of Eligible Youth, Need to be Eliminated or Amended

Currently, there is no state statutory and/or administrative barriers that need to be eliminated or amended that would prevent Illinois from providing services to a broader range of eligible youth.

Discussion About How the Department is Developing Services for Those Individuals Likely to Remain in Foster Care Until Age 18
The Program Instructions reveal that some identifiers of individuals "likely to remain in foster care until 18" include, but are not limited to, age, ethnicity, presenting problems, case histories, and individual case goals and objectives.

Reasons youth are likely to remain in foster care until 18 years of age is due to:

- Lack of permanency: youth not wanting to be adopted
- Termination of parental rights
- Past abuse/neglect: youth unable to form attachment
- The youth are currently placed in ILO/TLP or residential placement and need multiple transitional living services.
- Developmental disabilities; substance abuse issues; and/or mental health issues

Programs are available for these youth, however they are not funded via Chafee dollars. Examples of these programs include, independent living programs, transitional living programs for Developmentally Disabled youth, System of Care for youth in crisis and/or to avoid potential crises, linkage/referral to substance abuse treatment services, host family program and care package program for youth in college.

**Substance Abuse**

- Implement Youth Substance Abuse Screening Tool for use with youth in care age 12 and older and develop requirements in DCFS policy regarding its use
- As part of, or in addition to, completion of Department-recognized life skills assessment, youth will be screened for substance abuse and, based on the results, necessary services added to the Transition Plan.
- Develop criteria to screen youth entering Pregnant and Parenting Teen Program for substance abuse
- If appropriate, establish linkages to substance abuse prevention programs. These services are coordinated and funded by the Department of Human Services’ Bureau of Substance Abuse Prevention and are available statewide.

**Mental Health**

- Develop an adequate system for assessing the mental health needs of youth and identify service needs to address the entire continuum of services rather than concentrating on the “higher end” cases
- Establish a team of experts who are dedicated to addressing the mental health needs of children in care
- Screen youth entering Pregnant and Parenting Teen Program for mental illness

**Discussion About How Does the Department Will Involve the Public and Private Sectors in Helping Adolescents in Foster Care Achieve Self-Sufficient Independence**

The State of Illinois is continuing to use a variety of means to involve the public and private sector stakeholders in helping adolescents in foster care achieve independence.
The Department has ongoing coordination efforts with a variety of public and private groups. The Department takes all major policy development and implementation issues to its Child Welfare Advisory Committee, which is made up of private sector stakeholders. The Department also maintains a close working relationship, on program development and implementation issues, with the Child Care Association of Illinois, which includes most of the members of the state’s child welfare services provider community. In addition, there are separate advisory groups for African-Americans and Latinos. All policy changes go through a public approval process with the Joint Committee on Administrative Rules (JCAR), which allows the public to comment.

The Department maintains a close working relationship with a number of other State departments, including: the Department of Human Services (DHS) in regards to TANF and Daycare; the Division of Alcoholism and Substance Abuse; the Division of Mental Health; the Division of Developmental Disabilities; a vast array of Youth Services programs and DHS-funded Medicaid services; the Department of Employment Security in regards to employment programs; and the State Board of Education. In addition, the Department maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority and the Chicago Public Schools.

IDCFS is currently developing ongoing communication, meetings and trainings to increase collaboration among the state agencies that are mandated members of the Interagency Coordinating Council (ICC). The ICC is a legislative creative council composed of directors or designees of the Illinois board of Higher Education, Illinois Community College Board, Illinois council on Developmental Disabilities, IDCFS, Department of Commerce and Economic Opportunity, Illinois Department of Corrections, Illinois State Board, DHS. The role of the council is to provide information, consultation and technical assistance to state and local agencies, and school districts involved in improving delivery of services to older youth with disabilities, thus allowing disabled youth to achieve self-sufficient independence to the best of their ability.

While coordination with substance abuse treatment systems is working well, the goal is to enhance the services for older wards to increase engagement/retention rates so that these youth are able to attain self-sufficient independence without alcohol and/or drugs impeding their success. The services are delivered in the community via private agencies contracted through the DHS/OASA with state general revenue funds and Medicaid funding. In addition, policy recommendations to the directors of DHS/DASA and DCFS are formulated through a DASA/DCFS Initiative Advisory Committee, which includes representation from DHS/DASA staff, DCFS staff, AOD providers, DCFS field office staff, and POS providers.

DCFS contracts with public and private agencies across the state the deliver life skills classes, trainings, and experiential activities for youth to participate in where they can learn and practice the skills necessary to make a successful transition to self-sufficient adulthood.
Description of How Public and Private Organizations Representing a Wide Range of Stakeholders and Consumers, In Particular Indian Tribes, were consulted, and are involved in the Development of the Chafee and the ETV Components of the CFSP

There are no recognized tribes in Illinois and, therefore, the Department cannot contact the tribes for development of the Chafee/ETV plan. However, IDCFS takes its responsibility seriously to meet the needs and respect the rights of Native American youth. Therefore, the Department will explore the possibility of developing a contract with a vendor for the next fiscal year. This plan will be shared with an organization representing the Native American population for review, comments, and recommendations, which will be considered in improving the service delivery to the Native American population.

Discussion of the Department’s Efforts to Coordinate with Other Federal and State Programs

Efforts have been made, and will continue to be made, in the next five-years to provide training to the Public Guardians Office, Juvenile Justice System, and to help them understand the services that are available to older youth.

Linkages to community abstinence programs have been established through the abstinence program at Catholic Charities, which provides information to participants in their Independent Living Program and community residents. In addition, collaboration has been established with Planned Parenthood, which provides information and services through out the state to youth on options counseling and responsible sexual behavior. The Teen Parent Service Network in Cook and the 5 collar counties also works with all pregnant and parenting youth on issues of appropriate choices and responsible sexual behavior. Downstate, DCFS has contracts with specialized teen pregnancy and parenting service providers that also provide information and services on appropriate and responsible behavior.

DCFS has housing advocacy contracts with local community housing agencies through out the state and maintains contact with statewide subsidized housing programs to assist youth in applying for and accessing appropriate housing. DCFS also works with community alternative option agencies that receive information from DCFS on our developmentally disabled population to assist DCFS and the developmentally disabled youth in understanding and accessing adult services. DCFS continues to work closely with the court systems and community action agencies through court liaison programs, DOC/juvenile justice advocate, youth advisory boards with Chicago Area Project, etc.

The Department of Children and Family Services, including staff from the Division of Service Intervention, also collaborates with the Department of Public Aid on a variety of issues impacting Medicaid-funded services for DCFS wards. Such collaborative activities include participating in interagency committees that oversee particular policy areas and working with DPA staff to resolve operational, programmatic and case-specific
issues. Data sharing includes obtaining paid claims data upon request as needed for examining trends in health care services for wards.

**Description About How the Department/State Utilized, or is Coordinating Efforts to Utilize, the Option to Expand Medicaid to Provide Services to Youth Ages 18 to 20 Years Old Who Have Aged Out of Foster Care**

IDCFS covers medical benefits for all wards, up to the age of 21, for whom the Department has legal responsibility. This includes:

- Foster care
- Adoption Assistance/Subsidized Guardianship (with a signed subsidy agreement)
- Youth in College
- Children of wards who are in the care of a ward
- College and University Scholarship (CUS) up to age 24 while attending school.

Also, the Department will approve continuous Medicaid coverage for Medicaid eligible foster care wards that leave DCFS custody for up to one year through at 18 or to their 19th birthday if over the age of 16.

**Discussion About the Objective Criteria the Department/State Uses for Determining Eligibility for Benefits and Services Under the Chafee and the ETV Programs, Including the Process for Developing the Criteria**

The State’s policy requires using a combination of state and federal funds to provide independent living services to youth 14 –21 years, and to continue to use state funds to offer services to youth up to their 23rd birthday beyond Chafee funding. Also, IDCFS will continue to provide education and training for youth until their 23rd birthday, under certain circumstances. The State is responsible to ensure all youth leave the foster care system with skills to maintain self-sufficiency. The objective criteria are based upon the number of youth who are likely to remain in foster care until age 18. The youth in foster care are older and need more supportive services to prepare for self-sufficiency. Recent evaluation studies have pointed to the fact that youth who leave care without a transition plan end up homeless, incarcerated, unemployed and have low educational achievement. The process of developing the criteria included the following:

- Review of the National trends of what services the other states are offering to older wards
- The Governor of Illinois’ new initiatives
- The priorities of the Director of DCFS
- A needs assessments of older youth
- Recommendations of results of the Chapin Hall Center for Children and other research studies

The eligibility criteria used for the Chafee services are as follows:
• Provide services to youth aged 14-21 to help them make the transition from foster care to adulthood: education, vocational and employment training, post secondary education, daily living skills, substance abuse prevention, PPT prevention and preventive health activities.

• Provide training for foster parents, adoptive parents and workers to address issues confronting adolescents.

• Provide services for older youth aged 18-21 who have left foster care but have not reached age 21.
• Provide room and board for youth aged 18 – 21 who have left foster care.

• Serve children of various ages at various stages of achieving independence.

• Use a variety of providers to deliver independent living services.

The eligibility requirements for the ETV services are as follows:

• Provide vouchers of up to $5,000 (five thousand) to youth aged 16 – 23 otherwise eligible for services under the State CFCIP program. The youth must be enrolled in a post secondary education or training program and making satisfactory progress toward completion of the program.

• Provide services to youth adopted from foster care after attaining age 16.
• Provide services to youth aging out of the system who will be participating in the voucher program on their 21st. birthday, up to age 23 years old
• The vouchers will cover tuition, room & board, books, supplies, equipment

**Discussion About How the Department/State Ensures Fair and Equitable Treatment of Benefit Recipients**

DCFS will ensure that all youth are aware of the service appeal process that exists and their rights to appeal.

Chafee and other funding will be made available to all wards, and former wards, by the following:

• Statewide training to increase the awareness of available services to include DCFS and private agency staff. Policies and procedures help guide service delivery to ensure the services are equitable.
• Develop a resource guide to mail to youth in care that identifies services and how to access them.
• Conduct regional informational orientations to discuss Chafee services.
• Offer Chafee services to all youth regardless of placement or living arrangement type.
Description About How Comments Received From the Public (Both Written and Oral) Influenced the Contents of the Plan

Surveys were sent to current wards and former wards, caregivers, and members of the Foster/Adoptive Regional Advisory Council. The Service Intervention staff attended the Regional Youth Advisory Board meeting to discuss the survey results. A 5-year planning work group was established to begin the process for the 5-year plan. The workgroup had representation from private agencies and a post-secondary institution that provides transitional living services throughout the state. In addition, the Statewide Youth Advisory Board members were involved in the 5 year planning discussion.

The surveys included the following questions:

- How are the Chafee services meeting your needs?
- What are the strengths and weaknesses of the Chafee services?
- What services should DCFS offer youth to help prepare for independence?

The information obtained from the written and oral comments are included in plan on how DCFS plans to strengthen the Chafee program to meet the needs of the youth.

Estimated Expenditures of the Chafee Services in FFY 2005 By the Service Categories

The State of Illinois will continue to assess which programs are the most needed and effective, as its allocations shrink over the next four years. The State does not believe it is wise to commit spending to specific programs. However, a rough estimate of the percentages distribution of funds by program over the next 4-year period is outlined below:

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Programs</td>
<td>36%</td>
</tr>
<tr>
<td>Life Skills Training &amp; Community Supports</td>
<td>17%</td>
</tr>
<tr>
<td>Direct Room &amp; Board</td>
<td>20%</td>
</tr>
<tr>
<td>Housing Advocacy Services</td>
<td>7%</td>
</tr>
<tr>
<td>Research Evaluation</td>
<td>6%</td>
</tr>
<tr>
<td>Support Services</td>
<td>9%</td>
</tr>
<tr>
<td>Training and other services</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Estimated Expenditures of the ETV Services in FFY 2005 by the Service Categories

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>35%</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>30%</td>
</tr>
<tr>
<td>Fees</td>
<td>5%</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>10%</td>
</tr>
<tr>
<td>Transportation</td>
<td>8%</td>
</tr>
<tr>
<td>Uniforms/ Equipment</td>
<td>5%</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Five-Year (FFY 2005-2009) Chafee/ETV Plan

Five-Years Goals, Objectives and Outcomes

The following are the five-years goals and objectives:

Strengthen Programs and Services

The Illinois Department of Children Family Services will continue to develop innovative services and administrative intervention strategies to enhance services to youth transitioning into adulthood.

Target/Service Populations

The Illinois Department of Children & Family Services will continue to service the following population:

- Youth otherwise eligible for services under the State CFCIP program
- Youth aged 14 –21 and placed in foster care, Independent Living, Transitional Living Arrangements, and the home of relatives.
- Youth adopted from foster care after attaining age 15
- Youth aging out the system will be participating in the voucher program on their 21st birthday until they turn 23 years of age, as long as they are enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that progress

Interagency Coordination

The Illinois Department of Children & Family Services will continue to collaborate and develop interagency coordination with other federal and State public and private programs for youth and to update services based upon the ever-changing needs of all DCFS wards to ensure a smooth transition to self-sufficiency.
Tracking Monitoring, Research and Evaluation

The Children’s Bureau of the Department of Health and Human Services (DHHS) is implementing a project designed to develop a performance assessment system for independent living programs funded under the John H. Chafee Foster Care Independence Program (CFCIP). The project is a response to the data collection and performance measurement requirements set forth in the Act. The Department will continue to wait for guidance from the project commissioned by the Administration for Children and Families in order to ensure that it is developing a permanent Chafee data system that is compatible with the federal data and reporting requirements. The Office of Education will continue to track Chafee services and expenditures using the interim Chaffee data reporting from.

Enhancing Information and Data System Capacity

The number of eligible youth for CFCIP program in FFY 2003 was 14,440. However, the number of youth served with Chafee funding was 2,388. DCFS will continue to analyze in the CFSP year 2005 the reason for the huge difference in the number of eligible youth vs. the number of youth served. DCFS will continue to ensure eligible youth are aware of the independent living services and encourage all eligible youth to participate. The Service Intervention staff will continue to work with the Office of Information Technology to compile numbers of eligible children using other methodologies: for example the distribution of 14,440 eligible youth by their permanency goal. The number of youth whose permanency goal is independent living will be lower than the 14,440 figure. Also, the remaining children are being provided IL services by other DCFS funds or referrals made to community-based services.

The number of youth eligible for ETV program is 3,547 and the number of youth to receive ETV services as of September 3, 2004 is 252 wards and former wards between the ages 16 - 22. However, only 12 eligible youth are in the adoption/sub guardianship category due to the fact that Illinois’ goal is to have children placed in sub guardianship/adoption under the age of 16. In addition, currently there are 138 youth in college who are age 23 who DCFS is providing educational support to through other DCFS funds. The allocated funding amount will allow DCFS to serve approximately 450 youth. Our goal is to serve 400 by the end of the FFY 03.

In order to enhance its data collection capacity on the number of children served by Chafee/ETV funded programs and Independent Living services, the Office of Education and Transition Services will lead a work group representing the Office of Education and Transition Services, the Office of Information Technology, the Office of Budget, the Division of Monitoring and Quality Assurance and the Office of Program Development and Support. The work group will seek the technical assistance of the National Resource Center for Youth Development and the National Resource Center for Information Technology in Child Welfare for enhancing the intended data capacity of the Department. The work group will also research any regulations issued by the ACF for developing the data systems relating to the Chafee/ETV programming.
Develop a Plan: By 6/30/05
Implement the Plan: by 6/30/06

**Staff Development and Training of DCFS and POS Professionals**

The State of Illinois is currently using training funds provided under the program of Federal payments to provide basic and advanced training to adequately prepare prospective and current foster parents, adoptive parents, workers in group homes, and case managers. However, the current mandatory training includes minimal information on identifying the needs of the older youth population, how to access needed services, and their role in fostering independence skills for this population.

The plan is for the Service Intervention staff in conjunction with the Clinical Practice & Professional Development Division to add a training component to the existing curriculum that will address the issues confronting older youth who are preparing for transition into adulthood. The additional component will include the following topics:

- Education (High School/Post-secondary)
- Employment/Vocational Training
- Assessment to identify areas of need
- Life Skills: “How To” Training on Teaching Life Skills
- Pregnant and Parenting Teen Services
- Housing Services
- Substance Abuse/Mental Health: Identifying Signs/Symptoms & Accessing Services

In addition, the Service Intervention staff will add a training component to current Regional trainings for caseworkers and group home workers. The component will address issues for the 14-21 year old age group, to assist the staff in identifying needs and accessing services. The goal of the training is to successfully prepare the youth for adulthood. All of the components listed above will be included in these trainings.

**Incorporation of the Chafee and the ETV Assurances and Certifications in the Plan**

The signed Chafee-related and ETV-related assurances and certifications, that are an integral part of the Chafee and the ETV components of the Child and Family Services Plan, are included in Chapter Five of this document. The Division of Service Intervention has the lead responsibility for coordinating with other organizational units in the Department for implementing them.

As the designated agency for the State of Illinois Basic State Grant under the Child Abuse Prevention and Treatment Act (CAPTA), The Illinois Department of Children and Family Services (DCFS) submits the CAPTA five-year plan. In developing the FFY 2005-2009 CAPTA Plan, DCFS has referenced the findings of a Task Force Report (commissioned by Governor Blagojevich), the Illinois Child and Family Services Report (CFSR) and the resultant Program Improvement Plan (PIP). This integration of the CAPTA Plan with the Child and Family Services Plan (CFSP) assists DCFS, and the State of Illinois, to plan comprehensively for a full array of Child welfare services, from prevention, to protection and permanency. Further, it will enhance DCFS’ continuation in playing a pivotal role in enhancing the child welfare system’s policies, practices and procedures.

Child abuse prevention is a community effort that one agency cannot solve alone. It is not enough to emphasize the need for abuse and neglect prevention. The greater objective is to discover, examine and promote other factors that enhance the health and well being of all Illinois children. To this end, DCFS recognizes the value of an integrated approach to the effective delivery of services to children and families. This Plan calls for state government and private citizens to work collaboratively and effectively to deliver high quality services to Illinois children and families. It integrates the disciplines of social service, law, physical and mental health, education, and substance abuse. The Plan strengthens coordination among all levels of government with agencies that are primarily community-centered and non-profit, private and for-profit, civic, and faith-based. Some of these organizations have professional paid staff while others are staffed by knowledgeable volunteers. It emphasizes the need for abuse and neglect prevention, assessment, investigation, and treatment services at the neighborhood level. These efforts ensure that needed community-based support services, preventing unnecessary removal of children from families, will thrive. The goals and objectives in the Plan are action-oriented and are sensitive and respectful of ethnic and cultural diversity, which influence child-rearing patterns.

In accordance with the Administration of Children and Families Program Instructions (ACYF-CB-03-08), DCFS will continue to use FFY05-FFY09 Basic State Grant funds to promote its child protection service delivery system. In the upcoming year, DCFS will continue to direct a portion of its CAPTA funds to enhance our child protection system by increasing our child abuse prevention programming efforts at the neighborhood level. Department staff will continue to perform vital functions in promoting systemic change in attitude and practice in all areas where child abuse programs are planned and delivered. Staff will continue to pursue and promote increased collaboration efforts with interagency partners and advisory groups. It is at this level of involvement that we are able to identify all available resources needed to promote systemic action oriented timelines, and continue to formulate strategies. These partnerships will focus on improving coordination to resolve service gaps and help at-risk families access needed supports in a timely manner. DCFS believes that family and children are best served in
the communities in which they live through an array of services provided by local agencies and carefully selected by the family to meet their individual need. Communities and families are strengthened by coordinating and linking community and state resources and by involving parents and communities as full partners in making and implementing policy. DCFS strives to achieve these principles with CAPTA funds by the following methods:

- Monitor funded programs for compliance with both state and federal regulations and provide technical assistance to community-based programs.

- Promote community-based service delivery by enhancing statewide system of Local Area Networks of services providers and increase communities’ capacity to serve children and families.

- Promote and support community-based services that serve to strengthen families and prevent child abuse and neglect at the neighborhood level.

- Strengthen the linkages among various grant initiatives to promote a continuum of community-based services.

- Strengthen communication between the DCFS Child Protection Division and community service providers.

- Assist community-based agencies and other appropriate entities in applying for federal and foundation grants.

- Develop spending plans and grant reports and other documents to ensure the continuation and smooth flow of grant activities.

- Identify gaps in local services. Stimulate development of culturally and linguistically competent family-focused resources that reflect the community’s current demographics and projected needs. Adequately respond to the DCFS objective of maintaining children in their own communities.

- Provide funding to community-based programs that assist the Department to jointly develop service plans for intact families. With parental input, those service plans will be designed to help families pursue their own, self-directed goals consistent with child safety and well-being.

- Improve services geared to the cultural, linguistic and developmental needs of children.

- Forge partnerships with Child Advocacy Centers, Law Enforcement, States Attorneys, Courts, Guardians ad Litem, caregivers and others.
Collaborate with federal, state, and local agencies to provide housing, health education, mental health services, and drug and alcohol services.

Design and implement information systems that link with information systems to other agencies to share common concerns and promote cooperation for resolution of common issues in child welfare.

Ensure that all grants are correctly and appropriately developed and that the financial accounting of grants funds is complete, accurate and conforms with federal and state regulations.

Utilize and make available research and evaluation results from demonstration projects thereby encouraging front line practitioners to develop innovative program models.

The Department of Children and Family Services (DCFS) is the state agency given the responsibility by the Abused and Neglect Child Reporting Act (ANCRA) to conduct investigations of child maltreatment and to arrange for needed services for children and families where credible evidence of abuse and neglect exits (“Indicated cases”). In Illinois approximately 65 percent of all calls to report abuse and neglect to DCFS’s Hotline (the central registry for reporting) come from mandated reporters. The Statewide hotline operates 24 hours per day 365 days a year. Investigations in Illinois have decreased and child abuse and neglect trends in Illinois have significantly reduced since 1997. Today, there are dramatically fewer reports in every category. To date, the FY04 numbers suggest that child abuse and neglect statistics will continue to decrease. Since peaking in 1997, the number of children in substitute care declined by 62.4 percent in 2003.

