ILLINOIS CHILD WELFARE
TRANSFORMATION

2016–2021 STRATEGIC PLAN

Illinois Department of DCFS Children & Family Services

Illinois CARES for KIDS and FAMILIES

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Bruce Rauner
Governor

George H. Sheldon
Director


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Illinois
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MISSION, VISION & VALUES

MISSION:

To promote prevention, child safety, permanency and well being. We bring the voices of Illinois children and families to the forefront, building trusting relationships that empower those we serve.

VISION:

Communities strengthening families to ensure every child is safe, healthy and productive at home and in school.

VALUES:

We value Trust.

We value Compassion.

We value Accountability.

We value Responsiveness, Relationships and Respect.

We value Empathy.

We value Safety.

DIRECTOR'S MESSAGE

Director George H. Sheldon

To the Citizens of Illinois:

This is the first formal strategic plan for the child welfare system of Illinois. It is more than a plan for the Department of Children and Family Services. This system, including community partners, foster and biological parents and the children and youth themselves, are all affected by this plan and have all had a strong voice in the many, many elements of this plan.

General Dwight D. Eisenhower, who was the Supreme Allied Commander responsible for the D-Day invasion of 1944, liked to say that the plan itself was nothing, but planning was everything. What he meant was that circumstances change, but a good plan provides a focus for preparation and lets each soldier know what he needs to achieve.

Although we expect that our plan will adapt over time, our larger vision and direction is clear. We must do the right thing for our children and youth. We must strengthen families whenever we can. If we bring young people into state care, we must recognize both the trauma of their past family life and the trauma of their removal and separation from their homes and the life they have known, and we must embrace them with services and the love and care of stable adults until we find them a permanent home. We must help them lead normal lives as children and teenagers preparing for adulthood as normal, successful, happy people.

We must give people hope and show them a path to a better future.

Our agency and our system of care have already begun turning in the direction of the new destination described in this plan. But we have a long way to go, and we cannot rest until this system is good enough for our own child.

Join us on this journey. We need good foster parents, who will partner with biological parents whenever possible to do what is best for children and youth. We also need all of the others who touch the lives of children to understand the challenges our young people in this system face, the challenges of those children who, through no fault of their own, find themselves in struggling families or taken into the foster care system. Nothing we can do in child welfare has more significance in a child's life than the consistent attention of a stable, caring, responsible adult. That may be a coach, a teacher, a relative, or a friend if the parent is not functioning in that role.

We welcome your comments, your concerns, and the contribution of your time and energy for the children and families of Illinois.

George H. Sheldon

Director
Department of Children and Family Services

2020 VISION

THE TRANSFORMATION OF CHILD WELFARE IN ILLINOIS

On the horizon we can see where we are going.

We are headed toward a community that embeds in its culture and daily life the conviction that every child needs and deserves a secure and healthy attachment to a consistent and committed adult. It is a community that husbands its resources, public and private, to strengthen families. When a family is in distress, the community steps in to secure the safety of the children and to help parents help their children reach their full potential. Even when a family neglects or even rejects a child, this community does not leap to take custody but first attempts to turn the disorganized family attachment into a healthy and secure one. When a family cannot be safely kept together, the community steps in to take temporary responsibility for the child, embraces the child with services, emphasizes possible restoration of the family, repairs or replaces the broken adult attachments quickly and effectively, and ensures that the child is established expeditiously in a new permanent family.

> WE HOLD THESE TRUTHS TO BE SELF-EVIDENT,
>
> *that all men are created equal,*
> *that they are endowed by their Creator*
> *with certain unalienable Rights that among these are*
> *Life, Liberty and the pursuit of Happiness.*
>
> *–The Declaration of Independence, July 4, 1776*

The community chooses this approach because it is also in the interest of the broader community, as citizens and taxpayers. The supports for these families at risk are not an entitlement program or ongoing support but an intervention to deal with specific threats to the family and the children in that family. The vast majority of children who come into the foster care system are removed not because of abuse but because of some form of neglect, often as a result of substance use or mental illness or poverty. The cost to taxpayers for a child in care is substantial, and the trauma can be as substantial as the trauma that prompted the removal. Often a much smaller investment can allow the family to stay together and keep the child out of foster care. When this can be done safely, it is a better outcome for children, for their families, and for the community and the taxpayers.

There is a common impression that removal from "bad parents" and placement in a "better" home is an obvious preference. It usually isn't so. The home life of children in care may not have been a fairy tale life, but a move into foster care is no trip to Disneyland. Disruption of a family is painful and traumatic for a child, with enduring effects. Removal may be necessary, in some cases; like surgery, however, it is reserved for use only when other alternatives have failed. In such cases, the quality of care after removal makes a significant difference. This community recognizes the need for more well-qualified foster parents and for home settings with a consistent adult caregiver in preference to shift care, This community recognizes the urgency of minimizing the time a child spends in the uncertainty of foster case before finding a permanent home. The community also recognizes that reunification is the preferred path to permanence.

The child or youth in care not only requires a good foster home but has more intensive needs than most young people because of the additional trauma preceding the removal. "Adverse childhood experiences," or ACEs – such as abuse, neglect, mental illness of parents, or an unstable family structure – are widely recognized as sources of anxiety, depression, panic or other psychological reactions. These in turn produce long-term dysfunction, including chronic health issues, alcoholism, negative behavior in classrooms, criminal behavior or

even suicide. Young people suffering the effects of these adverse childhood experiences and having no strong adult in their lives are most at risk of finding a "home" in gangs and engaging in behavior that victimizes others and endangers themselves.

Our destination is a community that recognizes the human and economic value in dealing comprehensively with these traumas as early as possible in a person's life. Punishment is often counterproductive. Therapy alone is inadequate. The over-arching principle of care is to provide help to children and families that is family-centered, strength-based and trauma-informed. The focus is not simply on providing services but on solving problems and securing successful outcomes, including a sense of belonging. By focusing on these principles, our communities emphasize common sense and judgment and individual needs.

That is why this community focuses not only on the services to the child but on providing that strong adult presence through stability in placement, case manager, and ultimately the permanent home, whether it is reunification with the biological family or permanence through a relative, a permanent guardianship, or adoption. Every child needs a family that will always be there for them, a place to go for the holidays, a person to turn to in times of joy and trouble.

Families are treated, in every practical way, as normal families, and our children and youth in care will be treated as normal kids. Youth in care will no longer be branded as "wards."[1] They will be referred to when necessary as "youth in care" or "children in care," but whenever possible simply as youth or children. They will be treated as normal kids even as our actions are informed by the additional trauma they endure as well as the strengths of mind, body and spirit. Providing youth in care with normal opportunities and experiences is as important as providing them safety and permanency. They should be able to get a job and drive a car. They should not have to put their belongings in trash bags in expectation of sudden moves, and they should be consulted, in a manner that is appropriate to their age and understanding, about the developments in their lives. We must support foster parents in the exercise of discretion in permitting normal activities in the manner of any prudent parent. [2] If a move to a new home is necessary, it should not be sudden and traumatic but thoughtful, with the engagement of the child and the foster parent.

This community also recognizes the impact of bias in its system, from the LGBTQ youth who are homeless because their sexual identity led their families to evict them from the home, to the minorities who are removed from their homes because manifestations of poverty are deemed to be neglect. The approaches created in this plan to keep families together will have a beneficial effect on this troublesome aspect of the child welfare system, but this must be a community that is more determined in assuring that its decisions are not tainted by bias.

The stakeholders in the cause of child welfare in this community work together with a sense of shared purpose and treat each other with respect and understanding in both individual relationships and institutional ones. Each provider of services to the system continually endeavors to align its organizational and financial interest with those of this plan and the children and families being served, and the system as a whole provide appropriate compensation to produce the needed capacity for services with compensation based on value, quality and outcomes for families.

The community recognizes that families do not live in government silos. A child relies on public and private services and programs across a full spectrum of activity, and the long-term health, success and happiness of that child grows from what happens in the early months and years of development. Accordingly, the system of care for children encompasses health care, education, nutrition, human attachment, and social engagement. How well the child's needs are addressed across this spectrum of needs has a significant impact on the demands the child and family will make on the community in the years ahead. Effective care in the early years decreases the likely demands on law enforcement, social services, corrections, remedial education, and economic subsidies in later years.

The community is served by a state Department of Children and Family Services that concentrates on enhancing the effectiveness and capacity of the community to produce good outcomes for its children and families. The Department is evolving from being a contractor and regulator to being a resource

[1] See Governor Bruce Rauner's Executive Order 16-10 (August 19, 2016)
[2] See House Bill 5665, signed into law by Governor Rauner (August 19, 2016)

and advocate and guide. Rather than relying on volumes of procedural rules that establish minimum standards of performance, the Department will rely more and more on providing appropriate levels of authority for those on the front lines of the child welfare system. The "providers of services," as they became known in the state-centered child-welfare system of the past, have become collaborators with the Department in providing the effective leadership and management the community needs to empower every child in his or her pursuit of happiness.

The Department is working expeditiously toward a new system of compensating its collaborators that emphasizes use of Medicaid and IV-E and other federal funds to support the system, so that existing state dollars being spent on children and families can be leveraged for greater benefit for the people of Illinois. Spending over the next five years will focus heavily on building service capacity, offering the opportunity for providers of services to receive appropriate compensation for those services, but paying for value, which will emphasize the quality and effectiveness of the services and the outcomes they produce for children, families, and the community as a whole.

Our map for this journey of transforming the system of care for children and families aligns in substance and philosophy with that of the larger transformation in behavioral health in Illinois. The six goals of what we will call the "Health and Human Services Transformation," which includes this Department and a dozen other agencies of Illinois state government, are specifically linked to the goals and detailed steps of this Child Welfare Transformation. Those six goals are these:

GOALS

Goal One: **Education and Self-Sufficiency**

Goal Two: **Moving from Institutional to Community Based Care**

Goal Three: **Paying for Value, Quality & Outcomes**

Goal Four: **Prevention and Population Health**

Goal Five: **Data Integration and Predictive Analytics**

Goal Six: **Build relationships and effective communication streams internally and externally by engaging youth and their families**

Addressing the vexing problem of behavioral health, which touches on corrections, juvenile justice, child welfare, education, Medicaid, health care, economic self-sufficiency, and more requires the unprecedented coordination and cooperation across numerous agencies.