A comparison between 1997 and 2003 statistical data, compiled by the Department, reveal the following:

- The number of children investigated for abuse and neglect declined by 18 percent.
- The number of children taken into protective custody decreased by 22 percent.
- Indicated cases involving sexual abuse decreased by 31 percent.
- The number of indicated subsequent oral reports, which are reports where the family has been reported two or more times, decreased by 45 percent.
- The number of children who were indicated victims of child abuse/neglect decreased by 34 percent.
- The number of substance-exposed infants decreased by 58 percent.

The reason for these decreases may be the result of a variety of initiatives and policies initiated by the Department at both the local and state level. Child abuse is a significant
problem that requires cooperative efforts by all professionals and concerned citizens in
the community, not only to investigate reports, but also to treat those in need of
supportive intervention. It is with this recognition in mind that community-based
programs share in DCFS efforts in improving our child protection system. Community
partnerships have been established that extend into a broad array of community agencies
and schools. The nature of these partnerships has changed and, service providers’ roles
have evolved as well. Our community partners are more involved with prevention and
early intervention, working with DCFS staff to identify the conditions that might require
a formal report and those that would not. Our Division of Child Protection (DCP) staff
might decide a family would be best served if their case were referred to a community
agency for service provisions. Many of the programs that work with children and
families at the neighborhood level accept clients referred directly by our DCP staff. In
some cases, community partners are involved in the initial assessment, as they may be in
a position to address specific problems and associated risks and strengths of the family.

Most communities with child abuse programs supported by the Department provide a
wide range of services and support to families. These supports focus on service
integration that addresses multiple needs and provides a continuum of care linking
children, youth and families. The programs funded through CAPTA teach effective
parent communication, appropriate discipline, child development milestones and stress
management techniques. A number of home visiting programs provide comprehensive
support to parents and children and links families with additional community services.
Parent support groups give parents the opportunity to share common experiences and
helpful parenting strategies. These activities continue to be effective in reducing the
recurrence of maltreatment and provide the needed support that keeps children safe with
their families.

Since the last State Plan, DCFS has made strides in developing new child protection
procedures, service systems, data collection methods, assessment techniques, research
evaluation methods and technical assistance. A number of system improvements have
been added to better the child protection system. This includes revising statutes, moving
children more quickly to permanent homes and, assuring the best possible practice for
making well-coordinated decisions regarding children and families. Implementing
effective child abuse programs at the neighborhood level also has enhanced Illinois’ child
protection system. All of the aforementioned assist the Department in fulfilling its
obligation to the children and families of Illinois while reducing future expenses in the
form of complex treatment, law enforcement and correctional resources.

In comparison to the previous State Plan, two important changes are noteworthy: (1)
some of the programs that received CAPTA funds in the previous State Plan are no
longer receiving CAPTA dollars. There may be two reasons. Either the program suffered
severe funding cuts from other sources and could no longer survive, or the Department is
funding the program through an alternative source. Those programs are as follows:

1) Contractual Support for regional Mandated Reporters
2) Contractual Support on Treatment Models
3) Contractual Support for Family Mediation
4) Contractual Support for Medical Examiner’s Investigation
5) Support for Annual Training Conference for Prevent Child Abuse Illinois
6) Chicago Commons Paternal Involvement
7) Illinois Respite Coalition
8) Support for Rock Island Child Abuse Council

(2) In the previous State Plan the Department focused on nine System Improvement categories under the CAPTA 106 System Improvement Areas. In the FY2005-FY2009 State Plan, DCFS will expand the 106 System Improvement Areas to fourteen to enhance our child protection system as articulated in the CAPTA Program Instructions. Although there are fourteen System Improvement Areas addressed in the upcoming year, CAPTA funds will not be the only source of support for those activities. An integrated approach with other divisions and collaborative partners will ensure that federal guidelines have been met.

A CAPTA Matrix chart has been included at the end of this document that outlines activities and the fourteen System Improvement Areas that DCFS will implement with CAPTA funds. An austere budget inhibits DCFS’s support of new programs in the near future. However, DCFS will continue to fund most of the same program activities as in the past. A second chart, the CAPTA 106 System Integration Chart, is attached. The integration chart reflects the relationship among the CAPTA Twelve Assurances, the CAPTA 106 Fourteen System Improvement Areas, and overall goals, proposed actions, and target dates to achieve Department goals. These activities are funded through both CAPTA funds and other Departmental sources.

Following is a narrative illustrating how some of the CAPTA-funded activities address the CAPTA Fourteen Section 106 System Improvement Areas:

1) **Improving the Intake, Assessment, Screening and Investigation of reports of abuse and neglect (section 106 (a) (1)).**

In the upcoming year, child abuse prevention providers who are contractually linked to DCFS will continue intake processes that involve information gathering, comprehensive assessment, and decision-making regarding the need for services. Upon receipt of any referral, community-based programs determine if it is appropriate for their particular agency to become involved with the family. If appropriate, the agency must decide how quickly, and in what manner, it should respond. All intake assessment efforts are focused on making a determination about child safety, risk, and the appropriate types of service interventions. In making this determination, community-based providers and referring entities must determine whether agency services are appropriate and are needed to protect a child, or if the child and family could benefit best by accessing other, services provided at the neighborhood level.

In the upcoming year, clients involved in the home visiting programs will continue to be administered a standard intake and screening tool through a telephone
interview, office visit or community outreach activity. Community outreach in the family’s natural environment is frequently used for initial contact, followed by assessment as needed and necessary. All high-risk cases reported by community members, or self-referrals, are effectively followed for intervention, engagement and linkage. Proper protocols are followed and DCFS becomes involved if necessary. Home Visitors usually make weekly visits and work with the families to determine plans and goals. If any staff suspect child abuse or neglect they report this to a designated supervisor, who determines if a call to the DCFS hotline is appropriate.

In the upcoming year, clients involved in programs offering parenting education will continue to receive an assessment to determine their individual family needs. These instruments evaluate risk factors. Based on the risk factor score that the parent receives, program staff decides the needed level of service intensity. The program services directly impact child safety by educating parents about safety in the home, correct use of a car seat, lead paint poisoning, the use of medication and home remedies, prevention and primary health care. Services address permanency by teaching couples’ communication techniques, stress management, conflict resolution, child development, and non-punitive discipline techniques. The family’s well being is addressed further through the development of peer networks, special events and referrals to resources that increase English literacy, job skills, or financial management. Official intakes are conducted for mandated populations through a referral form completed by the DCFS caseworker or the judge requesting the service. The intake indicates if there is an open DCFS case, the cause of the investigation, number of people within the household (including names, ages and relationships), and the ability of parents to participate appropriately in a group setting. The intake process for non-mandated clients is much different and consists of completing a registration form with name, address, number of household members, family income, educational background and employment status.

Children who are HIV+ from low-income families and between the ages of 6 weeks and 5 years are given preferential admission to respite program services. Respite programs for HIV/AIDS infected and affected children and their families participate in a daily assessment process to measure the well-being and physical condition of the child(ren). The formal intake process consists of verifying that the family is eligible for the service, income, age of the child, and medical status. A short developmental screening is done at intake with the parent to determine if the child has obvious developmental needs. An ongoing classroom assessment is done when the child begins attending and, within 30 days, a psychosocial assessment is done by a licensed clinician. Parental interviews are part of both assessments and all information gathered is shared with the parent. The parent then assists in developing a service and educational plan. The goal is to help families before problems escalate to abuse or neglect. Child abuse and neglect issues are discussed with staff who are made aware that they are mandated reporters. The children receive daily health checks by classroom staff who can pick up patterns of minor injuries, and home visits are conducted by mental health specialists. The nurse and
classroom staff gather information about the safety of the child. These issues are discussed with a Clinical Director and, if there are safety concerns, a DCFS hotline call is made. However, DCFS is called if there are reasons to believe abuse or neglect is happening.

After school program staff complete a family needs assessment after which the families are linked with appropriate services. The assessment also provides guidance regarding any topics discussed at family meetings that convene regularly.

2) **Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation, including procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106 (a) (2)).**

In the upcoming year, the Department will continue to interact with a variety of stakeholders to determine how best to meet the changing needs of the child welfare communities in Illinois. In establishing multidisciplinary teams, DCFS has involved members from the public who are knowledgeable in child abuse and neglect prevention, intervention and research. The overarching goals of the multidisciplinary teams are to provide a means to facilitate the pooling of information and to provide consistency in approaches and strategies for the prevention of child abuse cases. These multidisciplinary teams provide a means for the Department and the citizens of Illinois to gain a statewide commitment to preventing child abuse through working together. The Department has incorporated stronger language into existing policies and procedures related to appropriate training to represent an abused and neglected child. Additionally, the Department has added specific language referencing the Juvenile Court Act (705 ILCS 405/2-17), or other appropriate statutes that address the Guardian Ad-Litem and the receipt of training appropriate to the role.

In the upcoming year, the Department will continue to utilize the Illinois Citizen Review Panels that were established in 1999 pursuant to section 106 (c) of the Federal Child Abuse Prevention and Treatment Act. In particular, the Citizen Review Panels must evaluate:

- The Illinois State CAPTA Plan and specific areas of the child protective system;
- The State’s compliance with federal child protection standards and assurances set for the in CAPTA laws; and
- Any other criteria that the panels consider important to ensure the protection of children including;
1. A review of the extent to which the State and local child protection services system is coordinated with the foster care and adoption programs; and
2. A review of child fatalities and near fatalities

The Citizen Review Panels are:

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

Each Panel includes a variety of members who have experiences in the field of social services. The activities of the four Citizen Review Panels are directed by a central coordinator who reports to the Deputy Director of Child Protection.

The Department will continue to partner with child abuse prevention providers that receive state funds from CAPTA to improve multidisciplinary teams and interagency protocol in efforts to enhance investigation and improve legal preparation. This will be accomplished in the following ways:

Under the respite care service provisions multidisciplinary networks serve to create a coordinated, family focused continuum of care for HIV-affected families. As such, the multidisciplinary networks provide a forum for the development of policies and programs that respond to unique needs of HIV-affected families and, where statutes are concerned, the goals and mission of the Department. The network consists of health care, child welfare, HIV/AIDS, social service, legal service, and other public and private community-based organizations. In addition, many of the HIV/AIDS-affected families are served by multidisciplinary staff including nurse social workers, case managers, teachers and specialized therapists. The multidisciplinary teams address needs among providers and consumers that are pertinent to women, children and families living with HIV/AIDS. Team members discuss emerging issues to identify service gaps or advocate for policy changes. Staff who are involved in the Department’s CAPTA-funded project continue to monitor public policies and laws that impact people living with HIV/AIDS so that families are aware of their legal rights.

Parenting Education multidisciplinary teams are established for fathers mandated by social services or judicial systems who require indepth instruction and support for promoting parenting skills. Service providers providing these services for males work closely with the Illinois Fatherhood Initiative multidisciplinary teams to set service standards for fathers in Illinois. Additionally, the Illinois Department of Public Health provides guidance that pertains to voluntary acknowledgement of paternity, child support rights, and child support enforcement. Some parenting education programs provide multidisciplinary teams supporting Grandparents Raising Grandchildren groups and activities.
The Provider Council is a multidisciplinary team representative of 80 human service agencies in Springfield and surrounding areas. Involved individuals represent a cross-section of constituencies within the community. Membership includes representation from faith-based organizations, the educational sector, private industry, city and county government, social service providers, consumers of human services and the community at-large. The Council is an excellent way for community agencies to network and bring about policy changes at the local and state level. It further enhances state agencies’ ability to provide supports that make a significant difference in the lives of low-income, at-risk families by improving their economic and social condition at the neighborhood level. Council efforts have lead to various initiatives in the community, such as finding ways to extend the hours of the public transportation system for disadvantaged children and families.

The Springfield Community Federation, an active Council participant, initiated the ENCORE car project that makes transportation available to individuals who need a vehicle for employment. The Federation is a recipient of a WIA grant, which provides funding for an automotive apprenticeship program to out-of-school youth between the ages of 16-21. The program allows students to work on their GED completion, computer technology, reading and writing skills while gaining valuable hands-on automotive repair training. Upon completion of the fifteen-week program, students receive a Certification of Personal Development and eight hours of college credit from Lincoln Land Community College. This is an addition to advancement towards, or achievement of, a GED.

3) **Improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (section 106 (a) (3)).**

In the upcoming year, DCFS, in collaboration with other community-based agencies, will continue to handle the case management functions of the Department. Case managers within DCFS and within the community will collaborate on cases to promote service integration. Programs will continue to be designed to address multiple problems and needs, requiring services from more than one source. Case managers will promote the well-being of children by participating in staff meetings, training, and coordinating services provided to prevent child abuse and neglect with staff from other agencies. Clients who are in need of case management services will continue to be referred by community providers, DCFS, or are self-referred. Program staff who receive referrals directly from DCFS work with Department staff to identify the specific needs of each individual and to coordinate appropriate services. Case managers communicate clearly to the family that they will be involved in the planning of service provisions, as they are instrumental in any collaborative decision-making process. Trained and informed that relationships with others involved in the service delivery process require confidentiality, they assertively plan, implement, and manage each case with this in mind. The caseworker will focus on helping the family and child access services while monitoring and evaluating whether the family and child are benefiting.
A critical practice for the case manager is the use of supervision and consultation and guidance. The case manager’s supervisor is the essential first source of consultation and guidance. Whenever a case manager feels uncertain about a case, for whatever reason, s/he is encouraged to seek assistance from a supervisor. A second and equally important practice is seeking consultation from a service-specific specialist (e.g., clinical coordinators, Local Area Networks (LANs) resource staff, et al). Each of these persons function to provide help, assistance and guidance to staff who are confronted with complex issues and are uncertain of what course of action is in the best interest of a child and the family. Documentation serve to provide a record of family’s strength, needs and problems and the family’s progress in correcting the conditions and/or conduct that is threatening a child’s safety, permanency and well-being. Therefore, case managers receive education that providing timely, accurate and comprehensive written documentation is a practice that is essential for both children and families being served.

SACWIS Phase II is up and running and involves all the casework functions of intake, assessment and service planning. The goal of Phase II has been to support Best Practices so that staff can effectively complete their work in the field. The implementation of SACWIS Phase II occurred once field staff actually began using SACWIS as part of their daily work. The SACWIS Project Team continues to work with DCFS and Purchase of Service (POS) managers and supervisors to prepare for the changes that will result from implementing SACWIS Phase II. These activities focus on understanding the work process as it relates to using SACWIS. The implementation of SACWIS is expected to result in major changes in the way the Department conducts business. SACWIS is available statewide, 24 hours a day and seven days a week. It supports all aspects of the Division of Child Protection (DCP) casework from intake to post-adoption and family connectedness services. Additionally, the caseworker and POS staff have access to all case-related information. This allows for increased maintenance and monitoring of DCP cases. Ultimately, the Web-based SACWIS solution will enable DCFS caseworkers to dedicate more time to providing direct services to families. SACWIS offers many timesaving system features such as:

- an online help function;
- an alert system that signals supervisors and caseworkers when they are nearing a deadline for casework;
- access to the Department Rules and Procedures Guide and
- access to real-time client data.

These features provide caseworkers with the right data at the right time and reduce redundancy. Ultimately, the system relieves caseworkers of substantial administrative burdens and shifts the focus back to children and families of
Illinois. SACWIS embraces the concept that the collection, sharing and analysis of information should support, rather than supplement the service process. DCFS has worked hard to assure that automation will enhance and not detract from consumers, staff and service providers. It promises efficiency, decision support, enhanced coordination, effective quality control, improved evaluation and tracking support. SACWIS will continue to move the practice of child welfare one step closer to consistent quality through the development of a Best Practice model. The objective is a comprehensive integrated case management tool that allows multiple child welfare systems to communicate across one system. SACWIS will prove to be a valuable tool for workers in the field who wish to spend more quality face-to-face time with clients. The SACWIS system will continue to produce greater access to information and help to reduce the amount of paperwork for both clients and staff.

4) **Enhancing the General Child Protective System by developing, improving and implementing risk and safety tools and protocols (section 106 (a) (4)).**

In the upcoming year, the Department and the State of Illinois will improve and implement comprehensive risk and safety assessment tools that will result an effective service deliveries to ensure a child’s safety and reduce risk of harm over the long term. Additionally, the Department will initiate policy and procedure to demonstrate ongoing monitoring of children’s safety who are in residential and group home living arrangements. The strategies identified in the Program Improvement Plan (PIP) to ensure that appropriate services are in place to prevent the removal of children from their homes and reduce the risk of harm are as follows:

- Devising a mechanism to annually assess the system of intact services and identifying service gaps.
- Ensuring that mechanisms are in place for assessing barriers to services and adjust contract levels as necessary to ensure that a full-array of appropriate services are available to families.
- Utilizing the Integrated Assessment Program (IAP) for those families identified as high risk to determine their safety and well-being, making recommendations and assisting in case planning.
- Providing and improving training opportunities and updating policies and procedures for working with intact families.

To reduce the risk of harm to children as well as those in substitute care in the upcoming year, DCFS will do the following:

- Continue to improve the various risk assessment and stabilization process.
- Continue to utilize the System of Care (SOC) for those children in substitute care to address crisis and behavior problems while providing critical supports to foster families.

- Continue to contract with community-based programs at the neighborhood level to provide family-focused programs for foster families.

- Continue to develop a new monitoring unit for those children in residential care to ensure child safety, to establish performance measures and to best track children in placements.

DCFS will continue to develop and implement the Integrated Assessment Program (IAP). The IAP seeks to provide comprehensive screening and assessment services to all clients entering DCFS custody. It is designed to increase knowledge of the family system at the front end, and to provide more detailed information related to client functioning and needs. Until this effort, the bulk of DCFS’s assessment efforts were based upon caregiver functioning, with limited consideration for how the child’s functioning may impact questions of risk. The results of the IAP evaluation/screening will provide a more objective and integrated picture of a child’s and his/her family’s strength and service needs. The results of the IAP screening will indicate the types of service intervention needed, whether the case needs to be monitored, or if treatment or further assessment is needed. During the initial assessment a comprehensive medical evaluation is conducted. The total screening process includes a record review, structured screening protocols, and an interview with the child’s parents, caregivers and any primary treatment providers. The caseworker and clinical case screener jointly conduct the interview with the birth parents and caregivers. The screening protocol is designed to identify salient information in a number of domains including home, school and community functioning, access to supports systems, emotional and developmental functioning, behavior, substance abuse and sexual activity. The use of formal screening protocols that target specific areas of functioning and risk, clinical and coordinated case work activities will allow the Department to make better determination of service needs.

The IAP process pairs the worker with the Clinical Screener to engage the family and conduct interviews within the first 45 days following temporary custody. Collaboration efforts will occur with the Permanency Worker, Supervisor and Clinical Screener throughout the assessment process to synthesize all the information gathered to generate one Integrated Assessment Program Report. The report will focus on clinical assessment and treatment needs that will be discussed with the family prior to the initial Child and Family Meeting. Referrals for specialty assessment (e.g., AOD, mental health) are to be made no later than the conclusion of the 45-day Child and Family Meeting. It is expected that subsequent Child and Family Meetings, the requirements of which are currently delineated in the Department policy, will continue to occur statewide on a quarterly basis from the date of case opening. The overall administrative and clinical responsibility is that of the Division of Clinical Practice and Professional Development. Ongoing case consultation will be provided by the Clinical Screener one month prior to every Administrative Case Review (ACR) throughout the life of the case. This
consultation will consist of, at a minimum, review of assessment findings, treatment progress, and additional scoring of the Child and Adolescent Functional Assessment Scale (CAFAS). In some cases, the need for additional assessment and or treatment may be recommended. The staff administering the screening protocols must be licensed in Social Work or Clinical Psychology, and have demonstrable experience and expertise in child welfare and clinical assessment. The responsibility of the Clinical Screeners include reviewing records/documentation; interviewing, preparing the IAP, which includes the social history data; administering and scoring age appropriate screens; and identifying risk factors and service needs of clients. Staff who are involved in the Early Childhood Screening process will hold a Master’s Degree in Early Childhood Development. Other professionals (e.g. sexual abuse, domestic violence, and AOD) will also have the appropriate degree, and licensure/certification necessary to provide services.

It is anticipated that the IAP will yield favorable outcomes for the Department’s children and their families. With the initiation of front-end screening and assessment activities, it is expected that their will be enhanced collaboration between casework staff and licensed clinicians and that earlier and more appropriate intervention will occur. This will result in a number of anticipated outcomes:

- decreased rates of placement disruptions;
- increased rates of permanency outcomes;
- decreased administration of unneeded assessments;
- increased provisions of appropriate services;
- increased identification of service needs and collaboration of resources for primary and secondary prevention activities
- increased biological parent, family, child(ren) in care with parents;
- identification of relatives available for placement and;
- individualized services to meet unique needs.

In addition to the above, the Department will continue to utilize existing mechanisms for securing vital assessment data on families such as the Child Endangerment Risk Assessment Protocol (CEREAP), Risk Assessment Protocol (RAP), and family social history will continue to be required every six months as part of current Department Rules and Procedures. These efforts will ensure on-going comprehensive assessment for children and families throughout their life cycle with the Department.

It is anticipated that the Integrated Assessment Program will be in full operation for all new and add-on child placement cases by June 2005 for DCFS and Purchase of Service (POS) community providers. DCFS and POS staff and supervisors currently are in the process of receiving training using the same IAP training curriculum. Both the private and public sector will have regional implementation workgroups convene bi-weekly as the IAP continues to expand across the state.

Those children and families who are already apart of the DCFS system will be provided consultation from a Clinical Screener and their case will have identified “triggers”.
Ongoing IAP activities will address those children and adolescents already in custody who experience additional trauma or risk while in care.

The IAP includes a formal program evaluation protocol in close collaboration with the Office of Research Institute. The evaluation will focus on the following:

- The administration and infrastructure of the IAP (e.g. staffing patterns, resource allocation, and adherence to timelines).