The more we learn about child abuse and neglect, the more we realize it is often rooted in mental health and substance use. The more we look at juvenile detention and prisons, the more we see behaviors stemming from childhood trauma. Just as families are not confined to government silos, our government agencies and their programs and spending are depending on the success of other agencies.

Success in the Child Welfare Transformation holds the promise of fewer demands on other government programs in the future. Success in the broader Human Services Transformation, including programs for early intervention in behavioral health and a special managed care program integrating care for both physical and behavioral issues in children, holds the promise of better value and better outcomes from the money spent on children's health and wellbeing. An estimated 45 percent of children in Illinois needed, but did not receive, mental health services in the previous fiscal year – more than twice the level for adults.

Our road map to this community in our future also aligns with evolving federal policy. In the third quarter of 2016 the U.S. Congress exhibited a strong bipartisan consensus supporting the principles underlying this road map. The Family First Preservation Act of 2016, sponsored by the senior member of both parties on the House and Senate tax-writing committees, passed the U.S. House on a voice vote, an extraordinary indicator of consensus in a time of fractious political rivalry and debate. Although concern about some details held up action in the Senate, it is clear that federal policy is making a historic shift away from paying for children in foster care and long-term institutional care and toward the goal of family preservation and permanent homes.

Our road map also aligns in substance and philosophy with the consent decree and implementation plan in the U.S. District Court case B.H. v. Sheldon. The implementation plan in that case represents goals shared by both plaintiff and the Department. The most dramatic and ambitious example is the

Department's determination, in accordance with this Strategic Plan, to progressively implement "Immersion Sites" with a new model for child welfare. Communities will be empowered to take responsibility for child and family well being in their communities and to make decisions about the children and families in those communities.

Finally, and most important, our road map aligns with the comments of hundreds of stakeholders in the child welfare system of Illinois in response to earlier iterations of this Strategic Plan. All wisdom does not reside in Springfield or in the headquarters of DCFS. The experiences and leadership of young people who have been in the child welfare system, the biological families and foster families who have been there too, the people who work in that system, and the legislators and other policy leaders who have offered comments have shaped this plan. The confidence that these many interests and stakeholders can be successfully aligned, despite the many, many practical challenges, is based on the broad support of the values and principles that are the foundation for this Strategic Plan and the detailed implementation steps set forth here.

It will not be an easy journey, but we will be able to see the landscape around us change as we move toward this new community. We will see the development of integrated data that can inform and guide the decisions of professionals in the system, both about broad policy and about individual children and families. Engaged Child and Family Teams will demonstrate the benefit of experiences from many fields of endeavor as well as the perspectives of biological and foster parents themselves. We will see the effects of expanding innovative pilot programs, from Therapeutic Foster Care to the Quality Parenting Initiative.

We will see the financial returns as well. This plan does not simply save families but saves money, and the evidence behind that commitment is consistent and virtually unchallenged. A primary goal in both the HHS Transformation and the Child Welfare Transformation is the achievement of economic self-sufficiency – helping people who are depending on society to become people who contribute to it financially – as well as goal of making people happier and more successful in whatever way they measure their lives. Investment in early detection and management of problems, whether in physical health, behavioral health, education, disabilities, or any other area of human development, increases the chances of improvement or recovery and reduces the long-term cost to society.

Finally, we will see ourselves rising in the rankings among the states. Today, Illinois ranks as one of the highest of all states in the length of time children spend in foster care. The Department was legally responsible for approximately 16,325 children as of October 1, 2016. The two primary means of reducing the number of children in care is to remove children from their homes only when their safety is at serious risk and to reunify those children or secure good new permanent homes as expeditiously as possible.

Not only will we see our progress, but we will feel our progress as well. We will feel it in the development of working relationships, both from case managers, biological parents, foster parents and others involved in the well being of each child.

This is our 2020 vision: A community that serves all of its citizens by applying the best available evidence and wisdom in safe-guarding children and families.

This plan is the next step in our journey to that place on the horizon.

The journey began in 2015, with the Department's "Rapid Response" plan focusing on three significant initiatives that needed immediate attention. One goal was to reduce the number of children and youth in residential placements, which remains an element of the strategic focus on reduced reliance on institutional care. During 2016 more than 340 youth were returned to community-based and family placements from deep-end residential treat-

ment. The reliance on emergency shelters for youth has also declined sharply. In place of institutional care, we have developed emergency foster homes willing to take children or youths on short notice, and we have initiated pilot programs for therapeutic community-based foster homes as an alternative for residential treatment.

Recognizing the importance of experiential training to enhance classroom sessions, we have partnered with the University of Illinois at Springfield and its Simulation House, where front line staff can receive additional training in how to respond to real-life situations, both in homes where they are conducting investigations and in the courtrooms where they are testifying. Mobile devices providing information and documentation tools for investigators in the field are being rolled out across the state.

The agreement in the B.H. Implementation Plan in early 2016 also propelled changes that are reflected in this strategic plan. That includes the initial Immersion Sites.

Doing the right thing for kids is our most important goal. This plan more comprehensively shows us the path that destination.

Part I of this plan is largely narrative in describing our focus over the next five years. Part II is largely a list of implementing steps identified as ways to fulfill the plan.

We have organized our plan around the four main activities of the child-welfare system: Strengthening Families, Foster Care, the path to Permanency, and Transition to Adulthood. A fourth category focuses on structural and administrative change that will help achieve the goals in the other four areas. Every child who comes to DCFS attention will either stay home, go back home, or find a new home. Foster care is the system of caring for the child and youth during the time in between. As the youth becomes a teenager, we will focus on preparing each youth for greater responsibility and ultimately adulthood, with the skills and judgment to be self-sufficient socially engaged and responsible.

The specific implementation initiatives under each of those five areas are then categorized by the six main goals within the larger HHS Transformation, as listed above.

There will be roadblocks and storms and bad weather along the way, without doubt, and we may discover new opportunities and new pathways as we go, but we know what we want to achieve. We have expert logic models to light our way, but ultimately our success will depend on the commitment and creativity of the individuals in this system of child welfare, who share the vision, who are committed to changing their own practices to achieve it, and who successfully lead us past the obstacles to the place we have to go.

PART II

HOW WE GOT HERE?

The Department (DCFS) Leadership Team met with leadership from the Child Welfare Advisory Council in February of 2016 for an externally facilitated strategic planning session. This time together provided an opportunity for a robust discussion about the department's past, present and future. The result of this session was the foundation of a new mission, vision and values to guide us forward.

We continued to gather the diverse views of communities and stakeholders across Illinois through 150 individual in person meetings and presentations. The department posted an early version of the strategic plan on its internal website, known as D-Net, and on its public website in solicitation of further comments and suggestions. Director Sheldon personally led five public town hall meetings in cities around the state, and more than 750 people attended. The online document evolved as further comments were received. Our final element of public engagement was an on-line survey, which produced 835 pages of public comments. Every single suggestion was considered and evaluated as we integrated comments into the plan to produce this final plan.

It is designed as a document to convey our broad strategic themes and goals to a broad audience and to provide detailed elements we have identified for implementing this plan. For many, the details will be far too detailed. For those in the child welfare system, the details provide a catalog of ideas that have won a first level of approval as consistent with, or a partial fulfillment of, this plan. The catalog allows those inside and outside the Department to "shop" for ways to engage their own organization in pursuit of these goals.

As part of its more collaborative relationship with its partners in the child welfare system, the Department will continue to be engaged with providers of services and other stakeholders as they shape their own plans and strategies in alignment with this plan.

This Strategic Plan will guide our decisions and priorities for the next five years. We cannot make this work without the full engagement of our stakeholders – the people in DCFS, professional service providers, foster parents, biological parents and/families of origin, and, yes, the youth themselves. Each component of the child welfare system will need to plan its own role in this plan, and DCFS will welcome the chance to participate in planning and implementing changes in the months ahead. Over the next few months extending into early 2017, the Department will be available to collaborate with groups, subject to limitations imposed by procurement laws, in developing plans to implement the goals of this plan. (Correspondence regarding this plan should be emailed to dcfs.strategicplan@illinois.gov). We will also develop a scorecard to measure our performance against this plan. As the fourth quarter of 2017 begins, we will update this plan, describe accomplishments to that point, and refine the goals for the next year and five years ahead.

The drafting of this plan and document were led by Jody Grutza and Jeremy Harvey of the DCFS Office of Strategy and Innovation, who managed the entire effort, created the first public draft of the plan, organized the town halls throughout the state as well as other outreach efforts, cataloged the comments, and integrated them into the document to produce this final version. Jeremy Harvey, Kristine Herman, and Neil Skene drafted the narrative sections.

The plan reflects nearly 900 comments and the participation of 750 people at the town halls. This plan is a product of hundreds of people working together. And working together, we can improve our child welfare system dramatically in the months ahead.


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Our first priority is to keep families together whenever we can do so safely.

Three out of every four cases that come to the attention of DCFS investigators are allegations of neglect, not abuse. That means there is rarely an immediate physical threat to the child from the parents. There may be housing conditions or food shortages caused by poverty. There may have been challenges with finding or securing a babysitter while parents are working. Some cases may be more serious. Even some cases of abuse or suspected abuse may be addressed without removal of the child if there is a family member who can be an effective protector of the child. Every case is different, but the judgment and initiative of the investigative staff become critical to determining whether the child can remain safely in that home.

The priority of preserving the family intact is one of the most significant changes in child-welfare practice in the last quarter-century, and this priority will receive renewed emphasis in Illinois in the years ahead. The family will see a higher level of respect and engagement starting with the first contact with a child-welfare investigator. Children and families will have their voices heard starting with a respectful, comprehensive assessment that seeks to understand first the family's strengths and then the family's needs.

To this end, DCFS has invested in an innovative and effective training program for investigators that puts them in real life situations through a learning lab. This training program ensures that investigators are attuned to the unique challenges of entering a family's home, engaging that family in a way that elicits relevant information without alienating the family and ensures that accurate assessments of the child's safety and the family's capacities to care for the child are completed in a timely and efficient manner. This simulation creates the experiential learning environment which best prepares our front-end investigators to complete high quality investigations and being prepared to testify in court. The department recognizes the importance of these labs and wants to expand the availability of these labs.

Of course, investigators' first priority will be to ensure the safety of the child or children. Once the child's safety can be assured, investigators will have the ability to connect families to a broader array of supportive services and community members. Intact family programs will be enhanced and access to Norman Funds and other flexible dollars will be simplified. In this manner, the child welfare system will do everything possible through services and supports to ensure that the conditions that lead to the investigation are mitigated while the family remains intact.

To further this goal, DCFS is currently

CONNER IS 14 YEARS OLD, *psychiatrically hospitalized and has severe aggression. His therapist does not offer evidence informed practices to address his aggression. His psychiatrist prescribes adult anti-psychotic medications to control his behavior.*

Connor's parents determined that they cannot arrange for care upon Connor's discharge. The hotline is called, and DCFS takes custody of Connor after other services are not effective at reunifying or supporting the family.

CONNOR'S CASE TRAJECTORY UNDER AN IMMERSION SITE

The hospital calls the DCFS hotline to indicate that Connor's parents cannot care for him. The investigator contacts the local Mobile Crisis Response (MCR) program and informs them that a family needs support. The investigator and the MCR responder both go to the hospital to evaluate Connor's situation.

The investigator begins discussions with Connor and with Connor's family to determine if the home is safe and if Connor could return there. The MCR responder begins working with Connor and his parents to identify service that could be put in place to help the family come back together. Through additional community based programs, Connor and his family receive intensive home based services, respite and skills training. Over the course of several months, the family is able to reunite without DCFS taking custody of Connor.

working with the federal government to reorganize funding to help us focus on preventative services instead of focusing on "placement". If DCFS is successful in negotiating with the federal government, we will be able to redirect both focus and funding toward preserving families.

While DCFS is focusing efforts and resources on additional dollars for prevention services, we are also collaborating with our sister agencies to ensure that a broader array of therapeutic and supportive services are available to families in their communities, such as increased and expanded services to help treat substance use disorders, expanded opportunities for supported housing and supported employment and additional respite services that families can utilize to help address stressful and overwhelming situations without requiring that their child come into DCFS care.

This approach is already being used successfully in Illinois through the DCFS "Intact Families" program. At a cost of about $27 million each year, the Illinois child welfare system services approximately 2,285 Intact Family cases at any one time. More than 90 percent of the cases have no additional maltreatment of a child during the service intervention. Once the case is closed, 98 percent of the families served do not have a case reopened within 12 months.

As the Intact Families program expands, we will pursue better geographic distribution of available services, since many areas currently are under-served, and will improve the quality and effectiveness of services. This will increase opportunities for families to remain together.

To support the transformation of our Illinois child welfare system you will find the following detailed plans to improve the focus on strengthening families in the next 5 years. These detailed items were drafted in collaboration with families, youth, our community advocates, providers, and internal staff.

Goal One: Education and Self-Sufficiency

1.1 Expand educational supports for children and youth across the state

1.1.1 Strengthen Rule & Procedure guidelines to support the School Readiness Team

1.1.2 Ensure all youth and children, including children in INTACT families are in programs that utilize evidence-based prevention programs that are proven to enhance child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness

1.1.3 Create FAQ booklet to be used by school personnel, child welfare, advisors, and education liaisons across the state to better support our children, youth, and families educationally by being aware of policy/procedures, resources, and opportunities, including a section on early childhood education

1.1.4 Collaborate on improving the quality of community services to address service gaps for youth with Autism Spectrum Disorder (ASD) and/or Intellectual/Developmental Disabilities (I/DD)

1.1.5 Collaborate with community based providers and other agencies to enhance basic skill acquisition to prepare youth with Autism Spectrum Disorder (ASD) and/or Intellectual/Developmental Disabilities I/DD for community living and employment

1.1.6 Expand University-run First Star Academies across the state to offer youth in care the opportunity to attend life-changing college-readiness programs

1.1.7 Seek foundation funding for educational liaisons and the school readiness teams to better support children, youth and families

1.2 Provide comprehensive educational services and support for youth in care from ages birth to 3 and 3-21

1.2.1 Enhance policies, procedures and practices for youth in care from ages birth to 3 and 3-5 ensuring that they are school-ready by providing high-quality language, literacy, and socialization skills including expanding services in the language of preference for non-English speaking families

1.2.2 Evaluate how to provide home-visiting and or home based early learning programs for youth ages birth to three

1.2.3 Evaluate expanding the use of developmental screenings beyond the age of three

1.2.4 Enhance the knowledge base of our child welfare staff, schools, and foster parents, birth parents, families of origin, parenting youth, and INTACT parents regarding educational issues, mental health education supports, and resources

1.2.5 Ensure birth families/families of origin, staff, and foster parents have knowledge and resources related to developmental screening

1.2.6 Evaluate how to support transportation costs for 3-5 year old early childhood education programs in rural areas

1.2.7 Create an Interactive Education Training module for child welfare staff, schools, early learning programs (included but not limited to child care, Head Start, and school-based), home visiting and community agencies

1.2.8 Develop more mentoring opportunities for caregivers, youth, birth parents, and families of origin

1.2.9 Enhance developmental screening for children ages birth to 3 and 3 to 5

1.3 Support birth parents and families of origin in gaining skills, strengths, and other needed areas in the support of returning youth home

1.3.1 Support ongoing birth parent and family of origin training caring for children and young adults to continue their quest in being stronger caregiver

1.3.2 Review contracts and policy to ensure service plans also evaluate birth parent and family of origin strengths

1.3.3 Train staff on the importance of shared parenting and co-parenting model, including assuming positive intent

1.3.4 Evaluate using financial stipends or supports to assist birth families, families of origin, and caregivers attending trainings

1.3.5 Enhance department ability to provide information to birth parents and family of origin on Certification Programs at different difficulty levels to meet their needs, including life skills and coaching on how to navigate life

Goal Two: Moving from Institutional to Community Based Care

2.1 Expand the usage of Comprehensive Community Based Youth Services (CCBYS), Family Advocacy Centers (FAC), Child Advocacy Centers (CAC), Crisis Nurseries and SAFE Families, creating a community approach to supporting families

2.1.1 Utilize SAFE Families for Children (SFFC) to assist and divert families from foster care, evaluate expanding impact

2.1.2 Promote programing which provides mentorship opportunities for youth, caregivers, birth parents, and families of origin

2.1.3 Reduce racial disparity in funded services including services for bilingual racial minority population

2.1.4 Network with the community supports by utilizing offices under the Office of Affirmative Action such as: African–America, Asian, Latino, and Native American Services

2.1.5 Evaluate building a 24/7 statewide crisis resource system using temporary placements in a community

2.1.6 Evaluate how Comprehensive Community Based Youth Services (CCBYS), Family Advocacy Centers (FAC), Child Advocacy Centers (CAC), and Crisis Nurseries, fit into the 1115 Medicaid waiver, Title IV-E Waiver expansion, and other opportunities the state is pursuing for meeting needs of youth and families in communities of origin

2.1.7 Expand the service array for youth and families focused on meeting individual needs instead of a one-size-fits-all approach

2.1.8 Evaluate and expand preventative programs like: INTACT Family Services, Early Intervention, Early Childhood Special Education, home visiting programs, and differential response

2.1.9 Expand function of Family Advocacy Centers to include Early Childhood community services

Goal Three: Paying for Value, Quality & Outcomes*

3.1 Expansion/creation of supportive housing options to enhance the ability of birth families and families of origin to remain intact

3.1.1 Continue Norman and Youth Housing Advocacy Programs work with local Homeless Continuum of Cares in Illinois and the Illinois Housing Development Authority (IHDA) to seek opportunities to create permanent supportive housing for our youth aging out of care and Norman certified families

3.1.2 Provide training to Norman and Youth Housing Advocacy Providers on the Statewide Referral Network to increase referrals for permanent supportive housing

3.1.3 Explore supportive housing opportunities under the 1115 waiver

3.1.4 Norman and Youth Housing Advocacy Programs will receive training on the 1115 waiver to increase services to families and youth.

3.1.5 Obtain permanent supportive services from Norman and Youth Housing Advocacy Programs as well as other service providers who receive a 1115 waiver for families and youth who receive a Family Unification Program Housing Choice Voucher

3.2 Ensure agencies are actively participating and encouraging participation of birth parent or parent of origin, youth, and foster parent in advisory councils

3.2.1 Evaluate adding birth parent participation and attendance at birth parent council meetings as a metric for all agencies

3.2.2 Evaluate the use of financial incentives with agencies, for ensuring birth parent, foster parents, youth, and agencies participate in these peer to peer groups

Goal Four: Prevention and Population Health

4.1 Ensure families have access to community based resources and services to support and strengthen families and prevent the need for DCFS involvement

4.1.1 Use data to identify communities with high rates of DCFS involvement and limited access to high quality healthcare, childcare, early intervention services, parent education, substance abuse and mental health services, employment and employment training services, etc.