- The clinical efficacy of the various IAP activities will include screens, Child and Family Teams, Intervention services, and

- Consumer satisfaction (e.g. clients, staff agencies and courts) as a cohort of clients from placement teams, not yet involved in the IAP process, will serve as a control group to study long term outcomes related to safety, permanency and well-being.

5) Developing and updating system of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106 (a) (5).

In years past the Child Abuse and Neglect Reporting System (CANTS) was the infrastructure that the Department used to track all abuse and neglect reports, primarily at the State Central Register, which is the location of the statewide child abuse toll-free hotline. When a report of abuse or neglect was received at the hotline, demographic data on all parties involved in the incident was obtained, along with allegation data about any potential child victim. The CANTS system was shut down and replaced by the Statewide Automated Child welfare Information System (SACWIS) effective July 2003. All data from the CANTS system was rolled into the SAWICS to avoid any loss of data or continuity issues.

In the upcoming year, SACWIS will continue to supports all aspects of the Division of Child Protection (DCP) casework from intake to post-adoption and family connectedness services. This allows for increased maintenance and monitoring of DCP cases. The benefits of SACWIS include:

- The instant access to any case for which a person has authority. This is particularly helpful for supervisors or managers who may have to cover more than one physical location.

- The ability to add or change data at the investigation progress as this provided more timely entry and more up-to-the minute case data.

- A smoother transition when handing-off cases from investigation to service.

- DCFS and its contractually linked community providers are able to share client data.
- DCFS will be in full compliance with National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis Reporting System (AFCARS) to meet federal requirements.

- The Department will improve its efforts to track child abuse and neglect reports from intake through final disposition and allow interstate and intrastate of information exchange.

- The Department will eventually move to a paperless system through its updating of systems of technology.

6) **Developing, strengthening, and facilitating training including (A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for caseworkers (section 106(a)(6)).**

In the upcoming year, the Division of Clinical Practice and Professional Development will continue to set priorities for annual trainings and staff development that are based upon Best Practice models. State policies and procedures have been developed to ensure child welfare staff receive training that promotes competency in the principles stated in Illinois’ Child and Family Services Plan (child safety, permanency and well-being built through a community-based, collaborative approach). In planning DCFS’s training needs, the Division of Clinical Practice and Professional Development conducts a needs assessment to ascertain the types and the extent of training that staff will need during the next few years. DCFS will work to implement mechanisms that will enhance the training process. This will be achieved by comprehensive training that supports both DCFS and private agency caseworkers in their application of learned skills and child welfare system concepts. Plans will continue to be executed to ensure that training is provided to support Enhanced Foundation Training that will foster basic clinical skills about child abuse, substance abuse, domestic violence and mental illness and family conditions. Foundation Training is required for all newly hired staff who will be working in a direct service capacity. Direct service staff also must hold a Child Welfare Employee License (CWEL). In the upcoming year, the Office of Training will improve Foundation Training to prepare incoming and inexperienced staff to comprehensively identify and assess needs, engage stakeholders in case and service planning, plan for reunification, advocate with the various systems (particularly court and education), and link families to appropriate services. The Department will implement policies and develop training that addresses: caseworker safety during home visits, engaging birth parents in services, developing empathy, talking with families about permanency planning, dealing with the educational system and planning for future educational needs, the team approach, medication management and behavioral techniques, and talking with families about difficult issues such as domestic violence and sexual abuse. Updating visitation policies, defining the roles and expectation of workers during visits, providing training to new and existing caseworkers about
visitation policies, and substantial supervision are all delineated in future activities. Additionally, the Department will make provision in its training policy to ensure that POS agency caseworkers and DCFS staff receive the same training before any assignment of cases occurs.

7) **Improving the skills, qualification, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106 (a) (7)).**

The Department will continue to ensure that all child welfare staff receive training that promotes competency in services to children and families. The Child and Family Services Review found that the Department rating was considered a “strength” in this category. DCFS provides ongoing training that is available for DCFS, POS agency staff and community child abuse prevention providers. Provisions are made to allow Department staff and POS agency staff complete 20 hours of training bi-annually. To assure that staff have access and are aware of training, the Department will continue to provide all field staff in the public and private sector with monthly training calendars that include detail about each program or conference provided during that month or scheduled in the future. To ensure recruitment and retention of caseworkers the Department will continue to emphasize continuing education for staff and encourage staff to attend professional conferences or seek MSW degrees. Additionally, the Department collaborates with various Universities to ensure that staff has a diversity of onsite training options. In the coming year, the Department will look at ongoing training needs that address working with families experiencing mental health problems, substance abuse issues and domestic violence. Training will occur teaching how to conduct comprehensive assessments using DCFS’ new Integrated Assessment Program, which will capture underlying risk issues. In addition, Advanced Child Welfare Specialists (CWAds) and Advanced Child Protection Specialists (CPAdS) will have a core training that will emphasize the advanced leadership and clinical skills mandated because of the Public Act 85-206.

The Department will sponsor sixty paid conference registrations for DCFS staff to attend the 2004 Fourth Annual NASW Illinois Chapter Statewide Conference. The Conference, “Promoting the Professions-Promoting Ourselves”, will be held September 12-14 at the Hotel Pere Marquette in Peoria. The workshops are designed to provide social workers and child welfare professionals with information to improve and expand upon skills when working with children and families.

DCFS’ goal continued to be the promotion of professional growth and the development of direct-service staff.

8) **Developing and facilitating training protocols for individuals mandated to report child abuse and neglect (section 106 (a) (8)).**

In the upcoming year, the Department and the State of Illinois will continue to intervene in the lives of families to protect children. This authority is granted to the
State by legislation and case law. While there are many laws guiding child protection and child welfare intervention, the most important in Illinois is the Abused and Neglected Child Reporting Act (ANCRA). Several important changes have been made to the (ANCRA), and they are as follows:

- Language requiring members of the clergy to report, or cause a report to be made when they have reasonable cause to believe that a child known to them in a professional capacity may be abused. A member of clergy may claim privilege of communication under section 8-803 of the Code of Civic Procedure.

- When a child is an indicated victim of physical or sexual abuse perpetrated by a member of the child’s family, the child’s public school will be forwarded a copy of the confidential investigation results on “indicated” child abuse reports. The investigation summary must be maintained in accordance with the Illinois School Student Record Act. This change required several procedural changes in communication between DCFS and the public schools. Members of a Citizen Review Panel did an informal follow-up with school principals to gather information on the requirement of the law and its impact.

- A child shall not be considered neglected for the sole reason that the child has been relinquished in accordance with the Abandoned Infant Protection Act.

Since October 2003, The Manual for Mandated Reporters has undergone few changes. This important publication is scheduled to begin revision in January of 2005. The guide continues to be an important child abuse prevention tool around the state as the 25,000 copies printed in August have been distributed. In Illinois there are many public and private agencies focused on reporting investigating and prosecuting child abuse and neglect. Well-trained and experienced investigators, law enforcement officers, prosecutors, and mandated reporters will continue to play a key role in moving children from unsafe homes and preventing future abuse.

The Manual for Mandated Reporters was first issued in 1996 and since its inception over 165,000 copies have been systematically targeted to medical, law enforcement, educational, day care, mental health and social service personnel. The manual is designed to help consumers understand their responsibility to report suspected child abuse and neglect to the DCFS Child Abuse Hotline. In October 2002, the manual was printed in Spanish. Current versions of the manual are posted on the DCFS website at www.state.il.us.dcfs.

9) Developing and facilitating research-based training for individuals mandated to report child abuse and neglect (section 106 (a) (9)).

The Children’s Justice Administrator is collaborating with the DCFS Division of Training to prepare a standard curriculum on Mandated Reporter Training. She has researched the current training programs of several states, and is exploring the web-
based training opportunities that may provide more universal access to basic training for child care, education, law enforcement and social service personnel.

DCFS and the Children’s Justice staff continue to distribute the videotape, “Not in This Family”, for statewide training of mandated reporters with approximately 15,000 copies sent out to community agencies, schools, universities and Children’s Advocacy Centers during 2003. Mandated reporter training will continue to be available just as it was featured at a Southern Region teacher’s conference at Mt. Vernon in October 2003. In addition, numerous trainings have been, and will continue to be, delivered upon request from schools, childcare centers, Head Start programs, and recreational/park settings throughout the year. DCFS Child Protection Staff and Children’s Advocacy center staff will be designated to provide most of the trainings.

Current efforts are being explored in Illinois to develop a website that will target physicians to provide education about the recognition and treatment of child abuse and neglect.

10) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (A) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placements of any such infants who have been relinquished for adoption (section 106 (a) (10).

The Department has implemented several initiatives with its CAPTA funds that assist in coordinating necessary services for families of disabled infants with life threatening conditions. Such services include programs to improve the present and secure the future of those children and families confronted by health problems such as HIV/AIDS and those challenged with medically fragile conditions.

In the upcoming year, DCFS will continue to contract with community-based providers that are licensed child welfare agencies, accredited by the Council on Accreditation, to offer a continuum of services for HIV/AIDS affected children and families including residential care, foster care/adoption, case management and day respite programs. Multidisciplinary staff, including nurses, social workers, case managers and teachers and specialized therapist will work with children and families.

Services provisions based upon family needs:

- Day respite childcare is provided by trained childcare staff and early childhood educators. The services provided are comprehensive and culturally diverse, addressing the physical cognitive, social and emotional well being of each child. The staff, who represent diverse cultural and ethnic backgrounds, are well trained in working with children who are developmentally, psychologically, and medically challenged. They are given the necessary
tools to work effectively with these disabled infants and children. The goal of the program will continue to be to help the disabled infant and child reach his or her full potential and to assist the parent in appreciating the unique abilities and skills of the infant or child, rather than behavior leading to violence toward the infant or the child.

• Nursing is a critical component of any agency accepting medically fragile infants and children. On-site registered nurses care for disabled infants and children requiring medical attention during respite hours. In one CAPTA-supported program, priority is given to medically compromised HIV-infected infants and children in order to normalize their childhood and support their families’ efforts to stay together. The nurse administers routine oral and topical medications, conducts physical assessments, observes the child for early signs of infection and failure-to-thrive syndrome, educates parents and staff about common medical problems, and makes home visits to all HIV-positive infants and children.

• Case Management services are crucial in assessing and addressing a family’s needs. Case managers assist parents with housing, accessing medical care, and locating necessary ancillary services. An important aspect of case management is helping families navigate the maze of social services within their community.

• Counseling services are provided to address a myriad of HIV-affected family issues. Most frequently these issues include coming to terms with: parenting, grief, (loss of) employment, disclosure of HIV status to children and other family members, and planning for long term care of children. Many of the infants and children enrolled in this CAPTA-supported program are members of a single parent household, where a single mother lives in poverty with a debilitating illness, substandard housing and living conditions, and isolation from community and extended family. These issues affect the mother’s mental health and the mental health of her children. Frequently the children display behavior that is overly aggressive, anxious or withdrawn. A parent with a chronic illness and few coping mechanisms may abuse or neglect the children in an effort to cope with these behaviors. Onsite counseling is provided to both the child and parent to sustain the family unit and provide necessary support.

• Occupational, Speech/Language and Physical Therapy is provided to assist children who are developmentally delayed. This may be due to the disease process, other organic conditions, or from environmental factors. Developmental screening of infants and young children is conducted and recommendations are made for further services. Services are provided on site in a familiar environment and where staff can ensure that the child receives therapeutic services regularly.
• Off site recreational activities such as Summer Camp, Christmas in July, a Halloween Party and Christmas festivals are planned and create positive experiences for parents and their children.

• Transportation service is provided to and from the day respite program, as some families are geographically distant while other families are not healthy enough to utilize public transportation.

The Division of Foster Care and Permanency provides services to adoptive families with infants and children who have a range of special health care needs, including those who are severely medically complex and those having behavior disorders. New policy guidelines will be implemented, needs assessments will be conducted and subsequently, new models of service provision will emerge. These specially focused activities coexist with current programs that are already providing similar outreach efforts provided by DCFS and contractual partners.

11) Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (section 106 (a) (11):

The Illinois Citizen Review Panels were established pursuant to section 106 (C) of the federal Child Abuse Prevention and Treatment Act (CAPTA). Their function is to examine the policies, procedures, and practices of State and local agencies and, where appropriate, specific cases to evaluate the extent to which State and local child protection agencies are effectively discharging their child protection responsibilities. Citizen Review Panel members will continue to work diligently to improve the child protection system at state and local levels. Panel members have the individual responsibility to serve as a representative of DCFS in their local communities. Each helps educate the public about the roles and responsibilities of the child protection system and the basis for reporting suspected incidents of child abuse and neglect. Importantly, the Citizen Review Panels will continue to ascertain the impact of current procedures and practices upon children and families in communities.

DCFS will continue to make available a handbook called Protecting the Children: A School Administrators’ Guide to Child Welfare Services in Illinois. The book was published by DCFS. It utilizes materials from the “Manual for Mandated Reporters” and reframes the content for public and private educators. It describes how DCFS responds to Hotline reports made by school personnel and how DCFS investigates reports involving alleged abuse by a teacher or administrator. Protecting the Children was updated and reprinted in September 2002. A special training about DCFS policies and mandated reporting was prepared by the Office of Legal Services and the Cook County Suburban Office of Education and delivered to over 300 school administrators at that time.

The Department will continue to play an active role in celebrating Child Abuse Prevention Month. During the month of April, the State of Illinois teams up to raise
awareness of the tragedy of child abuse and promote specific ways to prevent abuse and neglect in communities. Prevent Child Abuse Illinois, in partnership with DCFS, will continue to host two Child Abuse Prevention Month “kick-offs” – one each in Chicago and Springfield. These events will continue to be an orchestrated opportunity to broadcast the importance of child abuse prevention through various forms of media. Prevent Child Abuse Illinois will continue to develop and distribute a Child Abuse Prevention Month Calendar. The calendar contains notices of a variety of events that occur across the state, some hosted by DCFS-funded service providers, to celebrate Child Abuse Prevention Month.

The Department will continue to utilize the Prevention Resource Development Project (PRD), which is a coordinated statewide effort to enhance communication and services among a network of agencies to educate the public about child protection roles and responsibilities. The goal of this project is prevention and intervention of child abuse and neglect through forging collaborative relationships across levels of numerous stakeholders. These stakeholders are connected with, but are not limited to, education, mental health, substance abuse, domestic violence and the criminal justice system. To this end, the PRD project will continue to be an excellent resource in educating the public about child protection issues, especially as they interconnect with domestic violence and substance abuse.

12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106 (a) (12)).

DCFS staff and its collaborative partners realize that families are the ultimate consumers of the programs and services supported by federal, state, and local child welfare systems. As the user of these systems, parents’ voices need to be heard to expand and to improve services Effective community-based programs incorporate ongoing parental input, participation and leadership. For this reason, community-based programs that are contractual linked to the Department are strongly encouraged to involve parents as leaders in programming decisions. Parental involvement will ensure that new programs are responsive to consumer needs and are designed to directly address gaps in the current system. Parents play vital roles but often need help to make their voices heard. Engaging parents means more than giving one parent a seat at the table. It means giving many parents the information that they need to be equal partners. In the upcoming year, the Department will continue to reinforce parental involvement, within the Department and to our community partners, by providing training and technical assistance opportunities, developing a data collection tracking system to assess the impact of Family Centered Services, providers’ quarterly reporting, and working with existing parent advocacy groups to engage them in ongoing advisory roles. Additionally, the Department will strongly encourage and promote paternal involvement in all of its existing programs. A Fatherhood Engagement Training planning committee is currently underway. This committee will serve as a catalyst for making policy recommendations and will
develop a training curriculum for DCFS, POS and community-based child abuse prevention providers on how to better engage fathers in case planning.

13) **Supporting and enhancing interagency collaboration between the child protection system and juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems (section 106 (a) (13)).**

In the upcoming year, the Department will continue to strengthen its relationship with the Cook County Juvenile Court system. The ability of the Department to obtain a child’s court hearing results in Cook County is a positive result of the daily interface between DCFS and that Juvenile Court. Additionally, the Department also has access to a child’s legal status history including court hearings results. In the upcoming year, the Department will continue to be involved in the Juvenile Court Assessment Program (JCAP). The JCAP provides on-site assessment and referral services at Cook County Juvenile Court. Additionally, the Juvenile Court judge or DCFS and POS child welfare staff can refer parents who have lost custody of their children to JCAP for assessments to address parental needs.

The Department’s Integrated Assessment Program and Service Planning efforts are in the initial phases of implementation. In an effort to advance understanding of this model, a statewide strategic training initiative for judges and other stakeholder and community partners is underway. The initial focus will be to conduct orientation for Juvenile Court judges. Later efforts will involve providing technical assistance to private providers and other partnering agencies.

The Department will continue to provide support to the Chicago’s Children Advocacy Center (CCAC) Pregnant and Parenting Teens Program. The need for this program was identified in May 2002. At the request of DCFS, representatives from the following agencies reviewed cases of sixteen pregnant or parenting teens who had histories of sexual abuse:

- DCFS, Inspector General’s office
- Chicago Children’s Advocacy Center
- Cook County Public Guardian’s Office
- Cook County Bureau of Health Services
- Cook County State’s Attorney’s Office
- Chicago Police Department

With the recognition that a service gap existed for pregnant and parenting teens in the Chicago area, it was recommended that the Pregnant and Parenting Teen Program be developed. The program has been in existence since January 2003 and provides services to pregnant and parenting teens age 15 and under. The teens served by the program have a history of sexual abuse or have become parents as a result of sexual abuse. The girls served by the program live in Cook County, and are wards of the State and referred to the CCAC through Uhlich Children’s Home’s Teen Parent
Services Network (TPSN). Girls who are not wards of the State are identified and referred through multiple sources. Some of these sources are: the CCAC’s investigative teams, Planned Parenthood, The Cradle and teen clinics, such as the clinics at Rush Presbyterian Hospital and Cook County Hospital.

Teens referred to the program receive crisis intervention. They are assessed to determine emotional and physical needs, educational level, the risk level of sexual behavior, sexual abuse history, the current level of trauma and other psychiatric symptoms, placement and DCFS involvement history. The intake and assessment process also checks for developmental delays, current social supports and availability of public or private subsides (e.g. TANF; emergency assistance; home and utility assistance; medical insurance and victim compensation).

After the girls are assessed, the Program Coordinator determines what services are appropriate for each teen. The services provided depend upon whether the teen is pregnant or already parenting. Teens who are pregnant may go through different parts of phases 1-4, depending on their decision about pregnancy. Services for teens who enter the PPT program who are already parenting begin in Phase 4 of the program. The service provisions are as follows:

**Phase 1: Option Planning**

- Medical Advocacy
- Psychological Services
- Psychiatric Assistance
- Educational Advocacy
- Legal Advocacy

**Phase 2: Decision**

- Adoption Support Services
- Pregnancy Termination Support Services

**Phase 3: Pregnancy & Birth Support Services**

- Social Support
- Support Services
- Psychological Services

**Phase 4: Parenting Support Services**

- Psychological Services
- Medical Advocacy
- Stabilization
- Long-term follow-up
14) **Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education (section 106 (a) (14)).**

DCFS continues its commitment to serve families and children within their communities through an ever-increasing array of individualized services provided by local agencies and selected by the service recipients. Several modifications in policies and procedures and practices will be implemented which foster the ability for community-based partners to address multiple family needs. DCFS and it collaborative partners will continue to work together to ensure that families have access to needed services and resources to address unmet needs. Collaborative efforts includes joint planning, service coordination, and the use of cross-jurisdictional resources, joint funding of programs, resolution of eligibility issues, Interagency Agreements, amended contracts language, research projects, new rules, procedures and practices. These efforts ensure consistency, accessibility, accountability and the efficient use of services and resources in Illinois. Below we have included some of our collaborative partners with whom we will continue to work:

- The Statewide Child Abuse Prevention and Treatment Act providers
- Community-Based Child Abuse Prevention Grant-funded programs
- Families of children in care
- Families involved in protective services
- Governor’s Office staff
- Guardians Ad-Litem
- School Districts personnel
- Law Enforcement officers
- US Department of Health & Human Services Administration for Children & Families, Region V representatives
- Illinois Department of Human Services, Bureau of Child Care and Development Head Start Collaboration & Program Unit
- Illinois Head Start Association
- The Statewide Prevention Resource Development Project
- System of Care providers (SOC)
- POS agencies
- Health Care for Children Network
- Prevent Child Abuse Illinois
- Illinois Children’s Justice Task Force
- The Statewide Family Centered Services Initiative
- Citizen Review Panels
- Children’s Advocacy Centers
- Intact family caseworkers
- Local Area Network providers
- Child Protection field office staff
- Illinois State Board of Education
• The 62 Local Area Networks
• Statewide Multidisciplinary Teams
• Regional Implementation Teams
• Licensed Child Care providers
• Community Health and Prevention
• DCFS/OASA Initiative
• Partners for Hope Faith-based Initiative
• Statewide Foster Care Advisory Council
• African-American Family Commission
• Latino Consortium
• One Church One Child Advisory Board
• Office of Developmental Disabilities
• Office of Mental Health
• Rehabilitation Services
• The Illinois Respite Coalition
• Emergency food programs
• EBD/PBIS Network
• Illinois Criminal Justice Information Authority
• The Juvenile Accountability Incentive Program
• Illinois Statewide Violence Coordinating Council
• Prevent Child Abuse America
• Voices for Illinois Children
• Healthy Families Illinois
• Illinois Family Partnership Network
• The Illinois Fatherhood Initiative
• The Illinois Community Action Association
• Illinois Federation of Families
• Regional and Statewide Youth Advisory Boards
• State’s Attorney Offices
Notification of No Substantive Changes

There have been no substantive changes in the State law that affects the Department of Children and Family Services’ eligibility to receive CAPTA funds. If such changes were to occur, the Office of Program Development and Support would contact the appropriate officials as recommended in the Child Abuse and Treatment Act.