** The concept of "Pay for Value, Quality & Outcomes" in this plan extends beyond contracting and payment provisions and embraces programs that are not traditionally considered "child welfare" but which are important to improving outcomes.*

4.1.2 Ensure racial equity and eliminate racial disparities in access to community based resources and services to support and strengthen families and prevent the need for department involvement

4.1.3 Enhance relationships with domestic violence advocates to improve the supports that families receive

4.2 Support developmental and social-emotional well being of young children, ensuring families receive ongoing developmental screenings, evidence based assessments, and supports through early childhood initiatives and programs which are accessible to those who are not proficient in English

4.2.1 Evaluate expanding the Illinois Birth to 3 Waiver, which has a focus on returning youth home and achieving permanency more quickly

4.2.2 Evaluate more flexible utilization of Child Care Vouchers to support parents and caregivers whose needs do not fit current approval criteria, Child Care can create protective factors for children and youth in the home of origin

4.2.3 Evaluate models on first episode psychosis program and mental health assessments

Goal Five: Data Integration and Predictive Analytics

5.1 Improve caseworker communication with caregivers, birth parents, families of origin, and youth using technology, with a focus on text messages, E-mails and other innovative strategies

5.1.1 Create training for caregiver and birth parents on social media

5.2 Utilize technology to facilitate sibling and birth parent contact when visitation poses complications

5.3 Ensure youth, birth parents, and families of origin in treatment facilities have access to computers and technology to interact in their ongoing case

Goal Six: Build relationships and effective communication streams internally and externally by engaging youth and their families.

6.1 Engage the voices of youth in care, alumni, birth parents, families of origin, foster and adoptive families, courts, community stakeholders, and providers in meaningful discussions about practice and transformation efforts through existing structures including youth, birth parent, families of origin, foster parent, and adoptive parent advisory councils

6.1.1 Collaborate with existing youth and family groups

6.1.2 Evaluate establishing birth parents and families of origin rights in Illinois statute

6.1.3 Reinforce the value of co-parenting model with caregivers, birth families, and families of origin

Foster care needs to be an enriching experience, but it also needs to be temporary, in the way that summer camp is enriching but temporary. The goal for every child who enters foster care should be to have a permanent home as soon as reasonably possible. Foster care is a temporary home for children and youth who require substitute care while their original families address the issues that led to the child's removal and build the ability to care for their children. It is also an occasion, and indeed an obligation, to embrace the child or youth with the affection of a foster family, to help build confidence about the future, and to provide an environment that establishes a sense of responsibility while recognizing the effects of the trauma in this young person's life.

If the family, after all of the opportunities of services and support are exhausted, still is not in a position to provide a safe environment for the child and the child's removal becomes permanent, the system must promptly set the child or youth on a course to a new, permanent home – one that is as close as possible to his or her old neighborhood and provides the opportunity to continue with their familiar school environment and friendships.

Whether the path is to go home or to go to a new home, foster care is once again an opportunity to enrich the young person's life with family-focused, trauma-informed, strengths-based care.

Even after the child or youth is removed from the home, the original family will continue to see a distinct level of respect and engagement in decisions about the youth and about the plan for reunification. Children and families will have their voices heard starting with a respectful, comprehensive assessment that seeks to understand first the family's strengths and then their needs.

That assessment will be used to help the child and family with the assistance of their Child and Family Team develop a Plan of Care that is understandable, manageable and coordinated with all of the various systems with which the child and family may interact, such as school, probation, mental health, etc. That Plan of Care will recommend a robust array of services and supports that are uniquely designed to meet the individual needs of the child and family and serve the goal of expeditious reunification. These services will be available within the child and family's community and will be accessible to the child and family at locations and times that work for them.

Prior to placing children in non-relative homes, our system needs to make an exhaustive effort to identify any relative or fictive kin for which the children or youth already have familiarity. (Fictive kin includes close family friends, and others.) We have already begun to strengthen our searching tools to find family members if the child's original family is disconnected from relatives. Illinois in 2015 utilized relative or fictive kin for placement 57 percent of the time. This type of placement is normally less traumatic to children and youth because of the pre-existing attachment, and we need to use it as the strongly preferred first option.

ERIKA IS A 3RD GRADER WHO LIVES IN DCFS FOSTER CARE. *Erika currently experiences several challenges in the child welfare system that causes delays in both her accessing services and achieving permanency. Effective services to address Erika's diagnoses and the trauma that she has experienced are not readily available.*

ERIKA'S CASE TRAJECTORY UNDER AN IMMERSION SITE: PERMANENCY THROUGH FOSTER CARE

Erika's caseworker takes the time to introduce Erika to her foster family and conducts several Child and Family Team meetings, which included her family of origin, to help integrate Erika into the foster family. She completes a full assessment with the family, and develops a service plan to guide Erika's path to permanency. The caseworker listens to the foster family's concerns and their requests for supports and incorporated those into the plan.

The caseworker facilitates a CFT every 90 days to ensure that the plan is still appropriate and that services are effective. Erika's behaviors stabilize and the foster family begins working toward adoption.

ACHIEVING PERMANENCY THROUGH FOSTER CARE

Since it will not always be possible to provide a permanent home with relatives or fictive kin, we must develop more foster parents who live in close proximity to the family of origin. (In 2015 the average proximity to the home of origin was 11.4 miles.)

Foster parents will be trained in our share or co-parenting model of practice which recognizes and respects the continued connection to family of origin. These principles are embedded in the Quality Parenting Initiative (QPI) that DCFS and other community stakeholders are currently piloting. QPI builds on principles of respect and mutual support to make foster care more attractive and more satisfying, with the result that more applicants become licensed foster parents, and more are retained for longer periods. It is important to note that the principles of QPI that support higher retention are really about the way we treat the youth in care, not just the foster parents. We need to stop sudden moves of children in the middle of the night, for example. We need to respect the new statutory authority of foster parents to make decisions as prudent parents. We also need to engage foster parents and biological parents as well as case managers and other professionals in the overall "quality parenting" of the youth and in the achievement of permanency.

This shift in the understanding of the role of foster parents and their relationship to the rest of the adults in the foster child's life will require consistent effort in addition to changes in our recruitment and training. Everyone in the system must understand the new collaboration needed among the professionals responsible for the youth.

While the department prioritizes placement in relative or fictive kin homes, creating quicker pathways to return home, and ensuring children, youth, and families are receiving high quality interventions, DCFS must review its performance-based contracting to ensure the department and its private providers are all incentivized properly to achieve the three essential goals of child welfare: 0% repeat maltreatment while in foster care, achieving permanency quickly, and reducing the long-term needs of children, youth, and families.

Some families of origin will not be a viable option for returning home. For these families, the department will continue to work with the courts to quickly terminate parental rights. To this end the department has a role to play to ensure that when courts take the ultimate step of terminating parental rights, we ensure that those same children achieve permanency quickly through adoption or permanent guardianship. The time to adoption has been slow, and the bureaucracy of completing the adoption and adoption subsidies is undergoing a dramatic overhaul involving DCFS operations, private agencies, and the court system. This is one of many steps that must be taken to reduce delays to permanency.

The child welfare system also will concurrently plan for all forms of permanency. While giving preference to strengthening the family of origin with the goal of reunification, we will simultaneously work towards options for permanency outside of home of origin. We cannot wait until a final termination of parental rights to start planning for permanency. Concurrent planning elevates the value of stability and permanency. We must also, of course, continually listen to the child's own feelings and concerns in this process.

We must, then, press our system to performance more effectively at both ends: ensuring families are served at the home of origin to keep a family intact or achieve expeditious reunification, and also reducing the time to adoption or guardianship. The current average length of stay, just under three years, is far too long for a child to be in foster care. That must be cut in half and then cut some more, and it must be well begun in the current fiscal year.

Essential to the achievement of these goals will be implementation of our new Immersion Site pilots in four communities in Illinois. These are described more fully in Section 4.

To support this we submit the following detailed plan which we believe will move us to a more functional child welfare system in 5 years. These items were drafted in collaboration with families, youth, providers, and internal staff.

Goal One: Education and Self-Sufficiency

1.1 Expand educational supports for children and youth across the state

1.1.1 Strengthen Rule & Procedure guidelines to support the School Readiness Team to ensure all youth and children, including children in INTACT families are in programs that utilize evidence-based prevention programs that are proven to enhance child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness

1.1.2 Create FAQ booklet, including a section on early education, to be used by school personnel, child welfare, advisors, and education liaisons across the state to better support our children, youth, and families educationally by being aware of policy/procedures, resources, and opportunities

1.1.3 Explore use of alternative educational settings which provide high quality education for children and youth in foster care

1.1.4 Provide tutoring to youth with high quality tutoring programs in the community and in the home

1.1.5 Expansion of Educational Advocacy to work with adoptive and guardianship families, and supporting private agencies for at least one year after reunification or another form of permanency

1.2 Provide comprehensive educational services and support for youth in care from ages Birth to 3 and 3-21

1.2.1 Expand the knowledge base of our child welfare staff, schools, foster parents, birth parents, families of origin, parenting youth, and INTACT parents regarding educational issues, mental health education supports, resources, and opportunities to better serve our youth in care

1.2.2 Ensure that agencies, youth, foster parents and other providers know that if a child has to move they have the right to stay at their school of origin if they choose

1.2.3 Encourage DCFS and private agency foster parents to engage in the educational process for youth in their care, including attending parent teacher conferences, and report card pick-up

1.2.4 Enhance policies, procedures and practices for youth in care from ages birth to 3 and 3-5 ensuring that they are school-ready by providing high-quality language, literacy, and socialization skills including expanding services in the language of preference for non-English speaking families

1.2.5 Evaluate how to provide home visiting and or home based early learning programs for youth ages birth to 3

1.2.6 Expand developmental screenings beyond the age of three

1.2.7 Evaluate cost of supporting transportation for 3-5 year old early childhood education programs in rural areas

1.2.8 Revise the Foster Pride training regarding Educational Advocacy to be more inclusive and comprehensive to better reflect the educational issues our children and youth often encounter

1.2.9 Incorporate academic centers in the immersion sites offering remedial lessons, credit recovery, tutoring, enrichment, and ACT/SAT test prep

1.2.10 Work with department and private agencies to reduce the frequency that youth transition between workers to ensure educational consistency

Goal Two: Moving from Institutional to Community Based Care

2.1 Develop enhanced pathways to ensure youth do not languish in foster care and reduce our time to permanency

2.1.1 Modify Rule and Procedure 302.10 to lower the age of eligibility for children and youth to qualify for guardianship with relatives and fictive kin