Incorporation of the CAPTA Assurances and Certifications in the Plan

The signed assurances and certifications, that are an integral part of the CAPTA component of the Child and Family Services Plan, are included in Chapter Five of this document. The Office of Program Development and Support has the lead responsibility for coordinating with other organizational units in the Department for implementing them.
<table>
<thead>
<tr>
<th>TWELVE CAPTA ASSURANCES</th>
<th>FOURTEEN CAPTA SEC 106 SYSTEM IMPROVEMENT AREAS</th>
<th>OVERALL GOALS</th>
<th>PROPOSED ACTIONS</th>
<th>TARGET RANGE</th>
</tr>
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<tbody>
<tr>
<td>(1) Section 106 (b) (A) (i) of the Child Abuse Prevention and Treatment Act requires States to develop provisions and procedures for improving the intake, assessment, screening, and investigation of reports of abuse and neglect.</td>
<td>(1) Improving the Intake, Assessment, Screening, and Investigation of reports of abuse and neglect (section 106(a)(1)).</td>
<td>(1) Protect children from abuse and neglect (2) Prevention programs conduct comprehensive assessments and referrals.</td>
<td>(1) Implement mechanisms to enhance casework (2)(a) CAPTA-funded prevention programs complete an extensive intake, assessment and referral process. (b) Referrals to other community providers are followed for intervention, engagement and linkage.</td>
<td>(1)-(2)(a)-(b) Ongoing</td>
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<td>(5) Developing and updating system of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
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<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
<td>(1) Develop the SACWIS system to meet needs (2) Train DCFS and POS staff (3) Employ system statewide (4) Begin to collect data (5) Report data on a quarterly basis to all Regions and POS administrators.</td>
<td>Ongoing</td>
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<td>(10) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including – (a) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption (section 106(a)(10)).</td>
<td></td>
<td>(1) Enhance the capacity to provide for the special needs and services to children, parents and foster parents. (2) Enhance and support respite programs for HIV-affected infants.</td>
<td>(1)(a) Strengthen mechanisms through training and collaboration that ensure appropriate and timely service provision based upon identified needs. (b) Strengthen the assessment and monitoring of children’s educational and developmental needs, physical health needs and mental health needs via the Integrated Assessment Program. (2) Continue CAPTA-funded support of programs that assist in coordinating and providing necessary services for families of disabled infants with life-threatening conditions.</td>
<td>(1)(A)-(b) Ongoing (2) 10-04 thru 9-05</td>
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<td>TWELVE CAPTA ASSURANCES</td>
<td>FOURTEEN CAPTA SEC 106 SYSTEM IMPROVEMENT AREAS</td>
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<td>(2) The Section 106 (b) (A) (ii) of the Child Abuse Prevention and Treatment Act requires States to develop policies and procedures for hospitals that will assure “appropriate referrals” to CPS of children born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.</td>
<td>(1) Improving the Intake, Assessment, Screening, and Investigation of reports of abuse and neglect (section 106(a)(1)).</td>
<td>(1) Protect children from abuse and neglect (2) Strengthen the provision of AODA services</td>
<td>(1) Implement mechanisms to enhance casework. Statewide rollout of the Integrated Assessment Program (IAP). (2) DCFS will consult with DHS, disseminate any policy revisions, and conduct training about “appropriate referrals.”</td>
<td>(1) Ongoing (2) 6-05 thru 12-09</td>
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<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)).</td>
<td>(1) Update DCFS policy and procedure as outlined in Best Practice. (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Encourage and support respite care (4) Encourage and support the Illinois Fatherhood Initiative.</td>
<td>(1) Statewide Implementation of Revised rules in all Regions. (2) Joint Committee established and policy and procedure revisions finished. (3) Support multidisciplinary networks to identify service gaps and policy changes that impact life-span respite services. (4) Encourage and support those multidisciplinary teams that set standards leading to voluntary acknowledgment of paternity and child support.</td>
<td>(1) 06-05 thru 12-09 (2) 12-04 thru 12-06 (3)-(4) Ongoing</td>
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<td>(5) Developing and updating system of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
<td>(1) Develop the SACWIS system to meet needs (2) Train DCFS and POS staff (3) Employ system statewide (4) Begin to collect data (5) Report data on a quarterly basis to all Regions and POS administrators.</td>
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<td>TWELVE CAPTA ASSURANCES</td>
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<td>(6) Developing, strengthening and facilitating training including (A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for caseworkers (section 106(a)(6)).</td>
<td>Trainings and staff development based on Best Practice models.</td>
<td>1) Enhanced Foundation Training for DCFS and POS staff that will foster clinical skills specifically applied to child abuse, substance abuse, domestic violence, mental illness and family conditions. (2) Revise policy and procedure, if needed, and disseminate changes statewide.</td>
<td>(1) Ongoing (2) 01-05 thru 12-09</td>
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<td>(11) Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of abuse and neglect (section 106(a)(11)).</td>
<td>Ensure that the public is provided with current information.</td>
<td>(1) Disseminate an updated Mandated Reporter manual and provide training as needed and as requested. (2) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (3) Maintain existing Citizen Review Panels</td>
<td>(1) 01-05 thru 12-09 (2) 9-05 thru 12-09 (3) Ongoing</td>
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<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
<td>(1) Develop a data collection and tracking system to assess the impact of Family Centered Services. (2) Strengthen engagement of birth parents in the lives of their children. (3) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (4) Support and enhance the system of Local Area Networks (LAN). (5) Support and enhance the Prevention Resource</td>
<td>(1) Gather and disseminate data to the public. (2) Implement Fatherhood Engagement Training. (3) Start up parental advocacy group initiative. (4) Continue to provide support and direction to the LANs in Illinois. (5) Continue to utilize Prevention Resource Development Staff to resolve community issues, promote child abuse prevention and domestic violence prevention, to assist with DCFS and POS trainings and, overall enhance DCFS’ community reach and messages.</td>
<td>(1) 4-05 thru 12-09 (2) 3-05 thru 12-09 (3) 9-05 thru 9-06 (4) Ongoing (5) Ongoing</td>
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<td>Development Project.</td>
<td>(13) Supporting and enhancing interagency</td>
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<td>Establish</td>
<td>(1)(a-c) and</td>
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<td>collaboration between the child protection</td>
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<td>procedures to:</td>
<td>(2) Ongoing</td>
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<td>system and the juvenile justice system</td>
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<td>(1) Support</td>
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<td>for improved delivery of services and treatment,</td>
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<td>timely reunification</td>
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<td>including methods for continuity of treatment</td>
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<td>(b) Ensure</td>
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<td>plan and services as children transition</td>
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<td>timely adoptions</td>
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<td>between systems (section 106(a)(13)).</td>
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<td>(c) Develop and</td>
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<td>(1) Strengthen Juvenile Court practices as they</td>
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<td>implement a</td>
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<td>relate to DCFS.</td>
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<td>statewide training</td>
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<td>(2) Address the issue of pregnant and/or</td>
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<td>initiative for</td>
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<td>parenting wards in Cook County with a history</td>
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<td>of sexual abuse</td>
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<td>(1) Support the Chicago’s Children Advocacy</td>
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<td>the IAP as it</td>
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<td>Center’s Pregnant and Parenting Teens Program.</td>
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<td>(2) Support the Chicago’s Children Advocacy</td>
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<td>(14) Supporting and enhancing collaboration</td>
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<td>among public health agencies, the child</td>
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<td>SACWIS system to</td>
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<td>protection system, and private community based</td>
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<td>meet needs</td>
<td>(2) 12-04</td>
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<td>programs to provide child abuse and neglect</td>
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<td>(b) Train DCFS</td>
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<td>prevention and treatment services (including</td>
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<td>and POS staff</td>
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<td>linkages with education systems) and to</td>
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<td>(c) Employ system</td>
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<td>address the health needs, including mental</td>
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<td>statewide.</td>
<td>(4)(a) 8-04</td>
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<td>health needs of children identified as</td>
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<td>(2) Joint</td>
<td>(b) 8-04</td>
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<td>abused or neglected, including supporting</td>
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<td>(c) 10-14</td>
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<td>prompt, comprehensive health</td>
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<td>(1) Full implementation of the Statewide</td>
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<td>Automated Child Welfare Information System</td>
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<td>(SACWIS). (2) Establish a partnership among</td>
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<td>DCFS, DHS, DPH, DOC and other State agencies.</td>
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<td>(3) Develop and implement the Integrated</td>
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<td>Assessment Program. (IAP) (4) Promote the use</td>
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<td>SOC procedures</td>
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<td>and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).</td>
<td>(SOC) model to support the provision of in-home mental health services.</td>
<td>(1) Protect children from abuse and neglect (2) Strengthen the provision of AODA services</td>
<td>(1) Implement mechanisms to enhance casework. Statewide rollout of the Integrated Assessment Program (IAP). (2) DCFS will consult with DHS, disseminate any policy revisions, and conduct training</td>
<td>(1) Ongoing (2) 6-05 thru 12-09</td>
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<td>(3) The section 106 (2) (b) (A) (iii) (iv) of the Child Abuse Prevention and Treatment Act requires the State to develop a &quot;plan of safe care&quot; for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms. The plan should incorporate procedures for the immediate screening, risk and safety assessment and prompt investigation of such reports.</td>
<td>(1) Improving the Intake, Assessment, Screening, and investigation of reports of abuse and neglect (section 106(a)(1)).</td>
<td>(1) Update DCFS policy and procedure as outlined in Best Practice. (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Encourage and support respite care (4) Encourage and support the Illinois Fatherhood Initiative.</td>
<td>(1) Statewide Implementation of Revised rules in all Regions. (2) Joint Committee established and policy and procedure revisions finished. (3) Support multidisciplinary networks to identify service gaps and policy changes that impact life-span respite services. (4) Encourage and support those multidisciplinary teams that set standards leading to voluntary acknowledgment of paternity and child support.</td>
<td>(1) 06-05 thru 12-09 (2) 12-04 thru 12-06 (3)-(4) Ongoing</td>
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<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings.</td>
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<td>(section 106(a)(2)).</td>
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<td>(3) Improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (section 106(a)(3)).</td>
<td>(1) Implement case management practices that reduce risk of harm to children at home and in substitute care. (2) Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information (3) Strengthen Family Centered Services (FCS)</td>
<td>(1) Statewide implementation of revised DCFS policy and procedure for working with intact families as outlined in Best Practice. (2)(a) Develop the SACWIS system to meet needs (b) Train DCFS and POS staff (c) Employ system statewide (d) Begin to collect data (e) Report data on a quarterly basis to all Regions and POS administrators. (3)(a) Standardize the process for referring families both at the conclusion of the investigation and at the time of closure of intact family services. (b) Develop and implement a peer review process to assess community service response to at-risk families.</td>
<td>(1) 06-05 thru 12-09 (2)(a)-(e) Ongoing (3)(a) 9-30-04 thru 7-05 (b) 9-04 thru 12-09</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
<td>(1) Develop the SACWIS system to meet needs (2) Train DCFS and POS staff (3) Employ system statewide (4) Begin to collect data (5) Report data on a quarterly basis to all Regions and POS administrators.</td>
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<td>(7) Improving skills and qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).</td>
<td>(1) Strengthen staff and casework practices. (2) Certify direct service staff.</td>
<td>(1)(a) Foundation Training for new staff. (b) Revise policy and procedure as needed. (c) Conduct regular training with all DCFS and POS staff (d) Discuss findings and recommendations from case reviews (e) Program monitoring staff hired and trained. (f) Identify and train 12 IAP intake coordinators. (g) Sponsor paid conference registrations for DCFS staff to enhance skills. (2) Roll out a statewide training plan with emphasis on leadership and clinical skills as mandated by Public Act 85-206.</td>
<td>(1) 01-05 thru 12-09 (2) 9-05 thru 12-09 (3) Ongoing</td>
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<td>(11) Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of abuse and neglect (section 106(a)(11)).</td>
<td>Ensure that the public is provided with current information.</td>
<td>(1) Disseminate an updated Mandated Reporter manual and provide training as needed and as requested. (2) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (3) Maintain existing Citizen Review Panels</td>
<td>(1) 01-05 thru 12-09 (2) 9-05 thru 12-09 (3) Ongoing</td>
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<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
<td>(1) Develop a data collection and tracking system to assess the impact of Family Centered Services. (2) Strengthen engagement of birth parents in the lives of their children. (3) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (4) Support and</td>
<td>(1) Gather and disseminate data to the public. (2) Implement Fatherhood Engagement Training. (3) Start up parental advocacy group initiative. (4) Continue to provide support and direction to the LANs in Illinois. (5) Continue to utilize Prevention Resource Development Staff to resolve community issues, promote child abuse prevention and domestic violence prevention, to assist with DCFS and POS trainings and,</td>
<td>(1) 4-05 thru 12-09 (2) 3-05 thru 12-09 (3) 9-05 thru 9-06 (4) Ongoing (5) Ongoing</td>
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<td>Enhance the system of Local Area Networks (LAN). (5) Support and enhance the Prevention Resource Development Project.</td>
<td>Overall enhance DCFS’ community reach and messages.</td>
<td>Establish procedures to: (1)(a) Support timely reunification (b) Ensure timely adoptions (c) Develop and implement a statewide training initiative for judges and other stakeholders about the IAP as it relates to service planning. (2) Support the Chicago’s Children Advocacy Center’s Pregnant and Parenting Teens Program.</td>
<td>(1)(a-c) and (2) Ongoing</td>
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<td>Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems (section 106(a)(13)).</td>
<td>(1) Strengthen Juvenile Court practices as they relate to DCFS. (2) Address the issue of pregnant and/or parenting wards in Cook County with a history of sexual abuse</td>
<td>(1) Full implementation of the Statewide Automated Child Welfare Information System (SACWIS). (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Develop and implement the Integrated Assessment Program (IAP). (4) Promote the use of the System Of Care (SOC) model to support the provision of in-home mental health services.</td>
<td>(1) Ongoing (2) 12-04 thru 12-06 (3) 12-04 thru 12-05 (4)(a) 8-04 (b) 8-04 (c) 10-14 thru 12-04</td>
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<td>Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).</td>
<td>(1)(a) Develop the SACWIS system to meet needs (b) Train DCFS and POS staff (c) Employ system statewide. (2) Joint Committee established and policy and procedure revisions finished. (3) IAP fully operational. (4)(a) Finalized SOC procedures will be disseminated to all casework staff. (b) SOC providers review programmatic elements. (c) SOC process publicized in presentations and publications.</td>
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<td>(4)The section 106 (b) (2) (A) (iv) of the Child Abuse Prevention and Treatment Act requires States to develop &quot;triage procedures&quot; for the appropriate referrals of children found by CPS not to be at risk of imminent harm to a &quot;community organization of voluntary preventative service&quot;.</td>
<td>(1) Improving Intake, Assessment, Screening and Investigation of reports of abuse and neglect (section 106(a)(1)). Child Endangerment Risk Assessment Protocol (CERAP); (2) Protect children from abuse and neglect (2) Strengthen the provision of AODA services (3) Improve initial and ongoing assessment practices for older youth. (4) Develop systems that support the provision of appropriate services to older youth. (5) Statewide rollout of the IAP. (6) Promote the use of the System Of Care (SOC) model to support the provision of in-home mental health services.</td>
<td>(1)Implement mechanisms to enhance casework. Statewide rollout of the Integrated Assessment Program (IAP). (2) DCFS will consult with DHS, disseminate any policy revisions, and conduct training (3) Conduct &quot;Train the Trainer&quot; sessions for both DCFS and POS staff (4) Conduct pilot of Ansell-Casey instrument and process. (5) IAP fully operational statewide. (6)(a) Finalized SOC procedures will be disseminated to all casework staff. (b) SOC providers review programmatic elements. (c) SOC process publicized in presentations and publications.</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect form intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
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<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
<td>(1) Develop a data collection and tracking system to assess the impact of Family Centered Services. (2) Strengthen engagement of birth parents in the lives of their children. (3) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (4) Support and enhance the system of Local Area Networks (LAN). (5) Support and enhance the Prevention Resource Development Project.</td>
<td>(1) Gather and disseminate data to the public. (2) Implement Fatherhood Engagement Training. (3) Start up parental advocacy group initiative. (4) Continue to provide support and direction to the LANs in Illinois. (5) Continue to utilize Prevention Resource Development Staff to resolve community issues, promote child abuse prevention and domestic violence prevention, to assist with DCFS and POS trainings and, overall enhance DCFS’ community reach and messages.</td>
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<td>(13) Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems (section 106(a)(13)).</td>
<td>(1) Strengthen Juvenile Court practices as they relate to DCFS. (2) Address the issue of pregnant and/or parenting wards in Cook County with a history of sexual abuse.</td>
<td>Establish procedures to: (1)(a) Support timely reunification (b) Ensure timely adoptions (c) Develop and implement a statewide training initiative for judges and other stakeholders about the IAP as it relates to service planning. (2) Support the Chicago’s Children Advocacy Center’s Pregnant and Parenting Teens Program.</td>
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<td>(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and</td>
<td>(1) Full implementation of the Statewide Automated Child Welfare Information System (SACWIS). (2) Establish a partnership.</td>
<td>(1)(a) Develop the SACWIS system to meet needs (b) Train DCFS and POS staff (c) Employ system statewide.(2) Joint Committee established and policy and procedure revisions finished.(3)IAP fully</td>
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<td>treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106 (a)(14)).</td>
<td>among DCFS, DHS, DPH, DOC and other State agencies. (3) Develop and implement the Integrated Assessment Program (IAP). (4) Promote the use of the System Of Care (SOC) model to support the provision of in-home mental health services.</td>
<td>operational. (4)(a) Finalized SOC procedures will be disseminated to all casework staff. (b) SOC providers review programmatic elements. (c) SOC process publicized in presentations and publications.</td>
<td>(1) Implement mechanisms to enhance casework. Statewide rollout of the Integrated Assessment Program (IAP). (2) DCFS will consult with DHS, disseminate any policy revisions, and conduct training (3) Conduct “Train the Trainer” sessions for both DCFS and POS staff (4) Conduct pilot of Ansell-Casey instrument and process. (5) IAP fully operational statewide.</td>
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(5) The Section 106 (b)(2)(A)(ix) of the Child Abuse Prevention and Treatment Act requires disclosure of confidential information to any Federal, State or local government entity, or any agent of such entity that has a need for such information in order to carry out its responsibilities under law to protect children from abuse and neglect.

(1) Improving the Intake, Assessment, Screening and Investigations of reports of abuse and neglect (section 106 (a)(1)).