2.1.2 Amend the Child and Family Services Act to include relationships after coming into foster care

2.1.3 Improve Family Finding search tools

2.1.4 Ensure consistency between placement and licensing requirements for permanency purposes

2.2 Decrease the reliance on institutional deep end settings through the development of Therapeutic Foster Care and other alternative placements

2.2.1 Establish baseline data and evaluation design to document the success of the program in achieving a secure and healthy attachment for each child and youth

2.2.2 Pilot Therapeutic Foster Care in three areas with multiple models, using the originators of the model to provide technical support for fidelity

2.2.3 Build capacity of parents and caregivers to be able to effectively work with youth who have experienced trauma

2.2.4 Execute performance-based contract with initial selected provider including a detailed program plan and rate, to ensure measures of performance are qualitative and quantitative

2.2.5 Expand use of trauma-informed, skill-based training for birth families, families of origin, and foster caregivers living with trauma-exposed children and youth

2.2.6 Recruit and train Therapeutic Foster Parents from all ethnic, racial, cultural, and linguistic backgrounds

2.2.7 Conduct an evaluation of the Therapeutic Foster Care pilot, and the efficiency of the implemented models

2.2.8 Provide continued support for implementation of Therapeutic Foster Care Pilots

2.3 Utilize the Intensive Placement Stabilization (IPS) and Trauma Provider Credentialing to increase the array of services available in the community to keep children stabilized in home and community placements

2.3.1 Determine whether expressive therapies can be integrated into the array of IPS services

2.3.2 Build the capacity and utilization of evidence-based and evidence-informed community-based, in-home interventions with specific focus on expanding use of trauma-informed services

2.4 Expand the usage of Comprehensive Community Based Youth Services (CCBYS), Family Advocacy Centers (FAC), Child Advocacy Centers (CAC), Crisis Nurseries and SAFE Families, creating a community approach to supporting families through better integration and alignment with the Regional child protection programs

2.4.1 Establish and promote mentorship opportunities for youth, caregivers, birth parents, and families of origin

2.5 Continue to improve the speed with which prospective foster parents can achieve licensure, to ensure our system has the volume and quality of caregivers our children and youth need

2.5.1 Ensure adequate staffing in the position of foster home licensing representatives across the state, with a focus on ensuring we have culturally, and linguistically diverse pool of agents to meet the needs of each region

2.5.2 Maximize the impact of on-line license portal, converting applications to licensure quickly

2.5.3 Exceed compliance for statewide foster care and agencies and institutions licenses, annuals and renewals

2.6 Expand the Quality Parenting Initiative more broadly, which shifts the approach to how the system communicates with and supports birth parents, families of origin, and foster parents across the state

2.6.1 Address adequacy of foster parent cost-of-care reimbursements, insurance/legal and emergency casework support for foster parents

2.6.2 Adequately staff foster care programs to build the foster parent supports needed to stabilize children in home settings

2.6.3 Ensure foster parents have a core understanding and valuing of the co-parenting or shared parenting model, strengthening relationship with birth parents and/or family of origin

2.6.4 Expand the Quality Parenting Initiative throughout the state

2.6.5 Train and partner with caregivers to develop understanding of early childhood development, parent/child attachment, early learning program enrollment developmental screening, secondary trauma, and other quality assessments

2.6.6 Evaluate Enhanced Subsidies for foster parents in adopting older youth, which could include all the benefits a youth would have received if they had stayed in foster care

2.7 Establish and reinforce Normalcy throughout our child welfare system

2.7.1 Work with providers to ensure they understand the new Normalcy legislation and how it applies throughout the continuum of housing and placement options

2.7.2 Ensure our children and youth are able to participate in age appropriate activities

2.7.3 Ensure our children and youth are able to celebrate and attend essential family functions, such as funerals, birthdays, holidays, etc.

2.8 Establish and expand Emergency foster care to ensure youth have home like environments

2.9 Work to reduce the frequency of transition between workers to ensure youth are returning home, stepping down, and achieving permanency

2.10 Work with department and private agencies to reduce the frequency of transition between workers to ensure youth are returning home, stepping down, and achieving permanency

Goal Three: Paying for Value, Quality & Outcomes*

3.1 Increase permanency and address workforce issues

3.1.1 Emphasize the informal supports that birth families, families of origin, foster parents, children, and youth all benefit from such as cards, emails, visits, respite, and continue to build family strengths

3.1.2 Develop a workforce that pursues work with families with the renewed approach of our FTS model through ongoing training and recruitment

3.1.3 Collaborate with AFSCME as we continue to meet changing system needs

** The concept of "Pay for Value, Quality & Outcomes" in this plan extends beyond contracting and payment provisions and embraces programs that are not traditionally considered "child welfare" but which are important to improving outcomes.*

3.1.4 Work with birth parents or families of origin, foster parents, relatives, and fictive kin with the renewed approach of our FTS model, which included cultural competency

3.1.5 Identifying the right mix of resources needed to move children and youth more quickly to return home and/or other forms of permanency

3.2 Review pain points in the pursuit of permanency, that are preventing children and youth from achieving Return Home, Adoption, and Guardianship in a timely manner

3.2.1 Implement the reduced age qualifications of Guardianship and the expansion of Fictive Kin to enable more youth to achieve permanency in a family like setting

3.2.2 Utilize Child and Family teaming to address barriers to return home, adoption, and guardianship

3.2.3 Utilize the 1115 waiver to expand the array of services for communities, children, youth, and families in and out of foster care

3.2.4 Evaluate modifying subsidies, as a youths needs change to ensure children, youth, and families quickly receive the supports they need

3.3 Evaluate current performance based contracting policies and practices to ensure effective investment and payment which lead towards improved outcomes for children and families and resulting in available return on investment funding to support prevention

3.3.1 Utilize rate structures that pay for quality and outcomes, not solely volume of services

3.3.2 Explore creative and innovative programs that incentivize providers to reduce lengths of stay in high end placements and increase home and community based services

3.3.3 Reinvest savings realized from reducing high end placements to fund additional home and community based prevention and support services

3.4 Provide access to the least restrictive placements with trauma informed services for youth involved in both child welfare and juvenile justice utilizing the Regenerations and the Pay for Success Dually Involved Youth pilots

3.4.1 Evaluate and assess program capacity and outcomes for dually involved youth

3.4.2 Ensure that staff are trained on the impact of childhood trauma and mental illness

3.4.3 Build and strengthen relationships between DCFS and Juvenile/Adult probation and corrections services

3.4.4 Build capacity of providers to provide intensive home and community based services tailored to the needs of dually involved youth

3.4.5 Preserve placement stability, enhance youth well being and provide support to caregivers who otherwise would not be able to successfully care for these youth

3.4.6 Evaluate the continued expansion of these pilot projects

3.5 Explore the expansion/creation of supportive housing options to enhance birth families, families of origin ability to remain intact

3.5.1 Continue Norman and Youth Housing Advocacy Programs work with local Homeless Continuum of Cares in Illinois and the Illinois Housing Development Authority to seek opportunities to create permanent supportive housing for our youth aging out of care and Norman certified families

3.5.2 Provide training to Norman and Youth Housing Advocacy Providers on the Statewide Referral Network to increase referrals for permanent supportive housing

3.5.3 Explore supportive housing opportunities under the 1115 waiver

3.5.4 Norman and Youth Housing Advocacy Programs will receive training on the 1115 waiver to increase services to families and youth.

3.5.5 Obtain permanent supportive services from Norman and Youth Housing Advocacy Programs as well as other service providers who receive a 1115 waiver for families and youth who receive a Family Unification Program Housing Choice Voucher

3.6 Ensure that agencies are actively participating in birth parent or parent of origin, youth, and foster parent and advisory councils

3.6.1 Evaluate adding youth participation and attendance at youth advisory boards as a contractual metric for all agencies

3.6.2 Evaluate adding foster parent participation and attendance at foster parent advisory council meetings as a metric for all agencies

3.6.3 Evaluate the use of financial incentives with agencies, for ensuring birth parent, foster parents, youth, and agencies participate in these peer to peer groups

Goal Four: Prevention and Population Health

4.1 Ensure access to community based resources and services to support and strengthen families and prevent the need for DCFS involvement

4.1.1 Use data to identify communities with high rates of DCFS involvement and limited access to high quality healthcare, childcare, early intervention services, parent education, substance abuse and mental health services, employment and employment training services, etc.

4.1.2 Ensure racial equity and eliminate racial disparities in access to community based resources and services to support and strengthen families and prevent the need for department involvement

4.1.3 Enhance relationships with Domestic Violence Advocates to improve the supports offered to families in supporting their needs

4.2 Support the developmental and social-emotional well being of young children, ensure that families receive ongoing developmental screening, evidence based assessments, and supports through early childhood initiatives and programs which are accessible to those who are not proficient in English

4.2.1 Expand Illinois Birth to 3 Waiver Expansion, which has a focus on returning youth home and achieving permanency more quickly

4.2.2 Evaluate more flexible utilization of Child Care Vouchers supporting parents and caregivers whose needs do not fit current approval criteria

4.2.3 Evaluate how services such as Child Care could create protective factors for children and youth in the home of origin for cases of inadequate supervision

4.2.4 Continue to connect families to high quality learning

4.3 Provide an array of Front-end child welfare services that would increase the flexibility to deliver services for those children, youth, and families who are at risk for placement of subsequent maltreatment report to stabilize families and keep children safe with their families of origin

4.3.1 Conduct trauma informed clinical assessments for families entering child welfare; consider utilizing current Integrated Assessment (IA) process for this function

4.3.2 Develop an array of front end client-centered services that can be tailored to meet the needs of children, youth, and families

4.3.3 Develop more resources for those families struggling with domestic violence, substance abuse, mental health, and skills deficits

Goal Five: Data Integration and Predictive Analytics

5.1 Utilize technology to facilitate sibling and birth parent contact when visitation poses complications

5.2 Ensure youth, birth parents, and families of origin in treatment facilities have access to computers and technology to interact with their ongoing case

5.3 Explore how to improve caseworker communication with caregivers, birth parents, families of origin, and youth using technology, with a focus on text messages, E-mails and other innovative strategies

5.3.1 Collaborate with birth parents, families of origin, caregivers, and youth on training for caregiver and birth parents use of social media

Goal Six: Build relationships and effective communication streams internally and externally by engaging youth and their families.

6.1 Engage the voice of youth in care, alumni, birth parents, families of origin, foster and adoptive families, courts, community stakeholders, and providers in meaningful discussions about practice and transformation efforts through existing structures including youth, birth parent, families of origin, foster parent, and adoptive parent advisory councils

6.1.1 Collaborate with existing youth and family groups

6.1.2 Utilize councils to help develop a greater cultural competency including focus on improving competency on LGBTQ needs

6.1.3 Evaluate establishing birth parents and families of origin rights in Illinois statute

6.1.4 Reinforce the value of co-parenting model with caregivers and birth families and families of origin

TRANSITION TO ADULTHOOD

For some children and youth, the child welfare system was not successful in the ultimate goal of child welfare: returning children home or achieving another form of permanency. As these young people grow toward adulthood, our responsibility is to prepare them for a future without the support and nurture of their own family. These youth represent a highly at-risk population.

Without effective interventions, these youth are more likely to end up in jail, under-employed, under-educated, and homeless. They may be largely alone, and they are hobbled in their pursuit of happiness.

Without effective interventions, we are simply passing the buck to other state agencies – Human Services, Healthcare and Family Services, and even Corrections.

The system must increase the focus on pathways to careers. Creating meaningful connections to employers and educational programs are important steps. There are different paths for different youth. Not every young adult is ready for four-year college, nor is this the only pathway to a sustainable future, so we must provide a path toward college or toward trade programs and apprenticeships.

We must ensure that each youth understands how the department can assist him or her with any type of educational opportunity. We must help them evaluate their interests and abilities, lift their ambitions, provide advice on their choices, and support them financially as they step out on their own in the next step of preparing for a responsible adulthood.

A small portion of our population will require long-term adult disability or health services. For those youth, it is essential to strengthen our relationships and coordination with the Department of Human Services (DHS) and the Department of Healthcare and Family Services (HFS, including Medicaid).

Through the Health and Human Services Transformation , the requested Medicaid "Section 1115" waiver, pending amendments to the Medicaid state plan, and the requested waiver of foster care limitations under federal Title IV-E, there are new opportunities for coordination of services available to youth as they enter adulthood.

Another essential step for our transition-aged youth is ensuring that youth are equally invested in their future. We must begin anticipating this from the time a young person enters foster care.

As discussed earlier in this plan, by enhancing our shared or co-parenting model of foster care, we will change the perception of families of origin and their role as caregivers and support networks long term for our youth.

Additionally, we must ensure that youth are offered high-quality, evidence-based service interventions from the very start. These interventions build on each individual's strengths, decrease the long-term needs for support, and prepare them better for life outside of foster care.

While we need to effectively address the trauma in their lives, we also must reinforce the idea for our youth that foster care is not an entitlement and cannot be used as an excuse to coast through life without responsibility for their own future. We must ensure that foster care, despite its disadvantages, is – and is seen by youth in care to be in fact – an opportunity for them to chart a new course for their lives.

This is a complex undertaking.

We must evaluate our programs to ensure that they promote youth endeavors, including doing their part to ensure attachment to a family structure and responsible adult relationships that can support the youth long after leaving the foster-care system.

We will undertake a review of a youth's role and responsibility / accountability for their future. The department will pursue national best practices for older youth engagement. We must, like any parent, establish expectations for progress and performance. We must make it attractive for them to opt into foster care after they have reached the age of 18. We must seek out and implement other leading concepts of youth engagement. We will rely on our investment in community decision-making and accountability. Youth and young adults

need the flexibility, community support, and the programmatic structure to support taking on the responsibilities of adulthood prior to leaving our care.

Foster care thereby becomes a safety net, much as a family is a safety net for children reaching adulthood. The youth will take on the responsibilities of being an adult while they still have support if something goes wrong. We cannot be afraid to let our young adults fail while we are still able to help put them back on a path to success. Doing this is essential for the sustainable success and happiness of our youth.

To support this shift, we submit the following detailed plan, which if fully executed better positions the department to improve the lives of our transitioning to adulthood population. This detailed plan was created in collaboration with families, youth, providers, and internal staff.

Goal One: Education and Self-Sufficiency

1.1 Expand educational services and supports for children and youth across the state

1.1.1 Explore the future use of alternative educational settings which provide high quality education for children and youth in foster care

1.1.2 Work with legislators and the Board of Higher Education to expand the tuition waivers to any youth in care who attends one of our 12 four year state schools

1.1.3 Ensure youth who choose Tech/Trade, vocational or other types of programs can attend these programs at little or no cost

1.1.4 Expand University-run First Star Academies across the state to offer youth in care the opportunity to attend life-changing college-readiness programs

1.1.5 Allow youth to choose if they want to maintain their existing case management for the first year of college

1.1.6 Evaluate strengths and needs of Illinois college and trade school students who are recipients of the DCFS Youth in College financial assistance programs

1.1.7 Track educational accomplishments of children and youth in DCFS

1.2 Expand quality employment opportunities and training and continuous learning for youth across the state, partnering with the business community to support DCFS youth by becoming Employer Champions, making a commitment to hire DCFS youth in care who are transitioning out of the foster care system

1.2.1 Pilot the goal of one hundred 18-21 year old youth in care being prepared for employment and placed in jobs with the Employer Champions

1.2.2 Using an outcomes based analysis to enhance and expand current education and employment contracts that have proven success in better supporting children and youth in long term sustainable career paths

1.2.3 Sign intergovernmental agreement with the Illinois Department of Commerce and Economic Opportunity (IDCEO) to offer youth in care a long term statewide employment training provider

1.2.4 Expand the partnership with adult systems of care to seamlessly transition the 18-21 population into adulthood, with a focus on behavioral and mental health

1.3 Provide comprehensive educational services and support for youth in care from ages Birth to 3 and 3-21

1.3.1 Continue to develop mentoring opportunities for caregivers, youth, and birth parents, and family of origin

1.3.2 Ensure that agencies, youth, foster parents and other providers know that if a child has to move they have the right to stay at their school of origin if they choose

1.3.3 Collaboratively, enhanced policies, procedures, placements/housing options, and practices for youth in care ages 14-21 to ensure that they are educated, employable and living in the least restrictive community based setting through positive youth engagement

1.3.4 Incorporate academic centers in the immersion sites offering remedial lessons, credit recovery, tutoring, enrichment, and ACT/SAT test prep

1.3.5 Work with Universities, Federal, State, County, and City governments to develop linked training programs that target youth and young adults for a pathway to employment

1.3.6 Enhance the opportunity for youth and alumni of foster care to engage in high quality Trade and Journeymen programs in Illinois

1.3.7 Utilize best practices such as supportive employment to help teach our youth essential employment skills

1.3.8 Focus on regional needs and develop specialized programing that addresses the needs of that area

1.3.9 Work to reduce the frequency that youth transition between workers to ensure educational consistency

1.4 Improve outcomes for older youth in care, ensuring youth are educated, job ready, and prepared for an interdependent/independent future

1.4.1 Ensure that youth and families are being offered Norman funds to secure housing, and other housing related supports

1.4.2 Ensure that, regardless of placement type, older youth are having normal young adult experiences, while having the safety net of DCFS to practice adulthood

1.4.3 Increase the number of older youth who are working, in school, or working toward reducing barriers through increased youth engagement activities, expansion of education/employment opportunities and an emphasis on trauma informed care

1.4.4 Create a flexible array of housing options and ensure youth can be placed appropriately regardless of age or location

1.4.5 Evaluate the financial assistance provided directly to youth in a variety of programs to create incentives and disincentives for youth engagement and performance/achievements

1.4.6 Ensure that regardless of placement type, older youth are having developmentally appropriate service planning and engagement in activities (i.e., work & school) to promote self-sufficiency

1.4.7 Establish easily accessible pathways to re-entry for youth up to the age of 21 regardless of court oversight

1.4.8 Reduce homelessness amongst youth exiting care by exploring the systemic and fiscal impact of developing a housing voucher arrangement for youth leaving care

1.4.9 Ensure that young adults have information for decision-making, age-appropriate services and an adequate support system that promotes buy-in and ownership over their involvement with DCFS

1.4.10 Educate older youth on their option to remain in care until 21, while developing and implementing an "opt-out" policy for youth ready or choosing to leave the system any time after 18 and prior to age 21

1.4.11 Evaluate establishing the responsibilities of youth to be working, in school, working toward one of those, or have a disability that keeps them from these endeavors

Goal Two: Moving from Institutional to Community Based Care

2.1 Expand the use of Comprehensive Community Based Youth Services (CCBYS), Family Advocacy Centers (FAC), Child Advocacy Centers (CAC), Crisis Nurseries and SAFE Families by creating a community approach to supporting families through better integration and alignment with the Regional child protection programs

2.1.1 Establish and promote mentorship opportunities for youth, caregivers, birth parents, and families of origin

2.2 Establish and reinforce Normalcy throughout our child welfare system

2.2.1 Work with providers to ensure they understand the new Normalcy legislation and how it applies throughout the continuum of housing and placement options.

2.2.2 Ensure our children and youth are able to participate in age appropriate activities

2.2.3 Ensure our children and youth are able to celebrate and attend essential family functions, such as funerals, birthdays, holidays, etc.