(1) Protect children from abuse and neglect. (2) Strengthen the provision of AODA services. (3) Improve initial and ongoing assessment practices for older youth. (4) Develop systems that support the provision of appropriate services to older youth. (5) Statewide rollout of the IAP.
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<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)).</td>
<td>(1) Update DCFS policy and procedure as outlined in Best Practice. (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Encourage and support respite care (4) Encourage and support the Illinois Fatherhood Initiative.</td>
<td>(1) Statewide Implementation of Revised rules in all Regions. (2) Joint Committee established and policy and procedure revisions finished. (3) Support multidisciplinary networks to identify service gaps and policy changes that impact life-span respite services. (4) Encourage and support those multidisciplinary teams that set standards leading to voluntary acknowledgment of paternity and child support.</td>
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<td>(4) Enhancing the General Child Protective System by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4)).</td>
<td>Implement mechanisms about repeat maltreatment cases in order to better inform practices within the Division of Child Protection.</td>
<td>(1) Implement a statewide regional review protocol and process to examine Child Protection staff decision-making and service choices. (2) Disseminate updated Mandated Reporter manuals to all DCFS field offices. (3) All existing DCFS DCP staff will be trained on Revised Rule 302, Best Practice Chapter 5.</td>
<td>(1) 1-06 thru 12-09 (2) 1-05 thru 12-05 (3) 5-05 thru 12-05</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
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<td>(7) Improving skills and qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).</td>
<td>(1) Strengthen staff and casework practices. (2) Certify direct service staff.</td>
<td>(1)(a) Foundation Training for new staff. (b) Revise policy and procedure as needed. (c) Conduct regular training with all DCFS and POS staff (d) Discuss findings and recommendations from case reviews (e) Program monitoring staff hired and trained. (f) Identify and train 12 IAP intake coordinators. (g) Sponsor paid conference registrations for DCFS staff to enhance skills. (2) Roll out a statewide training plan with emphasis on leadership and clinical skills as mandated by Public Act 85-206.</td>
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<td>(8) Developing and facilitating training protocols for individuals mandated to report child abuse or neglect (section 106(a)(8)).</td>
<td>Timely and relevant information is easily made available to individuals who are mandated to report child abuse.</td>
<td>(1) Disseminate an updated Mandated Reporter manual and provide training as needed and as requested. (2) Post a current version of A Manual for Mandated Reporters on the DCFS web site.</td>
<td>(1)-(2) 1-05 thru 12-09</td>
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<td>(9) Developing and facilitating research-based training for individuals mandated to report child abuse or neglect (section 106(a)(9)).</td>
<td>Develop a standard curriculum about Mandated Reporter Training based upon current research.</td>
<td>(1) Research current training programs in other states. (2) Explore web-based opportunities that may provide a universal access to training. (3) Explore development of a web site that would train physicians about recognition and treatment of child abuse and neglect.</td>
<td>(1)-(3) Ongoing</td>
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<td>(11) Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting</td>
<td>Ensure that the public is provided with current information.</td>
<td>(1) Disseminate an updated Mandated Reporter manual and provide training as needed and as requested. (2) Identify existing parent advocacy groups and engage them</td>
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<td>suspected incidents of abuse and neglect (section 106(a)(11)).</td>
<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
<td>in an ongoing advisory role. (3) Maintain existing Citizen Review Panels</td>
<td>(1) Gather and disseminate data to the public. (2) Implement Fatherhood Engagement Training. (3) Start up parental advocacy group initiative. (4) Continue to provide support and direction to the LANs in Illinois. (5) Continue to utilize Prevention Resource Development Staff to resolve community issues, promote child abuse prevention and domestic violence prevention, to assist with DCFS and POS trainings and, overall enhance DCFS’ community reach and messages.</td>
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<td>(13) Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems (section 106(a)(13)).</td>
<td>(1) Strengthen Juvenile Court practices as they relate to DCFS. (2) Address the issue of pregnant and/or parenting wards in Cook County with a history of sexual abuse</td>
<td>Establish procedures to: (1) Support timely reunification (b) Ensure timely adoptions (c) Develop and implement a statewide training initiative for judges and other stakeholders about the IAP as it relates to service planning. (2) Support the Chicago’s Children Advocacy Center’s Pregnant and Parenting Teens Program.</td>
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<td>(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).</td>
<td>(1) Full implementation of the Statewide Automated Child Welfare Information System (SACWIS). (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Develop and implement the Integrated Assessment Program (IAP). (4) Promote the use of the System Of Care (SOC) model to support the provision of in-home mental health services.</td>
<td>(1)(a) Develop the SACWIS system to meet needs (b) Train DCFS and POS staff (c) Employ system statewide. (2) Joint Committee established and policy and procedure revisions finished. (3) IAP fully operational. (4)(a) Finalized SOC procedures will be disseminated to all casework staff. (b) SOC providers review programmatic elements. (c) SOC process publicized in presentations and publications.</td>
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<td>(6) The section 106 (b) (A) (xiii) of the Child Abuse Prevention and Treatment Act (CAPTA) requires provisions and procedures for the appointment of a Guardian ad Litem who has received training appropriate to the role, to represent an abused or neglected child in a judicial proceeding.</td>
<td>(1) Intake, Assessment, Screening and Investigation of reports of abuse and neglect (section 106(a)(1)).</td>
<td>Implement a process that generates a notification from DCFS to GAL and the State's Attorney's Office in cases appropriate for termination of parental rights.</td>
<td>(1) Form will be developed, approved and distributed to the field. (2) Orientation sessions will be held by the Office of Legal Services in Cook County. (3) Process initiated.</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
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<td>(7) Improving skills and qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).</td>
<td>(1) Strengthen staff and casework practices. (2) Certify direct service staff.</td>
<td>(1)(a) Foundation Training for new staff. (b) Revise policy and procedure as needed. (c) Conduct regular training with all DCFS and POS staff (d) Discuss findings and recommendations from case reviews (e) Program monitoring staff hired and trained. (f) Identify and train 12 IAP intake coordinators. (g) Sponsor paid conference registrations for DCFS staff to enhance skills. (2) Roll out a statewide training plan with emphasis on leadership and clinical skills as mandated by Public Act 85-206.</td>
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<td>(7)The section 106 (b) (2) (A) (xviii) of the Child Abuse and Prevention and Treatment Act (CAPTA) requires that a representative of the child protective agency shall, at the initial time of contact with the individual advise the individual of the complaints or allegations made against the individual. This needs to be in a manner consistent with laws protecting the rights of the informant.</td>
<td>(1) Improving the Intake, Assessment, Screening, and Investigation of reports of abuse and neglect (section 106(a)(1)).</td>
<td>(1) Develop a handbook for parents and relatives regarding parental rights and the TPR process. (2) Ensure that DCFS and POS staff are provided with current information</td>
<td>(1)(a) Develop parental rights handbook (b) Produce and distribute parental rights handbook (2)(a) Disseminate updated Mandated Reporter annual to POS agencies and DCFS field offices. (b) Provide onsite presentations regarding the allegation system.</td>
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<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including- (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect (section 106(a)(1)).</td>
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<td>neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)).</td>
<td>support the Illinois Fatherhood Initiative.</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
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<td>(7) Improving skills and qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).</td>
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<td>(8) The Section 106 (b) (2) (A) (xix) of the Child Abuse Prevention and Treatment Act requires provisions addressing the training of representatives of the child protective system regarding the legal duties of the representatives. These duties may consist of various methods of...</td>
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<td>informing such representatives of such duties, in order to protect the legal rights and safety of children and families during investigation through treatment.</td>
<td>recruitment and retention of caseworkers (section 106(a)(7)).</td>
<td>hired and trained. (f) Identify and train 12 IAP intake coordinators. (g) Sponsor paid conference registrations for DCFS staff to enhance skills. (2) Roll out a statewide training plan with emphasis on leadership and clinical skills as mandated by Public Act 85-206.</td>
<td>(1) Strengthen staff and casework practices. (2) Implement statewide training about Child and Family Team Meetings (3) Update adoption training curriculum to provide practice-based instruction (4) Initiate use of Ansell-Casey Life Skills Instrument (5) Provide additional resources via DCFS website, newsletters and resource libraries. (6) Provide training regarding visitation policy and procedure to DCFS and POS staff (7) Establish a partnership among DCFS, DHS and DPA.</td>
<td>(a)-(d) Ongoing (e) 11-04 thru 12-09 (f) 9-04 thru 12-04 (g) 6-05 thru 12-09 (2) 5-06 thru 12-09 (3) 6-05 thru 1-06 (4) 4-05 thru 12-07 (5) 11-04 thru 12-09 (6) 8-05 thru 8-06 (b) 9-05 thru 9-06 (c) 4-06 thru 4-09 (7) 1-05 thru 1-06.</td>
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<td>New SASS policy and procedure manual disseminated and rollout training for SASS.</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
<td>(1) Strengthen staff and casework practices. (2) Certify direct service staff.</td>
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<td>(7) Improving skills and qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).</td>
<td>(1) Foundation Training for new staff. (b) Revise policy and procedure as needed. (c) Conduct regular training with all DCFS and POS staff (d) Discuss findings and recommendations from case reviews (e) Program monitoring staff hired and trained. (f) Identify and train 12 IAP intake coordinators. (g) Sponsor paid conference registrations for DCFS staff to enhance skills. (2) Roll out a statewide training plan with emphasis on leadership and clinical skills as mandated by Public Act 85-206.</td>
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<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
<td>(1) Develop a data collection and tracking system to assess the impact of Family Centered Services. (2) Strengthen engagement of birth parents in the lives of their children. (3) Identify existing</td>
<td>(1) Gather and disseminate data to the public. (2) Implement Fatherhood Engagement Training. (3) Start up parental advocacy group initiative. (4) Continue to provide support and direction to the LANs in Illinois. (5) Continue to utilize Prevention Resource Development Staff to resolve</td>
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<td>(1) Strengthen Juvenile Court practices as they relate to DCFS.</td>
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<td>(1) Ongoing</td>
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<td>(2) Address the issue of pregnant and/or parenting wards in Cook County with a history of sexual abuse</td>
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<td>(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental care.</td>
<td>(1) Full implementation of the Statewide Automated Child Welfare Information System (SACWIS). (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Develop and implement the Integrated Assessment Program.(IAP) (4) Promote the use of the System Of Care (SOC) model to</td>
<td>(1)(a) Develop the SACWIS system to meet needs (b) Train DCFS and POS staff (c) Employ system statewide.(2) Joint Committee established and policy and procedure revisions finished.(3)IAP fully operational. (4) (a) Finalized SOC procedures will be disseminated to all casework staff. (b) SOC providers review programmatic elements. (c) SOC process publicized in presentations and publications.</td>
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<td>evalutions for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).</td>
<td>support the provision of in-home mental health services.</td>
<td>(1) Establish stakeholders group and begin monthly meetings. (2) New SASS policy and procedure manual disseminated and rollout training for SASS. (3) Develop specialized computer screens to triage resources for DCFS wards.</td>
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<td>(10)The Section 106 (b) 2 (A) (xxxi) of the Child Abuse Prevention and Treatment Act requires provision and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse and neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act.</td>
<td>(1) Improving the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a)(1)).</td>
<td>Establish a partnership among DCFS, DHS and DPA and other State agencies to access 24/7 crisis and psychiatric services.</td>
<td>12-04 thru 12-06</td>
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<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including: (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)).</td>
<td>(1) Update DCFS policy and procedure as outlined in Best Practice. (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Encourage and support respite care (4) Encourage and support the Illinois Fatherhood Initiative.</td>
<td>(1) Statewide Implementation of Revised rules in all Regions. (2) Joint Committee established and policy and procedure revisions finished. (3) Support multidisciplinary networks to identify service gaps and policy changes that impact life-span respite services. (4) Encourage and support those multidisciplinary teams that set standards leading to voluntary acknowledgment of paternity and child support.</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
<td>(1) Develop the SACWIS system to meet needs (2) Train DCFS and POS staff (3) Employ system statewide (4) Begin to collect data (5) Report data on a quarterly basis to all Regions and POS administrators.</td>
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<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
<td>(1) Develop a data collection and tracking system to assess the impact of Family Centered Services. (2) Strengthen engagement of birth parents in the lives of their children. (3) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (4) Support and enhance the system of Local Area Networks (LAN). (5) Support and enhance the Prevention Resource Development Project.</td>
<td>(1) Gather and disseminate data to the public. (2) Implement Fatherhood Engagement Training. (3) Start up parental advocacy group initiative. (4) Continue to provide support and direction to the LANs in Illinois. (5) Continue to utilize Prevention Resource Development Staff to resolve community issues, promote child abuse prevention and domestic violence prevention, to assist with DCFS and POS trainings and, overall enhance DCFS’ community reach and messages.</td>
<td>(1) 4-05 thru 12-09 (2) 3-05 thru 12-09 (3) 9-05 thru 9-06 (4) Ongoing (5) Ongoing</td>
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<td>(13) Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children</td>
<td>(1) Strengthen Juvenile Court practices as they relate to DCFS. (2) Address the issue of pregnant and/or parenting wards in Cook County with a history of sexual abuse</td>
<td>Establish procedures to: (1)(a) Support timely reunification (b) Ensure timely adoptions (c) Develop and implement a statewide training initiative for judges and other stakeholders about the IAP as it relates to service planning. (2) Support the Chicago’s Children Advocacy</td>
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<td>transition between systems (section 106(a)(13)).</td>
<td>(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).</td>
<td>Center’s Pregnant and Parenting Teens Program.</td>
<td>(1)(a) Develop the SACWIS system to meet needs (b) Train DCFS and POS staff (c) Employ system statewide. (2) Joint Committee established and policy and procedure revisions finished. (3) IAP fully operational. (4)(a) Finalized SOC procedures will be disseminated to all casework staff. (b) SOC providers review programmatic elements. (c) SOC process publicized in presentations and publications.</td>
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<td>(11)The Section 106 (b) (2) (A) (xxii) of the Child Abuse Prevention and Treatment Act requires the State, not later than June 25, 2005 (2 years after the enactment of Public Law 108-36), provisions and procedures are in place that require criminal background checks for prospective foster and adoptive parents and other adult relatives and non-</td>
<td>(1) Improving the Intake, Assessment, Screening and Investigations of reports of abuse and neglect (section 106(a)(1))</td>
<td>Implement casework practices and service modalities that reduce risk of harm to children at home and in substitute care.</td>
<td>(a) Update DCFS policy and procedure for working with intact families as outlined in Best Practice. (b) DCFS to comply with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements.</td>
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<td>relatives residing in the household.</td>
<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including - (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)).</td>
<td>(1) Update DCFS policy and procedure as outlined in Best Practice. (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Encourage and support respite care. (4) Encourage and support the Illinois Fatherhood Initiative.</td>
<td>(1) Statewide Implementation of Revised rules in all Regions. (2) Joint Committee established and policy and procedure revisions finished. (3) Support multidisciplinary networks to identify service gaps and policy changes that impact life-span respite services. (4) Encourage and support those multidisciplinary teams that set standards leading to voluntary acknowledgment of paternity and child support.</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
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<td>(7) Improving skills and qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and</td>
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<td>(1)(a) Foundation Training for new staff. (b) Revise policy and procedure as needed. (c) Conduct regular training with all DCFS and POS staff. (d) Discuss findings and recommendations from case reviews. (e) Program monitoring staff hired and trained. (f) Program monitoring staff hired and trained. (f) Program monitoring staff hired and trained. (f) 11-04 thru 12-09 (f) 9-04 thru 12-04 (g) Ongoing (2) 6-05 thru 12-09</td>
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<td>retention of caseworkers (section 106(a)(7)).</td>
<td>(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).</td>
<td>Identify and train 12 IAP intake coordinators. (g) Sponsor paid conference registrations for DCFS staff to enhance skills. (2) Roll out a statewide training plan with emphasis on leadership and clinical skills as mandated by Public Act 85-206.</td>
<td>(1) Full implementation of the Statewide Automated Child Welfare Information System (SACWIS). (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Develop and implement the Integrated Assessment Program.(IAP) (4) Promote the use of the System Of Care (SOC) model to support the provision of in-home mental health services.</td>
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<td>(12)The Section 106 (b) (2) (A) (xiv) of the Child Abuse Prevention and Treatment Act requires establishment of citizen review panels.</td>
<td>(1) Improving the Intake, Assessment, Screening, and Investigations of reports of abuse and neglect (section 106(a)(1)).</td>
<td>Maintain existing Citizen Review Panels (a) Children and Family Services Advisory Council (CFS) (b) Statewide Citizens' Committee on Child Abuse and Neglect (SCAN) (c) Children's Justice Task</td>
<td>(1) Continue to meet as established (2) Preparation and distribution of annual reports</td>
<td>(1) Bimonthly, Quarterly or as needed (2) Annually</td>
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<td>Force (CJTF) (d) Child Death Review Ream Executive Council (CRDT).</td>
<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including- (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)).</td>
<td>(1) Update DCFS policy and procedure as outlined in Best Practice. (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Encourage and support respite care (4) Encourage and support the Illinois Fatherhood Initiative.</td>
<td>(1) Statewide Implementation of Revised rules in all Regions. (2) Joint Committee established and policy and procedure revisions finished. (3) Support multidisciplinary networks to identify service gaps and policy changes that impact life-span respite services. (4) Encourage and support those multidisciplinary teams that set standards leading to voluntary acknowledgment of paternity and child support.</td>
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<td>(5) Developing and Updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>Develop and implement the Statewide Automated Child Welfare Information System (SACWIS) to capture and analyze maltreatment information.</td>
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<td>(6) Developing, strengthening and facilitating training including (A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for caseworkers (section 106(a)(6)).</td>
<td>Trainings and staff development based on Best Practice models.</td>
<td>(1) Enhanced Foundation Training for DCFS and POS staff that will foster clinical skills specifically applied to child abuse, substance abuse, domestic violence, mental illness and family conditions. (2) Revise policy and procedure, if needed, and disseminate changes statewide.</td>
<td>(1) Ongoing (2) 01-05 thru 12-09</td>
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<td>(7) Improving skills and qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).</td>
<td>(1) Strengthen staff and casework practices. (2) Certify direct service staff.</td>
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<td>(10) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including – (a) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placement of any such infants who</td>
<td>Enhance the capacity to provide for the special needs and services to children, parents and foster parents.</td>
<td>(1) Strengthen mechanisms through training and collaboration that ensure appropriate and timely service provision based upon identified needs. (2) Strengthen the assessment and monitoring of children’s educational and developmental needs, physical health needs and mental health needs via the Integrated Assessment Program.</td>
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<td>(11) Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of abuse and neglect (section 106(a)(11)).</td>
<td>Ensure that the public is provided with current information.</td>
<td>(1) Disseminate an updated Mandated Reporter manual and provide training as needed and as requested. (2) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (3) Maintain existing Citizen Review Panels</td>
<td>(1) 01-05 thru 12-09 (2) 9-05 thru 12-09 (3) Ongoing</td>
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<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
<td>(1) Develop a data collection and tracking system to assess the impact of Family Centered Services. (2) Strengthen engagement of birth parents in the lives of their children. (3) Identify existing parent advocacy groups and engage them in an ongoing advisory role. (4) Support and enhance the system of Local Area Networks (LAN). (5) Support and enhance the Prevention Resource Development Project.</td>
<td>(1) Gather and disseminate data to the public. (2) Implement Fatherhood Engagement Training. (3) Start up parental advocacy group initiative. (4) Continue to provide support and direction to the LANs in Illinois. (5) Continue to utilize Prevention Resource Development Staff to resolve community issues, promote child abuse prevention and domestic violence prevention, to assist with DCFS and POS trainings and, overall enhance DCFS’ community reach and messages.</td>
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<td>(13) Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including</td>
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<td>methods for continuity of treatment plan and services as children transition between systems (section 106(a)(13)).</td>
<td>with a history of sexual abuse</td>
<td>service planning.</td>
<td>(1)(a) Develop the SACWIS system to meet needs (b) Train DCFS and POS staff (c) Employ system statewide. (2) Joint Committee established and policy and procedure revisions finished. (3) IAP operational. (4) (a) Finalized SOC procedures will be disseminated to all casework staff. (b) SOC providers review programmatic elements. (c) SOC process publicized in presentations and publications.</td>
<td>(1) Ongoing (2) 12-04 thru 12-06 (3) 12-04 thru 12-05 (4)(a) 8-04 (b) 8-04 (c) 10-14 thru 12-04</td>
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<td>(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).</td>
<td></td>
<td>(1) Full implementation of the Statewide Automated Child Welfare Information System (SACWIS). (2) Establish a partnership among DCFS, DHS, DPH, DOC and other State agencies. (3) Develop and implement the Integrated Assessment Program(IAP) (4) Promote the use of the System Of Care (SOC) model to support the provision of in-home mental health services.</td>
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### FOURTEEN SECTION 106 SYSTEM IMPROVEMENT AREAS

<table>
<thead>
<tr>
<th>(1) Improving the Intake, Assessment, Screening, and Investigation of reports of abuse and neglect (section 106(a)(1))</th>
<th>(8) Developing and facilitating training protocols for individuals mandated to report child abuse or neglect (section 106(a)(8)).</th>
</tr>
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<tbody>
<tr>
<td>(2) Creating and Improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including-(i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)).</td>
<td>(9) Developing and facilitating research-based training for individuals mandated to report child abuse or neglect (section 106(a)(9)).</td>
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<td>(3) Improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (section 106(a)(3)).</td>
<td>(10) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including-(A) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption (section 106(a)(10));</td>
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<td>(4) Enhancing the General Child Protective System by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4)).</td>
<td>(11) Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (section 106(a)(11)).</td>
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<td>(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5)).</td>
<td>(12) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12)).</td>
</tr>
<tr>
<td>(6) Developing, strengthening, and facilitating training including-(A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for</td>
<td>(13) Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between</td>
</tr>
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</table>
(7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106(a)(7)).

(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(14)).
| A. Home visiting program for High-Risk Minority Families          | I. Summer Reading Program for High Risk Minority Youth          |
| B. Parent Education Class for Hispanic Families                | J. Support for FCAN Round Tables                              |
| C. Parenting Education Class for High-Risk Minority Families   | K. Support staff for enhancing the General Child Protection System |
| D. Respite program for HIV/AIDS infected and affected children and their families | L. Peer to Peer Parenting Support                            |
| E. Community Federation Project serving disadvantaged children and families | M. Harrison Primary School Project for At-Risk Single Parents and their children |
| F. Effective Parent Training Out-Reach                         | N. Red Ribbon Camp for HIV Families                          |
| G. Funded from other sources within the Department of Children & Family Services | O. Parenting Support for Father Involvement D.A.D.             |
| H. After School Program for Youth K-5                          |                                                            |

* State Grant activities are described in detail in the report narrative
Child and Family Services Continuum of the Department of Children and Family Services

The Department of Children and Family Services is the state agency responsible for providing public child welfare services to children and their families. Child and Family Services Continuum of the Department encompasses a broad array of services ranging from information and referral services to post-permanency services. All services are provided to secure child safety, to ensure child well-being and to promote permanency.

Best Interests of Children Considered in Delivering Services

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

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

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

As required by the Adoption and Safe Families Act of 1997, the Department assures that, in administering programs and delivering service under this Child and Family Services Plan, the safety of children served shall always be of paramount concern.

Functions in Support of Services

Services will continue to be delivered to children and their families in order to achieve service goals. These services will be provided directly by Department staff or through purchase of services. In addition, Department staff will perform clearly defined functions,
which are the supportive frameworks necessary for the delivery of services. These functions include:

- Receipt of and investigation of reports of child abuse or neglect;
- Intake assessment of child and family needs;
- Planning for service provision and arranging for appropriate services;
- Recruitment, study, approval and licensing of child care facilities;
- Initiating steps for court proceedings and/or legal guardianship;
- Arranging for payment for services purchased by or provided by the Department;
- Evaluating and monitoring services provided directly or purchased;
- Recruiting or securing service providers;
- Record keeping; and
- Service termination and follow up.

Additionally, both Purchase of Service (POS) and Department staff performs those supportive functions, which are integral to a specific service.

**Linkages, Coordination and Integration of DCFS Services Into Other Services in the Child and Family Services Continuum**

The Department coordinates its services with the benefits and services of other public and private child welfare agencies in order to better serve children and families. Over eighty percent (80%) of the Department’s wards receive services through the three thousand (3,000) contracts with private human services agencies throughout the State. These contract relationships enable the Department to identify and meet the needs of the Illinois child welfare community (service providers and clients), as well as to identify and implement solutions to accommodate future needs of all stakeholders.

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

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

- Collaboration- work proactively with individual school districts, early intervention providers and communities to build collaborative relationships regarding educational issues such as academic performance, truancy, discipline and appropriate services.

- Training- provide training for DCFS and POS staff, foster and adoptive parents, POS Educational Liaisons, and school personnel regarding educational issues, including implementing DCFS educational policies, procedures and educational advocacy.

- Technical Assistance- assist with individual cases that are particularly problematic such as: disciplinary issues, appropriate special education services, enrollment and placement issues, school fees, transition and other areas such as tutoring, transportation and accessing school records.

- Volunteer Education Advocates- responsible for coordinating a cadre of volunteer education advocates within the region to support foster and adoptive families in obtaining special education or early intervention services for children in their care.

Local DCFS Community-Based Coordination

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

Principles for the Child and Family Services Continuum

The Department will consider the following principles, listed in 45 CFR 1355.25, as a guide for developing, improving, administering, and delivering the continuum of child and family services:
• The safety and well-being of children and of all family members is paramount. When safety can be assured, strengthening and preserving families is seen as the best way to promote the healthy development of children. One important way to keep children safe is to stop violence in the family, including violence against their mothers.

• Services are focused on the family as a whole. Service providers work with families as partners in identifying and meeting individual and family needs. Family strengths are identified, enhanced, respected, and mobilized to help families solve the problems that compromise functioning and well-being.

• Services promote the healthy development of children and youth, promote permanency for all children, and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.

• Services may focus on prevention, protection, or other short-term or long-term interventions to meet the needs of the family and the best interests and needs of the individual(s) who may be placed in out-of-home care.

• Services are timely, flexible, coordinated, and accessible to families and individuals. Services are principally delivered in the home or the community. They are delivered in a manner that is respectful of, and builds on, the strengths of the community and cultural groups.

• Services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial to meeting the families’ and children’s needs. Examples are housing, substance abuse treatment, mental health, health, education, job training, childcare, and informal networks.

• Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client’s needs.

• Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive (family support) and crisis intervention services (family preservation), based on the changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis to receive services.

Department programs and services continue to be designed, administered, and delivered based upon the foregoing principles to assure the safety and protection of children and the preservation and support of families.

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

**Levels of Service Intervention**

The Department will provide families with the level of service that best meets the health and safety needs of the child.
Level One (No Services Needed)

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

Level Two (Referral for Community-Based Services)

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

Level Three (Short-Term Intact Family)

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

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

Level Four (Regular Intact Services)

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

Level Five (Intensive Family Preservation Services)

Intensive family preservation services are indicated where there are significant risk issues, and the child is at imminent risk of placement. Services at this level enable families to resolve moderate to significant needs that are contributing to risk and safety concerns for the children. Families receiving Intensive Family Preservation Services will: have a high motivation to change; willing to cooperate with services; have little or
no support systems; and have no serious/debilitating substance abuse or mental health issues, unless they are complying with necessary treatment for the diagnosed conditions.

**Level Six (Substitute Care)**

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

**Purchased or Referred Services and Resource Manual**

**Service Implementation**

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

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

**Service Selection**

The caseworker will use the assessment, along with all other available information regarding the family, to select appropriate services. The caseworker, in conjunction with the supervisor and treatment provider, must ensure that the treatment selected directly addresses the client’s problem. Treatment plans will continue to be individualized to the specific needs of the client and have clear objectives. In both placement and intact family cases, the caseworker and treatment provider will maintain at least monthly contact. Significant family issues and case related matters must be shared with the provider within the bounds of confidentiality. The caseworker and supervisor should invite service providers to all administrative case reviews and family meetings. The caseworker will obtain written progress reports that outline the identified treatment issues, progress in treatment, as well as future treatment recommendations.
What follows is a detailed way of describing services that will continue to compose the 6 levels of service intervention.

**Child Protection Services**

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

**Placement Prevention/Emergency Services**

The Department assures that it is operating a preplacement preventive service program designed to help children at risk of foster care placement remain safely with their families.

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

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

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

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

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

Protective Day Care Programs

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

Family Maintenance/Preservation Services

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

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

Family preservation services are directed toward ensuring the child’s development, safety and well-being in his/her home and preventing placement or reducing the time a child is away from the family. They will include crisis intervention, counseling, home-based services, family and individual risk assessment/monitoring, family and individual service assessment, service/treatment planning, casework and case management services, parenting training, day care services, homemaker services, collateral service linkage with public agencies (including DHS, DPA, school districts, public health and medical services), referral and linkage to continuing community services, and limited emergency cash assistance.
Family Preservation Services began in 1988 with passage of the Illinois Family Preservation Act. They include services to intact families, families being reunified, and adoptive and subsidized guardianship families. Services 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, habilitation services, collateral service linkage with public agencies (including D.H.S., DPA, 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 will be 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; and preserving adoptive families at risk of dissolution.

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

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

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

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

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

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

**Family Maintenance Day Care Services**

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

**Child Welfare Services**

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

- Protecting and promoting the welfare of all children, including homeless, dependent, or neglected children; preventing, or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children;
• Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible;

• Restoring to their families children who have been removed, by the provision of services to the children and the families;

• Placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate;

• Assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption;

• Providing supportive services and living maintenance which contribute to the physical, emotional, and social well-being of children who are pregnant and unmarried;

• Providing shelter and independent living services for homeless youth; and

• Placing and maintaining children in facilities that provide separate living quarters for children under the age of 18 and for children 18 years of age and older, unless a child 18 years of age is in the last year of high school, enrolled in educational or vocational training, in an approved individual or group treatment program, or in a licensed shelter facility.

Placement and Reunification Services

The Department assures that it will operate a service program designed to help children, where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement.

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

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

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

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

- Counseling/advocacy;
- Homemaker;
- Protective and family maintenance day care and child development;
- Foster family home care;
- Relative home care;
- Residential care;
- Family planning;
- Parent education;
- Intensive family preservation services; and
- Referral for substance abuse treatment services.

**Substitute Care Services**

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

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

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

**Relative/Kinship Care Services**

Relatives are considered as caregivers for children placed within the DCFS array of services from the time of the initial investigation pursuant to a report of child abuse and neglect. They provide valuable information about the family’s coping skills, cultural values, and community resources available to assist in the initial reunification efforts. They are crucial in facilitating parental and siblings visits; and are often the provider of respite, day care, or babysitting services.

Child development theory confirms that maintenance of family ties contributes to the appropriate psychological adjustment to foster care and to normal growth and development. Relatives are able to establish a historical basis for adaptive behaviors in children experiencing the trauma of separation from biological parents. This contributes to the overall well-being of the children in
the custody of the state. The ability to provide care to children in their community and without school transfers, in familiar settings begins the casework process without as many barriers to trust and engagement of the family.

DCFS along with our partners in the private sector utilize kinship care as a primary and preferred placement option because of the potential for achieving permanent - life long, nurturing relationships for children who have been removed from their parents. Permanency for some children may occur as reunification, Substitute Guardianship, or independence for older youth. Relatives may qualify to become licensed caregivers after meeting routine background checks for safety, health, and receive training. When these standards are met, relatives will receive full board payments. However, some relative choose to receive the public assistance “standard of need” payment level.

Relative care placements have been the predominant placement pattern for children entering this system for the past five years. The extent of relative participation and cooperation is documented in our Title IV-E waiver received to explore the Kinship Care Trend, particularly for African American children.

Relatives have been instrumental in facilitating the LANS wraparound plans for both children in care and the deflection of children at-risk from the child welfare system. They attend the Administrative Case Reviews where service plans are discussed with parents and all the stakeholders in meeting the assessed needs of all family members. Relative caregivers are members of our agency or local foster parent advisory councils. DCFS publishes brochures and a foster parent periodical “Families Now and Forever” to address their frequently asked questions.

Visitation Services

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

Family Reunification Services

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

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

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

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

Support to Birth Parents

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

- Plan with the birth parents for how to respond to crises, including whom to contact and how, and what the caseworker and birth parent will do. Provide referrals as appropriate.
- Negotiate a plan for communication (calls, visits, documentation) between the caseworker and birth parents. Workers should return all telephone calls to birth parents within 24 hours.
- Ensure that all required forms and paperwork are completed in a timely manner and promptly resolve any problems.
- Recognize, assess and address any indication of unusual stress or problems within the birth parents’ home as it affects their ability to engage in their service plan. Proactive intervention will go a long way toward enabling the birth parents to keep focused on their goal: reuniting with their children.
- Acknowledge and address separation and loss issues experienced by the birth parent(s) with regard to the removal of their child(ren).
- Inquire if the birth parent(s) needs additional support or assistance with carrying out their service plan.
- Provide reimbursement (as appropriate) to birth parents for transportation costs, day care or other expenses incurred as a result of parent-child visitation or engaging in necessary services.
- Always treat birth parents with empathy, respect and genuineness.

Transition to Independence

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

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

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

The service constellation for youth may include:

- Counseling/advocacy;
- Day care for the children of pregnant or parenting youth;
- Homemaker;
- Family planning; and
- Maintenance payments or foster family home, relative home or residential care payments except that maternity home payment shall be limited to a maximum of ninety (90) days.

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

- **Life Skills Assessment**

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

- **Life Skills Training**

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

- **Vocational and Career Planning**

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

**Youth in Transition Programs**

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

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

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

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

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

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

- **Department Scholarship Program**

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

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

Youth in Employment Program (YEP)

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

Youth in Vocational and Technical Training Program (YVTP)

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

Lincoln’s Challenge Program

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

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

Adoption and Family Guardianship Services

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

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

When adoption or attainment of a permanent living arrangement is the goal, services are directed at securing a new legal status for children who cannot return to their birth families. The service constellation for these children may include:
• Counseling;
• Adoption;
• Subsidized Guardianship;
• Relative Home Care;
• Foster Family Home Care; and
• Intensive Family Preservation Services.

Adoption Listing Service

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

Adoption Promotion and Support Services

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

Post-Placement Services

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

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

The services provided by the Department or adoption agency will be related to the needs of the adoptive family and the special needs of the adopted child, particularly if the child is older, has medical conditions, or physical, mental, or emotional disabilities, or is of a different ethnic, racial, or cultural background than the adoptive family. The assessment will explore the level of attachment occurring within the adoptive family and will utilize specific activities designed to promote and enhance attachment.
Although the goal of post-placement services is to maintain the adoptive placement, it may be necessary to provide disruption services when it has been determined that continuation of the placement is not in the best interest of the child and family and removal is necessary.

**Post Adoption services**

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

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

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

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

**Adoption Preservation Services**

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

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

Adoption Sensitive Therapy or Counseling Services

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

Adoption Support Groups

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

Search and Reunion Services

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

DCFS Information, Search and Reunion Services

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

Adoption Registry

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

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

Services Provided Under Each Category in the Title IV-B, Subpart 2 (Promoting Safe and Stable Families): Family Support; Family Preservation; Time-Limited Family Reunification; and Adoption Promotion and Support Services

This information is based upon what we pay the agencies to do for delivering services.

The Family Centered Services (FCS) Initiative funds 106 family support programs statewide. According to the federal definition, family support services are “community-based prevention activities designed to alleviate stress and to promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and supportive networks to enhance child rearing abilities of parents and help compensate for the increased isolation and vulnerability of families”

The main categories of FCS funded family support services enhancing the statewide service delivery network include:

- Individual and family counseling;
- Intensive case management;
- Parent education and support;
- Family mentoring;
- Respite;
- After-school programs;
- Intensive home visitation;
- Crisis intervention;
- Advocacy;
- Assessment, referral and linkage;
- Bi-lingual service capacity; and
- Transportation.

Under Family Preservation we pay private agencies to meet with the family and perform assessments of their needs and the services which will meet them, counseling, therapy, intensive casework, casework, case planning, behavioral therapy (in some programs), advocacy, group meetings, parenting training, collateral services, referrals and active family meetings with other providers of service, attendance at schools for educational/social/adjustment reasons, reporting and face-to-face liaison with caseworkers to discuss family problems, progress, and continued planning; and
throughout it all, regular safety assessments and creation and revision of safety plans; cash assistance within prescribed limits (the cash assistance is not from FCS funds), etc.

The Family Reunification programs offer the same thing but include reunification counseling, reunification planning, supervision of visitation, testimony in court regarding readiness of family to reunify, and then, after reunification, aftercare including monitoring of behavior, progress, and safety; safety assessments; counseling and therapy as needed; case planning; collateral referrals and contact with community agencies; group work as needed.

The Extended Family Services includes diversion services to keep the family out of the system, safety assessments, case planning and counseling, a lot of it to connect the family to short term and long term family support resources in the community, individual and group work, cash assistance within prescribed limits (using Norman Emergency Cash Assistance, not using FCS funds).

The Adoption Promotion and Support includes recruitment of homes, studying of homes and monitoring, adoption groups, publicity in various different ways of kids needing adoption so that matching takes place, post adoption counseling, post adoption groups, intensive adoption preservation including assessment, counseling, therapy, casework, community linkages, diversion from psychiatric hospitals through intensive services, etc.

These services are delivered by private agencies. The FAMILY SUPPORT and ADOPTION SUPPORT are available to clients and non-clients. Families who have never even heard of DCFS until they need Adoption Preservation are included in these services. The FAMILY PRESERVATION and TIME-LIMITED REUNIFICATION are delivered to clients.

**System of Care (SOC) Program**

To help promote the Department’s goals of safety, permanency and well-being for the children it serves, the Department has combined the funding of three programs to create an integrated System of Care program: Intensive Therapeutic Services (ITS); Placement Stabilization Services; and Wraparound Planning Services.

The System of Care is designed to provide short-term services, interventions and support to children and youth with emotional and/or behavioral problems who are identified as being at risk of placement disruption. SOC is available for both crisis intervention and short-term support to the foster care program. (Although, SOC interventions are planned for six-month intervals, the length of intervention may be shorter or longer depending on the needs of the individual child.)

An SOC provider’s primary responsibility is to organize and coordinate services and interventions to stabilize a placement. An SOC provider may provide the services/interventions through its own staff, by contracting for services, or by linking a child/youth to existing community resources. SOC services are generally a supplement
to enhance those provided by the Department or POS provider and should be requested as soon as the assigned worker or caregiver determines that the placement is at risk of disrupting.

The goals of the SOC program are to:

- Increase the number of children and youth who safely remain in their current placements;
- Increase the number of children and youth who successfully transition from a more restrictive to a less restrictive placement; and
- Decrease the number of children and youth in traditional or home of relative foster care placements that subsequently need more restrictive and intensive services such as residential care.

The Abandoned Newborn Infant Protection Act (The Safe Haven Legislation)

The Abandoned Newborn Infant Protection Act of Illinois, also known as the Safe Haven Law, was enacted in August 2001. This law is designed to grant parents and guardians immunity from criminal prosecution if they safely abandon infants up to 3 days old at a hospital, medical emergency facility or staffed fire station.

On August 17, 2001, House Bill 632 and Senate Bill 216 were signed into law enacting The Abandoned Newborn Infant Protection Act (Public Act 92-0432). The bills were passed as a result of efforts by the sponsors of the legislation, Representative Coulson (R-Glenview) and Senator Karpiel (R-Carol Stream) as well as a dedicated group called Save Abandoned Babies that diligently advocated for this cause at the Illinois General Assembly.

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

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

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

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

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

The Abandoned Newborn Infant Protection Act allows for a parent to relinquish a newborn to the care and custody of a safe haven. This law provides a safe alternative to parents who may be under severe emotional distress or are unable to provide for the basic needs of an infant. The Safe Haven legislation will automatically expire in 2007 unless the legislature moves to extend the act.

**Information and Referral Services**

When it is determined that a child or family requesting Department services or receiving Department services can benefit from referral to another community or governmental resource, the Department will provide information concerning the resource or make a referral to the resource.
Utilizing ACF Initiatives Implemented by Illinois State Agencies

DCFS will utilize the ACF Initiatives, implemented by Illinois State agencies, by incorporating their philosophies in its programming or utilizing the programs and of other state agencies through referrals. The OPDS will disseminate information about the availability of these programs to the Division of Service Intervention and the Division of Field Operations.

Positive Youth Development

The IDCFS believes that positive youth development is critical to ensure successful transition of adolescents into adulthood. For the youth served by the Department, providing services and opportunities that support the development of a sense of competence, usefulness, belonging, and empowerment is both challenging, but necessary for their success post emancipation. Current and future programs of the Department embrace the concept that youth development works best when entire communities, including youth people, are involved in creating a continuum of services and opportunities that youth need to grow into successful adults. The programs and services discussed below demonstrate examples of how IDCFS is addressing the Positive Youth Development Initiative of the Administration for Children and Families.

Adolescents must be provided with essential services to help them develop the skills for a successful and competent adulthood. The caseworker, birth parent, foster parent and service providers are most effective in providing the required services and programs when there is a team. It is critical, as with all cases, for the worker to engage the Child and Family Team to assist with planning, resource development and decision-making. The adolescent is an active participant on the team. All critical decisions regarding the youth's future are made in consultation with the supervisor.

The worker's relationship with the youth is pivotal to the successful and meaningful strategic planning for the youth's future. The caseworker may assume multiple roles in relation to the adolescent. These roles may include coach, mentor, mediator, advocate and role model. Which role the worker assumes and at which time is dependent on the needs of the youth at any given point in time.

Our practice is to offer the following continuum of preparation services and supports are the most beneficial to adolescents in substitute care:

- **Informal life skill development that naturally occurs in day-to-day-activities.** Most youth will learn the majority of these skills from their caregivers. Caregivers are expected to take advantage of trainable moments in the home to teach youth various skills related to housekeeping, budgeting, shopping, personal hygiene and other skills that naturally occur in the home setting.

- **Life skills classes that provide formal structured training.** Curricula often include speakers or experiential activities. The classes also provide an opportunity for youth to learn in a peer environment. Caseworkers must refer all youth who demonstrate the need to learn life skills to a life skills class. Information about life
skills classes can be obtained by contacting the Division of Education and Transition Services.

- **Practice opportunities** provided by caregivers, caseworkers and significant others who should assist the youth in practicing what they have learned informally and in life skill classes.

- **Volunteer or Vocational Experience** must be arranged for youth every year upon entering high school. DCFS has partnerships with other state agencies, including the Department of Commerce and Community Affairs and the Department of Employment Security, in order to facilitate year-round and summer employment opportunities.

- **Ensuring and/or developing community and cultural support systems** and encouraging youth to maintain his/her native language to maintain the youth's self-identity.

- **Development of a support system** consisting of birth and/or foster parents, relatives and appropriate others who can be long-term, ongoing resources to the adolescent after his/her case is closed.

- **Aftercare planning**, which must occur prior to discharge. Caseworkers must ensure that youth have a means of financial support, established housing, knowledge of health care resources and a solid community support system.

Additionally, The Jim Casey Youth Opportunities Initiative (JCYOI) is a private, nonprofit organization that is funding demonstration projects in select locations. The Initiative selected 13 sites throughout the United States and Illinois is one of these sites. The JCYOI in conjunction with the University of Illinois Children and Family Research Center and the DCFS Statewide Youth Advisory Board, are involved in the roll out to DCFS youth in care. The initiative includes three program components:

1) Youth Boards; where youth in care have a forum for input and advocacy

2) Community Partnerships, community stakeholders work with project and provide employment opportunities for youth, and;

3) Opportunity Passports, including:
   - **Individual Development Accounts**: A special savings account that is matched dollar for dollar (up to $1,000 per year).
   - **Debit Cards**: Works like a credit card and helps youth build credit.
   - **Door Openers**: Opportunities for education, employment, and networking and connecting with professional adults.

**Illinois Department of Human Services - Marriage and Related Initiatives**

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) that authorized the TANF Program also directed States to address specific family-
oriented goals: promoting marriage, reducing out-of-wedlock pregnancies and encouraging the formation and maintenance of two-parent families. The Illinois Department of Human Services (IDHS) has been very successful in moving families from welfare to work by focusing its efforts on work-first programs and activities to improve the earnings of low-income families. The IDHS is seeking to build on this success by promoting efforts that address the mounting empirical evidence showing that on many dimensions families and children fare better in two-parent households. The lack of healthy relationships and personal life skills needed to cultivate and maintain such relationships are at the center of these findings.

The IDHS has been exploring program options for promoting healthy marriages, relationships, and two-parent families to prepare Illinois to respond quickly if Healthy Marriage Promotion Grants, first proposed in the 2002 federal TANF reauthorization bill, became available. Although Congress extended TANF funding, it has yet to address the other TANF reauthorization provisions that would provide for these grants. The IDHS has developed ideas for demonstration projects that could be funded under proposed federal legislation. Through its Marriage Work Group, IDHS developed a series of possible programs encompassing such areas as: employment and parenting services for TANF fathers and expectant fathers, life skills clubs/training offered through local IDHS offices, and marriage programs offered through faith-based organizations. Most recently, the IDHS developed a specific program model to improve the long-term prospects for family and child economic and emotional well-being. The proposed Healthy Relationship/Family Formation Promotion Program would be for current, former, and potential TANF customers and other low-income individuals, defined as having an annual income below 200% of the federal poverty level, who volunteer to participate and who are referred for services by IDHS Family Community Resource Centers. The target service population within this group would be current, former, and potential TANF persons in their late teens and early adulthood, under the age of 25, although any current, former, and potential TANF person could be referred for services if interested. This program would offer to volunteering participants choices of secular, faith-based or combinations of both programs and services to help them acquire the knowledge and skills needed to cultivate and maintain healthy relationships with peers, their children and others. The program would consist of faith-based and/or secular Mentorship programs that would assign age-relevant mentors to participants (e.g., young adults or young couples as mentors for other young adults and young couples), and a Life Skills training program. Funding for this program is not currently available.

IDHS also supports financially and consultatively the Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative led by the Illinois Department of Public Aid (IDPA) and its Division of Child Support Enforcement. Other project partners include WIC (Women, Infants and Children) Food Centers in Chicago, Catholic Charities of the Archdiocese of Chicago, Family Ministries of the Archdiocese of Chicago, the City of Chicago, Mayor’s Office of Workforce Development. Under this initiative authorized by a federal Child Support Enforcement waiver, unmarried families served at WIC Food Centers will be offered the opportunity to participate in workshops aimed at building strong relationships and healthy marriages. All participants will be
screened for domestic violence and referred to appropriate service providers. Families with no domestic violence problems will have an opportunity to participate in a comprehensive case management treatment that will include referrals to a variety of interventions needed to sustain strong family relationships. Treatment components will involve employment and training opportunities, assistance with childcare and housing, responsible fatherhood programs, paternity establishment and the provision of child support information and relevant services. The curriculum for the workshops will be adapted from the marriage preparation curriculum of Family Ministries. Catholic Charities will provide case management services, including referrals to an employment provider selected by the Mayor’s Office of Workforce Development, and oversee the healthy relationship and marriage workshops. DCSE will provide information on paternity establishment and general child support procedures as part of the workshops. The project is expected to begin in October 2004. Its results will be evaluated by an experienced research firm with a strong track record in the areas of paternity, access, fatherhood and child support.

**Department of Human Services, Partners for Hope Program (Faith-Based Initiative)**

The Partners for Hope (PFH) Initiative was established in May of 1996. The purpose of the effort was for the Illinois Department of Human Services (IDHS), Division of Community Operations to link with faith-based communities to develop services through their ministries for families moving from Welfare to Work.

**Mission:** Partners For Hope is a partnership between the Illinois Department of Human Services (IDHS) and faith communities that supports families as they move from welfare to work. Our goal is to help families become self-sufficient and make sure they are connected to community services that will sustain them and give them hope.