2.3 Work to reduce the frequency of transition between workers to ensure youth are returning home, stepping down, and achieving permanency

2.4 Reconnecting youth, with birth families and families of origin, when youth have expressed an interest, and safety factors exist

Goal Three: Paying for Value, Quality & Outcomes*

3.1 Evaluate current performance based contracting policies and practices to ensure effective investment and payment which lead towards improved outcomes for children and families and results in available return on investment funding to support prevention

3.1.1 Reinvest savings realized from reducing high end placements to fund additional home and community based prevention and support services

3.1.2 Utilize rate structures that pay for quality and outcomes, not solely volume of services

3.1.3 Explore creative and innovative programs that incentivize providers to reduce lengths of stay in high end placements and increase home and community based services

3.2 Provide access to the least restrictive placements with trauma informed services for youth involved in both child welfare and juvenile justice utilizing the Regenerations and the Pay for Success Dually Involved Youth pilots

3.2.1 Evaluate and assess program capacity and outcomes for dually involved youth

3.2.2 Ensure that staff are trained on the impact of childhood trauma and mental illness

3.2.3 Continue to build and strengthen relationships between DCFS and Juvenile/Adult probation and corrections services

3.2.4 Build capacity of providers to provide intensive home and community based services tailored to the needs of dually involved youth

3.2.5 Preserve placement stability, enhance youth well being and provide support to caregivers who otherwise would not be able to successfully care for these youth

3.2.6 Evaluate the continued expansion of these pilot projects

3.3 Ensure that agencies are actively participating in birth parent or parent of origin, youth, and foster parent and advisory councils

3.3.1 Evaluate adding youth participation and attendance at youth advisory boards as a contractual metric for all agencies

3.3.2 Evaluate adding foster parent participation and attendance at foster parent advisory council meetings as a metric for all agencies

3.3.3 Evaluate the use of financial incentives with agencies, for ensuring birth parent, foster parents, youth, and agencies participate in these peer to peer groups

3.4 Expand/create supportive housing options to enhance older youth transitions out of foster care

3.4.1 Continue Norman and Youth Housing Advocacy Programs work with local Homeless Continuum of Cares in Illinois and the Illinois Housing Development Authority to seek opportunities to create permanent supportive housing for our youth aging out of care and Norman-certified families

3.4.2 Provide training to Norman and Youth Housing Advocacy Providers on the Statewide Referral Network to increase referrals for permanent supportive housing

3.4.3 Explore supportive housing opportunities under the 1115 waiver

3.4.4 Norman and Youth Housing Advocacy Programs will receive training on the 1115 waiver to increase services to families and youth.

** The concept of "Pay for Value, Quality & Outcomes" in this plan extends beyond contracting and payment provisions and embraces programs that are not traditionally considered "child welfare" but which are important to improving outcomes.*

3.4.5 Obtain permanent supportive services from Norman and Youth Housing Advocacy Programs as well as other service providers who receive a 1115 waiver for families and youth who receive a Family Unification Program Housing Choice Voucher

Goal Four: Prevention and Population Health

4.1 Enhance and strengthen relationships with the Cook County Sheriff's Office through the establishment of a co-funded Youth Recovery Unit, ensuring missing youth are quickly located and assessed for a more appropriate long term placement

4.1.1 Evaluate the root causes of youth going on run, and use the opportunity to review current placement; and the barriers or protective factors required to place youth in the home of the person they are running too if appropriate

4.2 Improve and strengthen response to issues of Human Trafficking

4.2.1 Provide human trafficking prevention education to children and youth in care who are at an increased risk of becoming a victim of trafficking

4.2.2 Provide trafficked youth with an array of placement options that range in levels of intensity and restriction

4.2.3 Provide trafficked youth with a trauma informed, victim sensitive team of trained child welfare professionals

4.2.4 Provide trafficked youth with mental health services from providers equipped to address the multiple needs of sexually exploited youth

Goal Five: Data Integration and Predictive Analytics

5.1 Explore how to improve caseworker communication with caregivers, birth parents, families of origin, and youth using technology, with a focus on text messages, E-mails and other innovative strategies

5.1.1 Collaboration with birth parents, families of origin , caregivers, and youth training for caregiver and birth parents use of social media

5.2 Utilize technology to facilitate sibling and birth parent contact when visitations pose complications

Goal Six: Build relationships and effective communication streams internally and externally by engaging youth and their families.

6.1 Engage the voice of youth in care, alumni, birth parents, families of origin, foster and adoptive families, courts, community stakeholders, and providers in meaningful discussions about practice and transformation efforts through existing structures including youth, birth parent, families of origin, foster parent, and adoptive parent advisory councils

6.1.1 Collaborate with existing youth and family groups

6.1.2 Utilize the expertise of councils to help develop a greater cultural competency including focus on improving competency on LGBTQ needs

6.1.3 Reinforce the value of co-parenting model with caregivers and birth families and families of origin


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ADMINISTRATION – PAY FOR VALUE, QUALITY AND OUTCOMES

To achieve the transformation in outcomes envisioned in this plan will require a similar transformation in the organization and operations of the child welfare system. This will require change within DCFS and also within private agency partners, the state's court system, and other government and private institutions with which we must collaborate to provide the comprehensive approach to child welfare.

The most significant enhancement of cooperation must be with the court system itself. Beginning with the Immersion Site process, DCFS is realigning its operating territories to align with the boundaries of the circuit courts of Illinois. This means that our office of the General Counsel, our protective investigators, and other staff will have a stronger relationship with the courts and the judges before whom they appear and with whom they work. This is just the beginning, of course, of a better relationship and understanding and responsiveness to the needs of each system.

Building trust between judges and caseworkers will be a major focus of the DCFS leadership. Initiatives will include regular meetings with court staff to develop a better shared understanding of reform efforts and to address in a timely way concerns that arise. In particular, DCFS will enhance the training and quality of preparation by its own staff for court appearances and emphasize the urgency of meeting timetables that are so important to the wellbeing of children. The intended results include more efficient decision-making in cases. Our system must operate on "kid time," reflecting the urgency of decisions and actions on safety through the final transition to permanency. This is the responsibility of all of the parties who determine the future of each child.

State's attorneys are critical to the success of this strategy, because they are a primary advocate in the decision about removal of a child from a family. It is the obligation of DCFS in the first instance to deepen state's attorneys' understanding of the vision and purposes behind this strategic plan, then to ensure that professional child-welfare staff are prepared for court hearings and present thorough documentation and well-articulated reasoning behind their professional conclusions.

Similar intensive engagement is necessary with others involved in court proceedings and determinations: Guardian *Ad Litem* (GALs), Court Appointed Special Advocates (CASAs), public defenders, and court staff.

Second, DCFS will continue to engage with other state agencies to break down silos of funding, programming and services. Primary vehicles for this collaboration will be the Health and Human Services Transformation, including the development and implementation of the statewide Medicaid 1115 Waiver, and the Children's Cabinet. These collaborative initiatives will align both programs and funding toward serving the whole person in a comprehensive manner rather than focusing on one particular issue at a time, such as physical health, substance abuse or mental health.

This higher quality of attention and services will take more time from case managers and providers and will be expensive. Federal funding policies, under Section IV-E of the Social Security Act, have not caught up with best practices in child welfare. Federal funds pay for a child in foster care, but will not contribute to the cost of keeping a child out of foster care. More than half the states have won a "waiver" of the federal policy to use funds to prevent foster care, but those are isolated and will expire in 2-3 years. Legislation is pending to apply lessons learned from these waivers, but passage during the final quarter of 2016 is uncertain. Illinois has such a waiver for Cook County and is at this writing seeking to expand that waiver statewide as part of the implementation of this strategic plan and the B.H. consent decree. Without the expanded waiver, investment in this broad preventive initiative will depend on appropriations by the General Assembly or on court orders under the consent

decree, which can compel state spending to correct legal deficiencies in the system.

Third, DCFS is initiating a systematic and robust process to move decision-making to the community level. We will place decisions regarding a youth's and family's services in the hands of those closest to them, a team of family members, natural supports, professionals and service providers. We will empower and prepare, the front-line staff to be creative and flexible in developing service plans.

Work toward this goal will begin with the launch of our first four Immersion Sites, which will test this approach before a gradual roll-out to other communities. Each Immersion Site, with its own site director reporting directly to the Associate Director of DCFS to bypass the normal operating hierarchy, will have flexibility to make most policy and case decisions locally and will apply enhanced training and coaching for front-line staff and supervisors, more robust and inclusive Child and Family Teams, an expanded service array for youth and families, and flexibility in application of policies and rules. (See accompanying details.) Immersion sites will also benefit from additional flexible funding dollars to cover costs which are regionally specific, and expedite our process of returning children and youth home, and permanency.

To support the Immersion Site process, DCFS will also work with HFS, the state's Medicaid agency, to establish a managed care plan that will focus on the integration of physical and behavioral health services for youth in care. The plan will organize both physical and behavioral healthcare for youth in care giving incentives to providers to implement new programs and services that show positive outcomes for children.

The managed care plan is intended to ensure that a child's needs are met close to home, in their communities, and through a robust provider network.

The plan will effectively assist DCFS in moving away from paying for the volume of services provided or the days that a child is placed at an agency. Payment structures will emphasize paying for quality services connected to positive outcomes for youth in care. The outcomes should support the larger goal of reunification with parents or another permanent home.

In partnership with private providers, DCFS will also focus on other administrative areas to reinforce better care for youth in care:

- Contracts and program plans will be reviewed and revised to ensure that they align with broader goals.
- Internal data systems will be revised and enhanced to ensure that administrators have access to quality data to drive better decision making.
- Technological upgrades will be made to ensure that staff in the field has real time access to data that is crucial to assisting them in making proper decisions about youths' safety and services.

Additional areas of administrative focus are outlined in Section III of this plan. All of these areas will be coordinated through DCFS Executive Leadership to ensure that all areas are moving in concert toward the ultimate goal of improving the lives of youth and families in Illinois.

This administrative shift is one of the most essential elements of this entire plan; it impacts our staff and how we interact/what we expect from our private providers. To support this transition we submit the following for consideration and implementation. These details were created collaboratively with families, youth, providers, and internal staff.