**Motto:** Building Bridges into Faith Communities

**PFH Coordinators & Structure**

Illinois Department of Human Services, Partners For Hope Program is currently in partnerships with 1000 faith-based institutions. **Pastor Derrius M. Colvin**, Senior of First Progressive Church of Christ in Chicago and the Cook County Coordinator for the Illinois Department of Human Services (IDHS) Partners For Hope Program.

**Pastor Frederick D. Nettles Jr.**, of Living Word Fellowship Church in Springfield and Illinois Department of Human Services (IDHS), Downstate Partners For Hope Program Coordinator.
Cook County Region
Downstate PFH Regional Workgroups

The formation of four regional PFH committees, consisting of Regional Office Administrators and/or their designees, Local Office Administrators and/or their designees, and the PFH Downstate Coordinator. The four PFH regional committees will be responsible for designing, coordinating, implementing and evaluating a regional strategy for the PFH Program (e.g., establish goals, objectives and outcomes). The four PFH regional committees will also be responsible for developing an on-going relationship with DHS’ faith partners. The committees responsibilities will include: assessing the needs of the faith partners; defining DHS’ level of commitment to the Faith-Based Communities; highlighting programs within the Faith-Based Communities that are making a difference within their respective communities; and providing technical assistance to the Collaboration Workshop, the Grant Writing Workshop and the Program Development Workshop.

WHAT IS PARTNERS FOR HOPE?

A network of faith-based partners working with IDHS local and regional field offices throughout Illinois to support families in their communities who are trying to achieve self-sufficiency by creating local” Wrap-Around Ministries”. Each ministry is tailored to meet the unique needs of families living in that community. Some ministries have programs that help families in the following areas: job-search, job-readiness, job-skills training program; community service positions; GED program; nutrition and food-budgeting advice; second-chance or maternity home for expectant un-married minors who cannot live with their own parents; abstinence education; drug-treatment services; and medical assistance.

WHAT IS PARTNERS FOR HOPE DOING?

The Department has developed a PFH newsletter to help keep our Partners for Hope faith communities abreast of welfare reform changes, DHS services and programs, policy changes created by federal and state legislation, and inform them of possible Federal and State funding opportunities.

The Department of Human Services, Division of Community Operations is providing on-going grant-writing workshops designed specifically for faith-based organizations interested in receiving funding to support their programs. This is going on statewide and when ever possible linked to a specific funding opportunity.

Local IDHS offices throughout Illinois are integrating their local faith-based partners into their Resource Directory and Connection System that will replace the manual paper system. The new automated system will get customers connected faster to community services, enables customized follow-up, eliminate manual counting of resource referrals and connections, and save time in locating a resource for the clients, and in connecting
them to the appropriate faith-based program. We now have a statewide database of faith-based partners.

IDHS Division of Community Operations has established a statewide network of “Wrap-Around Ministries” through its local offices in collaboration with their local faith-based communities to help support families towards self-sufficiency.

**What is the Front Door Program?**

This another area where faith-based organizations around the state have partnered with IDHS to provide services to potential TANF applicants that have obtained employment prior to approval of their applications or for MANG clients who need assistance with employment expenses to keep their jobs and avoid going on the TANF rolls. This is usually a one-time benefit and applicants are tracked to avoid any misuse of funds. Some examples of those expenses are car repairs, car insurance, bus passes, clothing or initial childcare.

The faith partners are given a grant from the Department based on a formula of applicant enrollment history of the local IDHS office in their area. When the local office identifies an applicant who needs expenses, the applicant is referred to the faith partner for assistance. The faith partner meets with the applicant and issues the necessary amount to cover expenses. This program has been a very good preventive tool and successful in supporting families moving towards self-sufficiency.

**SOME EXAMPLES OF THE PARTNERS FOR HOPE “Wrap Around Ministries”:**

IDHS Partners for Hope initiative along with Illinois Department on Aging has implemented a Senior Pilot program in four sites, Rockford, Peoria and five neighboring communities, East St. Louis and Chicago/Auburn Park area. The goal is to connect low-income seniors to IDHS and IDOA services. So far, this project has connected over 500 seniors to services.

PFH has some successful mentoring programs (i.e. The annual Teen Conference for trouble youth in Illinois which is held at The Cathedral of Worship in Quincy, IL and The family mentoring program for rural area families in Massac County).

PFH Summer Youth Program (i.e. Abundant Faith Christian Center in Springfield sponsored a three week summer program for youths in the city enterprise zone area which resulted in over 200 youths being serviced. Katherine Durham from Durham Center of Performance Arts in East St. Louis provided a dance training programs).

An example of a PFH JOB CLUB is the Calumet Park local IDHS office partnership with Seven Holy Founders Catholic Church. They run a six-week program for TANF clients who have recently loss their employment, TWI clients, and new TANF applicants. This Job Club has one of the most successful employment rates in the state.
Partners For Conference more than 350 conference participants recently gathered in Springfield and Chicago to listen to Washington officials and community leaders who are leveling the playing field for faith-based institutions and community providers when applying for federal social service funding.

Among those in attendance were Steve Wagner from the U.S. Department of Housing and Urban Development and Floyd Blair from the U.S. Department of Health and Human Services as well as Mark Scott from the Corporation for National and Community Service Task Force on the White House Faith-Based & Community Initiative.

WHAT ON THE HORIZON FOR PARTNERS FOR HOPE?

Look at ways to enhance and expand Partners for Hope existing programs.

Continue to reach out to the faith-based communities and enlist new partners.

Create more faith-based partnerships in rural communities.

Look at ways to address the transportation issues possibly through PFH efforts.

Continue to assist faith-based organizations interested in establishing mentoring programs.

Continue to develop unique PFH strategies such as “Car Donating” programs.

Look for ways to expand the PFH senior program to other areas.

Collaborate with other state agencies that our interested in faith-based community programs.

Collaborate with Intermediary Faith-Based Organizations for the Compassion Capital Fund.

WHAT HAVE WE LEARNED SO FAR?

Having some funding to help support our existing and new faith-based programs is sorely needed especially in very poor or isolated communities where there are few if any other programs meeting the needs of our families.

After-school programs are needed, especially in the rural and poor urban areas.

Grant writing workshops are needed in faith-based communities. The workshops bring the faith-based organizations to an equal playing field with other non-profit groups so they can compete.
Bus transportation does not exist in rural communities. With the senior population rising we are seeing an increase need for some type of transportation options being created in rural communities. This might mean more opportunities for a PFH strategy. “CARS TO CAREERS” program has been a great success (i.e. the Peoria Friendship House has partnered with IDHS and given out over 100 donated cars to clients).

Summer Programs at faith-based sites are needed and have proven to be very successful.

Our larger urban faith-based organizations are able to offer prevention programs with little funding due to support from their own congregations.

Faith-based groups are often the first to respond to emergency needs, whether for HIV support groups or programs for ex-convicts, that’s why PFH has worked.

Since the passing of the **Charitable Choice Act of 1996**, faith-based groups are not afraid to take advantage of the funding opportunities.

**CHALLENGES**

Presently, Partners For Hope has no specific funding allocation so our faith partners provide much of the services and programs described in-kind. This means sustainability of our efforts may not be possible if our faith partners don’t see any kind of compensation for their efforts.

Getting community-based providers not to see the faith community as a threat to their funding and to get them to work together towards the same outcomes.

Final note, the Partners for Hope initiative has proven to be a tremendous tool in our Welfare to Work efforts. The diversity and quality of the programs and services we have been able to develop through this partnership has greatly exceeded our expectations. The Department feels with the expanded interest at the Federal on faith-based programs that Illinois again has the opportunity to be a leader nationally on developing effective models of partnerships between the faith community and government.

**Rural Initiative**

The Southern Seven Health Department (SSHD) serves the lowest seven counties in Illinois, which comprise the lowest per capita income within the state. It is an extremely rural area and Southern Seven provides a program for day care for infants 6 weeks to 12 months of age when referred who have been identified by a professional referral source as being at risk of increased morbidity and mortality. As a part of the daycare services individual homes throughout the seven county area will provide transportation to and from their homes to ensure that babies can receive care. The parents are provided with mentoring services by the day care provider to assist with proper and safe parenting of these at risk children.
These counties have no public transportation system and high poverty hence the families often do not have the transportation available for medical and day care services. They are also often isolated from other professional services hence the importance of these children who are at risk due to physical conditions may lead to poor growth and development or mental retardation. And parents who may be high risk due to teen pregnancy or birth complications, and number of preschool children in the home.

**Fatherhood Initiative**

Efforts outlined in the DCFS Program Improvement Plan (PIP) to strengthen the engagement of birth parents, in particular fathers, include the identification of existing parent advocacy groups in order to engage them in an on-going advisory role with the Department. A Fatherhood Initiative Planning Committee has also recently been established which will serve as a vehicle towards making policy recommendations as well as develop a training curriculum and plan to train DCFS and POS staff on how to better engage fathers in case planning for their children.

- Implement the Fatherhood Engagement Training (PIP Action Step 16.1f)

  Fatherhood Initiative Planning Committee monthly meetings to begin by 7/04
  Complete training curriculum by 10/04
  Establish training rollout plan by 1/05
  Begin training existing DCFS and POS staff by 3/05
Compliance with the Indian Child Welfare Act

All of the benefits and services described in this Child and Family Services Plan that are available to other children in Illinois are also available to native American Indian children. The Department continues its non-discriminatory policy in services and benefits provision to all youth and families we serve.

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

As of May 14, 2004, there were only 26 Native American children for whom DCFS had a legal relationship. (They constitute 1 out of every 1000 children served by the Department, or 0.1% of the caseload.) Nevertheless, the Department takes very seriously its responsibilities to serve this population appropriately and effectively. The Department will continue to acquaint its staff and private agency workers with appropriate policy, actions and services through rules, procedures, meetings, conferences, contracts, curricula, training and college level courses.

For several years, the Department has utilized state funds to contract with the Native American Foster Parent Association for assistance and advice with cooperative projects. Depending upon the nature and extent of the issues that needed to be addressed, the amount of the contract varies in each state fiscal year. The contract amounts have been as follows:

FY 97 $ 22,207  
FY 98 $ 95,138  
FY 99 $197,060  
FY 00 $273,573  
FY 01 $566,211  
FY 02 $ 94,791  
FY 03 $ 68,136  
FY 04 $ 58,136  

The Department’s contract with the Native American Foster Parent Association (NAFPA), located in Chicago, is designed to assist caseworkers in navigating the determination process for eligibility, enrollment and application for membership in a tribe. The Department has also supported NAFPA to provide outreach to the Native American population and Child Welfare regarding the needs of Native American children.
in the system and for foster parents to care for them. The Department recognizes tribal licensed foster homes and/or licenses Native American foster parents under the same criteria as relatives by definition of tribe/extended family. The Department also codes these homes on the CYCIS system differently to indicate the status as a Native American foster home.

The underlying principle of the Indian Child Welfare Act is to “protect the best interest of Indian children.” It was also designed to “promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children from their families.”

The Department will continue to comply with the purpose and intent of the Indian Child Welfare Act (ICWA) to protect the Indian child as a resource for Indian communities. DCFS recognizes that the Indian child is the primary element in the maintenance of Indian tribal culture, traditions and values. Therefore, the Department, in conjunction with Illinois Native American communities, organizations and agencies, provides a method of early identification of Indian children and their families, in order to provide services which assure all the additional protections afforded by the Indian Child Welfare Act.

In order for the Department to inform any Indian child, any parent of an Indian child, or any Indian custodian of the rights afforded under the Indian Child Welfare Act, the Department determines at intake if a child has any Indian lineage. When choosing an out-of-home placement, the Department will continue to give preference to the following order, absent good cause to the contrary, to placement with:

- A member of the Indian child’s extended family;
- A foster home, licensed, approved or specified by the Indian child’s tribe, whether on or off the reservation; and
- An Indian foster home licensed or approved by authorized non-Indian licensing authority; or
- An institution for children approved by an Indian tribe or operated by an organization, which has a program suitable to meet the child’s needs.

The Indian child’s tribe may establish a different order of preference by resolution, in which case the Department will make efforts to place the child according to these priorities.

The provisions of the federal Multiethnic Placement Act, which preclude the delay or denial of the placement of a child for adoption or into foster care on the basis of race, color or national origin, do not affect the application of the federal Indian Child Welfare Act [See 42 USCA Section 1996 b (3)].
Compliance with the Intercountry Adoptions Act

The Intercountry Adoption Coordinator is a full-time position in the Interstate Compact Office. Citizenship and Immigration Services (CIS) refers families to the International Adoption Coordinator on the information packet that families receive from INS. Many calls are received daily from families interested in the international adoption program. The International Adoption Coordinator provides consultation to both families and agencies seeking information on the international adoption process and the issues involved with international adoptions.

The International Adoption Coordinator has developed a draft of an International Adoption brochure that will explain the international adoption issues and the process and timeframes to complete an international adoption.

With the implementation of organizational changes under the new Administration and the evolving federal practices, finalization of the Internal Adoption brochure has been postponed. The current draft of this brochure, however, has been completed. Our International Adoption Coordinator is circulating this brochure to get the feedback of private agencies involved in international adoptions.

The Department is now waiting for formalization and implementation of the Hague Convention in order to ensure that the Brochure is consistent and accurate. It is the understanding of the Department that the U.S. anticipates implementing the Hague Convention sometime in 2006. Also, the brochure will apply specifically to Illinois families, although it will contain the process for international adoption in general. The Department of State already has a brochure on its web site that provides detailed information on the current Intercountry adoption process. The Department will share an electronic version of the International Adoption Brochure with the Administration for Children and Families when it is finalized and approved.

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

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

We understand that the Federal government requires us to track disrupted international adoptions that result in an admission into the public child welfare system. We know of no state that has a system for completing this task. In the past, we have requested the ACF to provide us information on any state that we could model.
At this point, the Interstate Compact for the Placement of Children relies on information: formally provided by the hotline; and, reported by the international adoption agency. This is certainly less precise than what we would want.

Previous attempts to comply with this requirement have been incomplete and delayed as a result of the slower than originally anticipated rollout of the SACWIS data system in the state. Some basic data gathering has begun, as it relates to disrupted Intercountry Adoptions, with Phase I and Phase II of SACWIS. But the ability for generating reports and tracking of more detailed data is yet to be developed in Phase III. Therefore, the integration of the complete and complex data needs relative to tracking Intercountry adoptions who enter state custody will be part of the Department's Phase III implementation of SACWIS. Development of Phase III will begin in 2005. As part of that integration we will seek guidance from the National Resource Center for Information Technology in Child Welfare and Special Needs Adoption as we develop Phase III of SACWIS. It is also hoped that implementation of the Intercountry Adoption Act of 2000 will occur in the United States during that development.

In addition to the HHS requirement, the Department has an obligation, under international treaty, to notify the foreign country whenever one of their citizens comes into our custody. The Interstate Compact for the Placement of Children discussed the plan with the SACWIS design team to learn the nation of birth of all children coming into DCFS system so that it could then check the legal status and comply with the relevant HHS and international reporting requirements.

The following information from the website of the Bureau of Citizenship and Immigration Services is worth noting:


The IAA will not take effect until the United States implements the Convention. Implementation will occur only after the Citizenship and Immigration Services and the Department of State publish implementing regulations in the Federal Register and the United States deposits the instruments of ratification with the Permanent Bureau of the Hague Conference. The projected time frame for implementation of the Convention and the IAA the U.S. to ratify the Convention and bring it into force between other party countries is early 2006.

In view of the preceding revelation, we need guidance from the Administration for Children and Families of the date the Intercountry Adoption Act (IAA) will become effective.
Research, Evaluation and Technical Assistance

Evaluation and research activities of the Department are designed and intended to support the goals and objectives in the Child and Family Services Plan that are integrated with the Program Improvement Plan (PIP) that originated from the Child and Family Services Review of the Department. The following research projects are being conducted for the Department by the Chapin Hall Center for Children at the University of Chicago.

Residential Care in Illinois: Trends and Alternatives

The fact that some children and youth live in residential care for many years raises concerns about their current well-being and their life after residential care. In addition, the considerable cost of residential care requires that DCFS review closely its utilization of this resource. Core policy issues on the utilization of residential care relate to whether it should be viewed primarily as a long-term option for foster children (“orphanage”) or as a short-term, need-based resource, and whether there are viable and productive alternatives that either divert youth from residential care or function as planned placements following a stay in residential care.

Although youth in residential care have significant service needs, some of them may need only short stays in residential care. Other youth may be able to progress better toward adulthood in family-like living arrangements, especially if they and their caregivers receive sufficient and appropriate supportive services. In other states, therapeutic foster care programs, often with some form of wraparound services, have been shown to be an effective placement option for some youth. In addition, some innovative short-term residential treatment programs are attempting to work more closely with family members and the community in order to facilitate reunification and permanency outcomes.

But efforts to improve service provision and well-being for youth and to control costs must take into account the widely perceived increase in the severity of psychiatric distress and need among youth in residential care. Residential care providers are increasingly being asked to provide shorter-term services for what they believe to be an increasingly troubled population of youth. A recent Chapin Hall study documented one potential indicator of changes in the severity of the residential care caseloads in Illinois—an increasing majority of youth entering residential care for the first time have had seven or more placements prior to their first entry into residential care. This finding shows the failure of the system to provide stable foster care placements and permanency for some young people. Furthermore, the trauma of prior placement disruptions may exacerbate the trauma of maltreatment experienced by youth in their own families, making helping them in any subsequent placement, including residential care, much more difficult.

Thus, the fundamental challenges in crafting an effective substitute care system for youth involve developing residential care options and a continuum of placement options that surround residential care, ensuring that these options are used selectively to meet the unique needs of a wide range of youth, and assessing the effectiveness of substitute care in achieving sometimes competing outcomes for youth, families, and the child welfare
system (e.g., placement stability, permanency, reducing length of stay, and enhancing well-being).

This study is designed to inform efforts to address these challenges and to improve the current system of substitute and residential care for youth. More specifically, this study is designed to examine and explore the following three over-arching issues: utilization of residential care, placement outcomes, and alternatives to long-term residential care. Five interrelated study components are being used to address a diverse set of research questions relating to these topics:

- Analysis of administrative data on residential care utilization and placement outcomes;
- Residential treatment program profiles;
- Decision-making on referrals to residential treatment;
- What happens to youth who are not permitted to enter residential care? Interviews with foster parents, caseworkers, and gatekeepers in 12 cases in which youth were not accepted for residential treatment; and,
- A review of promising ideas about the continuum of services for youth and alternatives to residential care.

In addition, targeted literature reviews will be conducted to support the above activities.

**Academic Performance of Foster Children**

The academic performance of foster children, while in the care of DCFS, is a federally mandated area of concern. More importantly, ensuring that the foster child’s education is attended to in the most appropriate manner so that additional disadvantage does not befall these children is a central responsibility of the Department. Maximizing educational opportunities and performance and minimizing risks and disadvantage entails commitment by the Department, the schools, and the foster parents or caregivers.

Research has shown that children in foster care performed worse on academic achievement tests and had lower high school graduation rates than non-foster youth. Other studies show that foster care youth had high rates of school discipline, emotional, or behavioral problems, and many experienced suspensions or expulsions from school in the past year. School problems, in turn, have been found to be a predictor of placement instability, and placement changes can lead to further school transfers and additional educational disruption.

Through work conducted in partnership with the Chicago Public Schools (CPS) and the Consortium for Chicago School Research, a great deal has been learnt about the academic performance of foster children and children reported for abuse or neglect in Chicago. School enrollment among foster care children was found to be concentrated, with a significant number of children attending a small number of CPS elementary and high schools. Other findings from this work were the larger number of children in foster care with a special education classification (relative to non-foster care youth), the extent
of school mobility among this population before and after placement in care, high absence rates – particularly during the transition to high school, and low high school graduation rates. Although progress has been made in breaking down the complexity of factors influencing the educational experiences and trajectories of foster care youth here in Chicago, these findings have really just scratched the surface of what can be learned in order to help policy makers improve both the schools and the child welfare system in ways that will lead to improved academic performance.

The proposed research is designed to re-examine the issues of achievement, attendance, mobility, and special education classification for all children currently in DCFS care as well as those who have had an indicated report of abuse and neglect but not an out-of-home placement. This study also seeks to understand how foster parents and caregivers view their roles in the education of foster children. The study findings will help to understand what barriers these caregivers face and what types of supports they use or need in order to advocate for the educational needs of the children in their care. The study findings will also help in more fully understanding the challenges that caseworkers face around school issues, the challenges that school personnel face in educating foster children, and any barriers or facilitating factors regarding issues of professional collaboration between the education and foster care systems. Many of the issues being addressed through analysis of administrative data will need to be augmented by one-on-one interviews in order to fully understand the complex service provision issues involved and to better understand the communication flow and the roles of parents, caseworkers, and school personnel.

Foster Children Who Run Away

Chapin Hall is conducting an exploratory study in Cook County to examine the antecedents and consequences of foster youth running away from substitute care. It is essential to better understand what these young people in foster care run away from and what they are running to. This work is intended to support DCFS in its efforts to improve the safety and well-being of children in care – to reduce the incidence of running away, interdict children and youth who run away, and protect youth from attendant hazards they may encounter during the "run"--until they can be reunified with their families or permanent placements are arranged. Successful prevention of running away requires broad and deep knowledge of the paths that young people take in deciding to run away and what factors influence those paths. Both individual and program-related factors that predict, encourage, and prevent flight need to be investigated in order to suggest practice, programmatic, and policy approaches to the problem.

Multiple methods will be employed for this study. Chapin Hall will review the appropriate literature, primarily focusing on empirical research. Much of the information useful in this study will be obtained from data drawn from the administrative records of the Illinois Department of Children and Family Services, Chicago Public Schools, and Medicaid claims data. The information from administrative records will be complemented by data collected from individuals with expertise on different aspects of running away. These expert informants include DCFS and private agency staff,
institutional staff, foster parents, and professionals in child welfare and related disciplines. Vital information will be known only to foster youth who have run away, and interviewing them will be critical. Additional information about these demonstration waivers is included in the Final Progress Report on the FFY 2000-2004 Child and Family Services Plan.

**Waiver Evaluations**

The Department supports rigorous evaluation of its three federal IV-E waiver demonstrations under the direction of the Children and Family Research Center of the University of Illinois at Urbana-Champaign.

**Subsidized Guardianship Waiver**

The Department has received waivers from the federal Department of Health and Human Services under Section 1130 of the Social Security Act to operate a child welfare demonstration project. The program offers a subsidized private guardianship arrangement for a random sample of children for whom the permanency goals of return home and adoption have been ruled out as evidenced by an assessment documented in the service plan. A Research Advisory Group that was jointly convened by DCFS and the Governor’s African-American Family Commission oversees the evaluation.

**Alcohol and Other Drug Abuse Waiver**

DCFS has been granted additional waiver authority under Section 1130 of the Social Security Act to provide enhanced alcohol and other drug abuse (AODA) and individualized services to families affected by alcohol and other drugs. The purpose of the demonstration is to improve permanency outcomes for children of parents with AODA problems and to reduce the negative impact of parental AODA on children by assisting the family in treatment and recovery. Specifically the project is expected to result in higher rates of reunification, a reduced number of days in foster care and fewer re-allegations of abuse or neglect.

**Enhanced Training Waiver**

In FY2002, the US Department of Health and Human Services granted Illinois its 3rd IV-E waiver. It allows IDCFS to waive specific restrictions on the use of federal training funds to provide private agency with enhanced training to raise worker skills and to improve outcomes for children and families. The Research Center houses the administrative apparatus that oversees the implementation and evaluation of the training waiver.
Coordination Efforts to Integrate the activities Under the CFSP With the Goals and Objectives of the Demonstration Waivers

The goals, objectives and activities in the FFY 2005-2009 Child and Family Services Plan will be fully integrated with the goals, objectives and activities of the following three demonstration waivers:

- Subsidized Guardianship Waiver
- AODA Waiver
- Training Waiver

The Department plans to initiate the following efforts for the intended integration:

- The Office of Program Development and Support (OPDS) will obtain information on the goals, objectives, activities and current status of the three demonstration projects from the Project Directors of the demonstration waivers.
- The OPDS will identify the relationship between the CFSP and the demonstration waivers activities.
- The OPDS will have a meeting with each Project Director of the Demonstration Waivers and the Children and Family Research Center to achieve integration.
- The OPDS will participate in the implementation workgroups and the research workgroups of the three waivers.
- The Department will notify the ACF if any changes are needed in the activities of the CFSP and the demonstration waivers to achieve integration.

Reinvestment of Cost Savings Resulting from the Demonstration Waivers

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

The AODA waiver cost-savings have been reinvested for recovery coaches (a support offered to some substance abusing parents throughout their treatment) and counseling and other supportive services.

The summary above really describes how cost-savings would be used, but to be more specific in relation to the SG and AODA waiver: By reducing case loads as evidenced by the FY05 POS contracts being reduced to caseload ratios of 15 to 1. Other areas would be case management activities related to non IV-E eligible children, counseling and other support services.
The Department started implementing the Training Waiver in August 2002. The Department, therefore, has not participated in the program for a long enough period of time to realize cost savings for reinvestment purposes.

**Technical Assistance**

The technical assistance activities that will be undertaken to support the goals and objectives in this plan include the following:

- Assurances and certifications will be disseminated to the relevant organizational units of the Department that perform the related functions and technical assistance would be provided for the implementation of the assurances and certifications.

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

In the late 1990’s, the federal government began a program to offer states incentive bonuses for increased adoptions. The manner in which they set up the program assured that the states most successful in the early years of the program would not continue to receive the incentives in later years: The incentives were based on the increase in the absolute number of adoptions in one federal fiscal year as compared to the previous one. States with very large increases in adoptions would receive the most funds early in the program, but would markedly reduce the number of children waiting for adoption. In a situation like this (substantial early success), no matter how high a rate of adoption (the rate of adoptions per thousand children in foster care), the smaller number of waiting children will results in a decline in the absolute number of children who are adopted per year after the early years.

This is the effect of the program in Illinois. Early awards have been followed by no award after SFY 01. The Department has received no award in SFY 02 or 03, and no award in FY 04 through June 14, 2004. An award of approximately $900,000 is anticipated for adoption achievements in FFY 03, but has not yet been received. At this point it would appear that it would be received in SFY 05.

**Bonus Details**

To date, Illinois has received incentive payments totaling $28,868,000. Of these funds $14,606,000 was received in state FY 2000 for adoptions performed in parts of state fiscal years 1998 and 1999. Another $14,262,000 was received in state FY 2001 for adoptions performed in parts of state fiscal years 1999 and 2000. These funds flowed into the Children’s Service Fund, and were used in Adoption account code 220-41817-4400-05-00 and in Foster Care account code 220-41817-4400-02-00. They helped pay for:

- the increased number of adoptions subsidies due to the great increase in adoptions;
• an increase in the Adoption Information Center of Illinois contract in order to inform people throughout the Midwest of children waiting for adoption and to perform adoption matches;
• increased intensive Adoption Preservation services for adoptions in danger of dissolution;
• additional Post-Adoption Counseling services;
• performance bonuses to foster care agencies under performance contracts with the Department (the funds were used to set up post-adoption therapy groups for parents and children); and,
• adding adoption workers to performance foster care contracts to increase the rate and number of adoptions.

All of the purchased services referred to above have continued to increase every year since FY 01. They will continue to increase in FY 05 as compared to FY 04 by more than the anticipated amount of award for FFY 03 adoption achievements (about $900,000).

As the table below demonstrates, the increase in adoption services from year to year has greatly exceeded the amount of federal incentive payments.

**Adoption Appropriation Expenditures State SFY 97 through State SFY 05**

<table>
<thead>
<tr>
<th>State FY</th>
<th>Year Adoption Bonus Actually Received</th>
<th>DCFS Adoption Expenditures</th>
<th>$ Increase from Previous Year</th>
<th>% Increase from Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 97 actual</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SFY 98 actual</td>
<td>54,208,257</td>
<td>19,685,945</td>
<td>36.3%</td>
<td></td>
</tr>
<tr>
<td>SFY 99 actual</td>
<td>109,946,204</td>
<td>36,052,002</td>
<td>48.8%</td>
<td></td>
</tr>
<tr>
<td>SFY 00 actual</td>
<td>14,606,000</td>
<td>61,670,867</td>
<td>56.1%</td>
<td></td>
</tr>
<tr>
<td>SFY 01 actual</td>
<td>14,262,000</td>
<td>44,556,298</td>
<td>26.0%</td>
<td></td>
</tr>
<tr>
<td>SFY 02 actual</td>
<td>248,133,813</td>
<td>31,960,444</td>
<td>14.8%</td>
<td></td>
</tr>
<tr>
<td>SFY 03 actual</td>
<td>266,557,132</td>
<td>18,423,319</td>
<td>7.4%</td>
<td></td>
</tr>
<tr>
<td>SFY 04 estimated*</td>
<td>281,820,000</td>
<td>15,262,868</td>
<td>5.7%</td>
<td></td>
</tr>
<tr>
<td>SFY 05 projected*</td>
<td>900,000</td>
<td>11,677,400</td>
<td>4.1%</td>
<td></td>
</tr>
</tbody>
</table>

*Note: These are the most accurate estimates and projections available as of June 14, 2004. Spending has not been completed for SFY 04 and a State budget has not been passed for SFY 05 as of this date.

Note that the increases in spending from the previous years greatly exceeded the amounts of the adoption bonuses, and that the two years of greatest increases in spending for adoptions were the two years the bonuses were received. What this means is that the previous adoption incentive bonus payments have long since been received and spent, and that they were spent appropriately for adoptive and post-adoptive services.
The Child and Family Services Review (CFSR) of the Department provided some suggested areas for improvement in the diligent recruitment of foster and adoptive homes. The most significant suggested area was to develop and implement a more coordinated and comprehensive state recruitment plan. While the state was not required to provide a program improvement plan in the area of diligent recruitment of foster and adoptive families, a Program Improvement Plan (PIP) committee was none-the-less formed. The recommendations and action steps included in the PIP report will be the basis upon which the state develops a more coordinated, comprehensive, and statewide strategic planning process for recruitment, training, licensing, support, and retention of foster and adoptive parents. The PIP report recommended objectives and action steps in five issue areas. These will be more fully explored by a workgroup to be convened in June of 2004. The workgroup will submit final recommendations for objectives and action steps to be included in the state recruitment plan.

**Issue Area 1**

The state lacks a well-coordinated statewide recruitment effort. While multiple initiatives are in place, there is lack of coordination and consolidation among them.

**Objective 1**

Develop a uniform strategic planning and needs assessment process around recruitment, retention, training, licensing and support of resource families.

**Action Steps to be Considered**

- Design a standardized needs assessment instrument and planning process.
- Conduct LAN and Regional needs assessments to determine the child population, current intake trends, needs of children etc.
- Compare this report to resource family reports and utilization reviews to determine the recruitment, retention and support needs of specific LANs or community areas.
- Identify and send AFCARS data, state system data, etc. to the regions and LANs for analysis and support of needs assessment and strategic planning process.
- Provide technical assistance to the regions to ensure standardization of the use of the needs assessment instrument and planning process.
Objective 2

To better understand why the state has 7,000 unutilized licensed homes and where unutilized homes could be “re-recruited” or developed to take children in care. (There are 17,600 licensed foster homes in the state and only 40% are being utilized at any point in time).

Action Steps to be Considered

- Create standard utilization review tool and protocol.
- Conduct a LAN, site, or community based utilization review to assess and determine several factors:
  (a) Resource home to waiting child ratio
  (b) The needs and preferences of resource families vs. the foster care and adoptive needs of children.
  (c) Specific needs of children not being met by the current pool of resources families
  (d) Targeted recruitment efforts that may be needed
- Analyze results of utilization review to determine why current homes are not utilized
- Develop a profile of children requiring out of home care
- Develop a standardized discussion guide for foster parent focus groups around why foster parents are not taking placements.
- Conduct focus groups with licensed families to determine their needs
- Develop training or individual family development plans to increase utilization rates
- Review Rule/Procedure 402 to add language that a family must meet the programmatic needs of the agency, i.e. accept placements of children needing out of home care, as a requirement for licensing
- Explore the viability of using unutilized homes in other ways that support children in foster care. These would include: as mentors, tutors, respite providers, host families for youth in college and sibling visit hosts.

Objective 3

Review all recruitment plans and initiatives and develop an integrated set of values, priorities, and outcomes that would apply statewide, in both the public and private sector. Ensure that core values are met in the design and implementation of community specific recruitment strategies.

Objective 4

Address race disparity issues relevant to the current pool of foster and adoptive homes and subsequent recruitment efforts.

Action steps to be Considered
• Conduct an analysis of the racial/ethnic makeup of the child welfare population by Region, LAN and community area using AFCARS and other data
• Determine the racial/ethnic makeup of the caregiver population
• Note areas of disparity and design a targeted recruitment plan that reflects the racial/ethnic characteristics of children in care from specific areas.
• Review Department Rule 307 to ensure Native American children are being properly identified and placed.
• Develop appropriate recruitment and identification plans based on the identification of any race disparity issues that become apparent related to Native American children.

Objective 5

To improve, coordinate, and integrate the state’s strategies for finding homes for children waiting for adoption and matching waiting children with families who hope to adopt.

Action steps to be Considered

• Examine the various child-specific efforts now in effect (i.e., AICI, Wednesday’s Child, Adopt US kids, One Church One Child, HOTEP, the Legacy Project) toward the end of developing a coordinated, integrated approach to a singular statewide recruitment plan.
• Integrate the recommendations from the matched adoption workgroup to ensure that the State Recruitment Plan addresses not only foster care recruitment, but also recruitment of families for children waiting for adoptive placements.

Objective 6

Develop a statewide tracking system for recruitment and resource family utilization

Action steps to be Considered

• As part of the needs assessment process set specific goals and objectives for each region, LAN, or community area specialized and targeted recruitment efforts.
• Integrate recruitment tracking and utilization into the SACWIS resource functionality

Issue Area 2

Effective recruitment requires a timely and coordinated response to applicants

Objective 1

Ensure there are adequate numbers of Licensing and Family Development Staff in areas where new recruitment, development, licensing, and support of homes is needed.
Action steps to be Considered

- Determine whether current staffing levels are sufficient in both the public and private sector to conduct targeted recruitment in specific geographic areas or areas of special need by comparing/analyzing waiting child ratio reports to LAN-based utilization reviews.
- Determine what offices in the public and private sectors have staffing needs.
- Determine whether staff in the public and private sectors can be assigned or transferred within their respective agencies to balance workloads and provide sufficient staff coverage by meeting with union reps and management staff.
- Emphasize licensing focus on target population (needs assessment)
- Revise job description and provide training to support a family development approach to licensing.
- Link/pair licensing and recruitment staff.
- Assign both functions to same supervisor
- Ensure that recruitment messages and campaigns are tied to needs assessment.

Issue Area 3

The current case assignment practice is a barrier to keeping children in their communities

Objective 1

Begin to monitor agency performance in keeping children in their communities.

Action steps to be Considered

- Develop matching and placement standards for placing children in their communities.
- Develop a performance, monitoring and tracking system for community-based placements of children coming into care.

Objective 2

Develop matching processes to ensure that “best” and stable placements are made.

Action steps to be Considered

- Explore the possibility of the case assignment unit being charged with placement evaluation and matching.
- Develop placement and matching criteria that goes beyond the current rotation system and that reflects core values and state system goals.
- Develop and process and procedure for including prospective foster parents in placement decisions.
**Issue Area 4**

The state lacks a uniform, standardized home study assessment process for foster and adoptive parents.

**Objective 1**

Develop an integrated, uniform, and statewide assessment process for foster and adoptive families.

**Action Steps to be Considered**

- Coordinate and consolidate the various procedures and tools used by the licensing and adoption staff.
- Review the existing tools: CFS590 home study/forms outline standardized narrative, and supporting documents (i.e. medicals, references etc.)
- Develop training and enforce compliance.
- Ensure that anyone recommending a license must meet the same standards.
- Standardize the filing format.

**Issue Area 5**

Delays involved in accessing information and completing home studies through the Interstate Compact for the Placement of Children (ICPC) in border states.

**Objective 1**

Begin to identify and address system barriers, which prevent utilization of foster homes in the border states to Illinois, which include Missouri, Kentucky, Iowa, Indiana, and Wisconsin.

**Action steps to be Considered**

- Review the ICPC response process for the bordering states.
- Review staffing levels for ICPC.
- Train workers on the use if the interstate compact process.
- Explore an expedited ICPC process for neighboring states.

**Current Status**

The Diligent Recruitment section of the Child and Family Services Plan for 2005-2009 is written around 5 Issue Areas addressed by ACF in our Child and Family Services Review. Each issue area identifies objectives and action steps to be considered by a recruitment workgroup convened to study the issues, develop strategies, and submit a statewide recruitment plan for approval and submission in accordance with Title IV-B requirements. The workgroup will be convened in September to begin this work. (See time-line below.) However, the state has already
begun to develop and test strategies around several key Issue Areas through its Family to Family sites and the Office of Foster Parent Services. These activities are occurring in various communities around the state. They include:

- Developing and testing a standardized needs assessment process.
- Developing and implementing a process and protocol for utilization reviews of foster and adoptive homes.
- Geo-mapping and profile development of children in care by region, community and LAN.
- Development of and utilization of discussion guides and focus group formats with currently licensed but unutilized homes, and with homes that serve teenager
- Developing and testing a model for utilizing foster homes in other capacities such as serving as Host Families for youth in college.
- Addressing race/cultural disparity issues in workgroups designed to discuss/analyze data and strategies that address the identified disparities.
- Working with the Photo Listing Service to refocus its efforts on targeted and child specific recruitment.

Proposed Timeline for Developing a Strategic Planning Process for Recruitment

**September 2004:** Workgroup convenes to strategize, identify existing related activities and data sources, receive assignments and review the five issue areas.

**October 2004:** Workgroup discusses (data) reports of current foster care population and resource homes. Hears status reports from Family to Family and other recruitment projects on what they have learned and their recommendations. Forms subcommittees to address objectives in each of the five issue areas.

**November 2004:** Sub-committees report progress and discuss obstacles/questions.

**December 2004:** Sub-committees report progress. Begin to draft strategic planning process to include needs assessment, utilization review, recruitment planning tools, format, process, and time frames to be carried out in each region.

**January 2005:** Seek administrative approval of strategic planning process.

**February 2005:** Distribute the needs assessment, foster care pool data, and data collection instruments to the DCFS regions.

**March-April 2005:** Provide technical assistance to the regions as they carry out their needs assessment and utilization review and develop their recruitment plans.

**May 2005:** Regions submit recruitment plans to the Office of Foster Parent Support Services. State recruitment plan is developed and submitted for approval.
June 2005: State recruitment plan is submitted to ACF in accordance with Title IVB. CFSP is updated to reflect the new planning process and state recruitment plan.

July 2005: Tracking of the state plan takes place at the field office, LAN, and regional levels. Each region reports process back to the state office. Progress will be reported annually in the CFSP annual update.

Staff Development and Training Plan

The Training and Development Services unit of our Department has been in discussion with the ACF Regional Liaison and other staff regarding the Staff Development and Training Plan of the Department. They are aware of the reasons behind the delay in submitting the Staff Development and Training Plan. The unit expects to be able to submit the interim FFY 2005 Staff Development and Training Plan to the ACF Regional Liaison by September 10, 2004.
The signed assurances and certifications starting on the next page are an integral part of this Child and Family Services Plan.
Title IV-B Child and Family Services Plan: Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B sections 422(b)(10), 422(b)(12), section 422 (b) (14), sections 432(a)(4), 432 (a)(7) and 432(a)(9). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that it will participate in any evaluations the Secretary of HHS may require.
2. The State assures that it will administer the CFSP in accordance with methods determined by the Secretary to be proper and efficient.
3. The State assures that it has a plan for the training and use of paid paraprofessional staff, with particular emphasis on the full-time or part-time employment of low-income persons, as community service aides; and a plan for the use of non-paid or partially paid volunteers in providing services and in assisting any advisory committees established by the State.
4. The State assures that standards and requirements imposed with respect to child care under title XX shall apply with respect to day care services, if provided under the CFSP, except insofar as eligibility for such services is involved.
5. The State assures that it is operating, to the satisfaction of the Secretary:
   - a statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
   - a case review system (as defined in section 475(5) for each child receiving foster care under the supervision of the State;
   - a service program designed to help children—where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement; and
   - a preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families; and
   - The State assures that it has implemented policies and administrative and judicial procedures for children abandoned at or shortly after birth that are necessary to enable permanent decisions to be made expeditiously with respect to the placement of such children.
6. The State assures that plans will be developed for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.
7. The State assures that it will collect and report information on children who are adopted from other countries and who enter State custody as a result of the disruption of an adoptive placement, or the dissolution of an adoption. Such information will include the reasons for disruption or dissolution, the agencies
who handled the placement or adoption, the plans for the child, and the number of children to whom this pertains.

8. The State assures that no more that 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs and that the remaining expenditures shall be for programs of family preservation services, community-based family support services, time-limited reunification services and adoption promotion and support services, with significant portions of such expenditures for each such program.

9. The State assures that Federal funds provided to the State for title IV-B, Subpart programs will not be used to supplant Federal or non-Federal funds for existing services and activities.

10. The State assures that, in administering and conducting service programs under this plan, the safety of the children to be served shall be of paramount concern.

Effective Date and State Officials Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: ____________________________________________

Title: __________________________________________________

Agency: Illinois Department of Children and Family Services

Dated: _________________________________________________

Reviewed by: ___________________________________________

(ACF Regional Representative)

Dated: _________________________________________________
STATE CHIEF EXECUTIVE OFFICER'S CERTIFICATIONS
FOR THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

As Chief Executive Officer of the State of Illinois, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];

2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];

3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];

4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];

5. The State will adequately prepare prospective foster parents with the appropriate knowledge and skills to provide for the needs of the child before a child, under the supervision of the State, is placed with prospective foster parents and that such preparation will be continued, as necessary, after the placement of the child. [Section 471(a), as amended];

6. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];

7. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State under subsection (c) with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for
disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

8. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such tribes; and benefits and services under the programs will be made available to Indian youth in the State on the same basis as to other youth in the State [Section 477(b)(3)(G)];

9. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and

10. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

Signature of Chief Executive Officer

Date
STATE CHIEF EXECUTIVE OFFICER’S CERTIFICATION
for the
EDUCATION AND TRAINING VOUCHER PROGRAM
Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Illinois, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions will be implemented as of September 30, 2003:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
   • ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
   • avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(3)(b)(J).

_________________________________________
Signature of Chief Executive Officer

_________________________________________
Date
State Chief Executive Officer's Assurance Statement for
The Child Abuse and Neglect State Plan

As Chief Executive Officer of the State of

**Illinois**, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1) provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i));

2) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii));

3) the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii));

4) procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv));

5) triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v));

6) procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi));

7) provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii));

8) methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
   a) individuals who are the subject of the report;
   b) Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
   c) child abuse citizen review panels;
d) child fatality review panels;
e) a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
f) other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii);

9) provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix));

10) provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x));

11) the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi));

12) provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii));

13) provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings—
   (a) to obtain firsthand, a clear understanding of the situation and needs of the child; and
   (b) to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii));

14) the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv));

15) provisions, procedures, and mechanisms –
   (a) for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
   (b) by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv));
16) provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction—
   a) to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;
   b) to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) or another child or such parent;
   c) to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
   d) to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi));

17) provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii));

18) provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii));

19) provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix));

20) provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx));

21) provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi));

22) not later than June 25, 2005 (2 years after the enactment of Public Law 108-36), provisions and procedures for requiring criminal background checks for prospective
foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii));

23) procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
a) coordination and consultation with individuals designated by and within appropriate health care facilities;
b) prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
c) authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B)); and

24) authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113).

Signature of Chief Executive Officer:

____________________________________

Date: ___________________________

Reviewed by:_______________________________________________

(ACF Regional Representative)

Dated:_____________________________________________________