Goal One: Education and Self-Sufficiency

1.1 Expand educational services and supports for children and youth across the state

1.1.1 Develop clear definitions of the responsibilities of essential education support positions such as education liaisons, education advisors, and the school readiness team staff

1.1.2 Review ability to provide tutoring to youth with high quality tutoring programs in the community and in the home

1.1.3 Track educational accomplishments of children and youth in DCFS

1.1.4 Improve the quality of community services to address service gaps for youth with Autism Spectrum Disorder (ASD) and/or Intellectual/ Developmental Disabilities (I/DD)

1.1.5 Work with community based providers and other agencies to enhance basic skill acquisition to prepare youth with Autism Spectrum Disorder (ASD) and/or Intellectual/Developmental Disabilities I/DD for community living and employment

1.1.6 Evaluate the expansion of Educational Advocacy to work with adoptive and guardianship families, and supporting private agencies for at least one year after reunification or another form of permanency

1.1.7 Seek foundation funding for educational liaisons and the school readiness teams to better support children, youth and families

1.2 Provide comprehensive educational services and support for youth in care from ages birth to 3 and 3-21

1.2.1 Enhance policies, procedures and practices for youth in care from ages birth to 3 and 3-5 ensuring that they are school-ready by providing high-quality language, literacy, and socialization skills including expanding services in the language of preference for non-English speaking families

1.2.2 Evaluate how to provide home visiting and or home based early learning programs for youth birth to three

1.2.3 Examine the opportunity to expand the use of developmental screenings beyond the age of three

1.2.4 Evaluate how to support transportation costs for 3-5 year old early childhood education programs in rural areas

1.2.5 Expand the use of D-Net Education Link tab by redesigning the resource to be user friendly with up-to-date information on education resources, including early care and education, child care referral and early learning program information

1.2.6 Revise Education Policy and Procedure 314 to require children in placement to be in an educational setting

1.2.7 Create an Interactive Education Training module for child welfare staff, schools, early learning programs (included but not limited to child care, Head Start, and school-based), home visiting and community agencies

1.3 Develop the capacity to access real time information regarding school and education records through information sharing and technology

1.3.1 Execute the intergovernmental agreement between the Illinois State Board of Education (ISBE) and DCFS to begin tracking educational data of youth in care

1.3.2 Ensure birth families/families of origin, staff, and foster parents have knowledge and resources related to developmental screening

1.3.3 Develop a system of timely notification and support related to school discipline

1.3.4 Amend School Codes to require each school district to appoint a DCFS liaison within the school

1.3.5 Develop a more integrated process to get youth in the appropriate school environment quickly, reducing the time out of schools while waiting for IEP's, Assessments, etc.

1.3.6 Evaluate including the disclosure of mental health records to schools, to better prepare and collaborate on meeting the needs of children and youth

1.3.7 Enhance developmental screening for children ages birth to three and three to five

Goal Two: Moving from Institutional to Community Based Care

2.1 Utilize the Intensive Placement Stabilization (IPS) and Trauma Provider Credentialing to increase the array of services available in the community to keep children stabilized in home and community placements

2.1.1 Identify if expressive therapies can be integrated into the array of IPS services

2.1.2 Build the capacity and utilization of evidence-based and evidence-informed community-based, in-home interventions with specific focus on expanding use of trauma-informed services

2.2 Expand the use of Comprehensive Community Based Youth Services (CCBYS), Family Advocacy Centers (FAC), Child Advocacy Centers (CAC), Crisis Nurseries and SAFE Families by creating a community approach to supporting families through better integration and alignment with the Regional child protection programs

2.2.1 Work with the Offices under the Office of Affirmative Action such as: African–American, Asian, Latino, and Native American Services to network with the communities

2.2.2 Explore expansion of Family Advocacy Centers to include Early Childhood community services

2.2.3 Expand the service array for youth and families focused on meeting individual needs instead of a one-size-fits-all approach

2.2.4 Reduce racial disparity in funded services including services for bilingual racial minority population

2.2.5 Evaluate how Comprehensive Community Based Youth Services (CCBYS), Family Advocacy Centers (FAC), Child Advocacy Centers (CAC), and Crisis Nurseries, fit into the 1115 Medicaid waiver Title IV-E Waiver expansion, and other opportunities the state is pursuing for meeting needs of youth and families in communities of origin

2.3 Proceed with regional empowerment plan, shifting placement resources and foster care supports to the regional level to build community engagement

2.3.1 Analyze systematically each of the centrally managed DCFS programs and make recommendations regarding benefits and costs of regional day to day supervision with central office policy and planning oversight

2.3.2 Centralize program leadership and regional/area operational supervision and management

2.3.3 Shift oversight of foster parent recruitment and retention, family advocacy centers, and permanency achievement specialists to regional/local areas

2.3.4 Collaborate with private agencies to recruit and develop high quality foster parents to meet the needs of our children and youth along with our specialty populations

2.3.5 Develop a computer based level of care assessment support and child/provider matching process enabling Central Matching to be performed in the Immersion Sites

2.3.6 Assess Specialized Foster Care efficiency and utilization to better serve the needs of children and youth

2.3.7 Publish and post data regarding our population of youth in deep-end residential program to our public facing website

2.4 Immerse the state in a unified trauma informed standard of practice and to develop a regionally sensitive Illinois child welfare system

2.4.1 Implement the Family Focused, Trauma Informed, and Strengths Based (FTS) model of practice through the Immersion Site process

2.4.2 Train DCFS and provider supervisors in the Model of Supervisory Practice supporting effective supervision of our unified practice model

2.4.3 Utilize Quality Assurance to ensure that data is communicated effectively at all levels, and that we have standardized reports combine outcome, practice and compliance

2.4.4 Utilize Quality Service Reviews at random and peer to peer case review to reinforce and improve practice in support of immersion sites

2.4.5 Review departmental process, practice, policy, procedure, and rules with a regional focus to reduce duplication, redundancies, and working towards our goal reducing time in care and time to achieving permanency

2.4.6 Hire a vendor to replace our manual matching system to ensure a quicker, less time consuming tool for workers to identify the appropriate and best placement for children and youth

2.4.7 Build and expand the capacity for communities to provide the support that families need

2.5 Secure approval of Illinois' 1115 waiver in an effort to improve the medical, mental health, behavioral health, emotional health, and other services for all of Illinois citizens

2.5.1 Establish increased communication and data exchange, which will result in better coordinated care and service delivery for children, youth, and families

2.5.2 Expand flexible funding utilization for non-traditional services and expenses, such as expenses which enhance and improve well being, supporting improved home environments, and ensure youth stay home and return home

2.5.3 Develop a statewide universal assessment for children, youth, and families who need assistance, reducing duplication and redundancy

2.5.4 Ensure better coordination of services across state agencies building seamless access to funded services across the state

2.5.5 Expand the currently available service array approved by Medicaid, ensuring families get access to effective, individualized and community based supports

2.6 Expand Emergency foster care to ensure youth have home like environments

2.7 Reduce the frequency of transition between workers to ensure youth are returning home, stepping down, and achieving permanency

2.8 Evaluate and implement a new residential treatment monitoring system

Goal Three: Paying for Value, Quality & Outcomes*

3.1 Implement and establish Care Management Entity pilots that utilize Child and Family Teams to develop and provide access to community services and supports for children in foster care with complex behavioral health needs

3.1.1 Continue referrals for Care Management Entity pilot in current target area

3.1.2 Complete contract amendment and Intergovernmental Agreement to combine DCFS and IHFS contracts

3.1.3 Add additional Care Management Entity pilot sites

3.1.4 Establish university based Center of Excellence to provide training and technical assistance

3.1.5 Require Care Management Entity providers to participate in DCFS Trauma credentialing program

3.2 Provide access to the least restrictive placements with trauma informed services for youth involved in both child welfare and juvenile justice utilizing the Regenerations and the Pay for Success Dually Involved Youth pilots

3.2.1 Evaluate and assess program capacity and positive outcomes for dually involved youth

3.2.2 Train staff on the impact of childhood trauma and mental illness

3.2.3 Build and strengthen relationships between DCFS and Juvenile/Adult probation and corrections services

3.2.4 Build capacity of providers to provide intensive home and community based services tailored to the needs of dually involved youth

3.2.5 Preserve placement stability, enhance youth well being and provide support to caregivers who otherwise would not be able to successfully care for these youth

3.2.6 Evaluate the continued expansion of these pilot project

3.3 Work with HFS to develop an integrated system of care to serve children, youth, and families with complex behavioral health needs and physical health needs

3.3.1 Research managed care plans that will efficiently and effectively organize behavioral and physical health services for DCFS children and youth

3.3.2 Establish implementation teams to ensure that all aspects of implementation are overseen effectively and implementation issues are addressed

3.3.3 Monitor performance of managed care plan to ensure that performance and outcome expectations are being met

3.3.4 Establish partnerships with HFS, private providers, children, youth, and family to develop managed care contract deliverables with clear performance and outcome expectations

3.3.5 Streamline the eligibility requirements for partners with HFS, ensuring we reduce redundancies for providers that work across multiple agencies

3.4 Continue an ongoing quality improvement process to measure, track, and analyze progress toward agreed upon goals of improving safety, permanency and well being of DCFS children and youth

3.4.1 Support ongoing efforts to improve practice and performance in children and family services review (CFSR) measures

** The concept of "Pay for Value, Quality & Outcomes" in this plan extends beyond contracting and payment provisions and embraces programs that are not traditionally considered "child welfare" but which are important to improving outcomes.*

3.4.2 Implementation of the DCFS-POS CQI Framework

3.4.3 Support ongoing efforts to maintain Accreditation through the Council on Accreditation to support best practice in child welfare

3.4.4 Integrate CQI into daily practice, with specific instructions for providers

3.4.5 Utilize Eckerd Rapid Safety Feedback Teams to improve performance and decrease the number of deaths and serious injuries for children whom are involved or have been involved with the department historically

3.5 Leverage university contracts promoting internal capacity to produce and measure outcomes and to deliver products that align with evolving DCFS needs

3.5.1 Review all university contracts to determine redundancies

3.5.2 Evaluate necessity of contracts based on increased internal capacity

3.5.3 Re-issue contracts as necessary to align with vision

3.6 Reinforce training and continuous learning and embed the Family Focused, Trauma Informed, and Strengths Based (FTS) Illinois Core Practice Model, providing workforce development to eliminate racial disparity, through the use of Immersion Sites

3.6.1 Develop Training curriculum and time-line

3.6.2 Integrate Race-Informed practice values, principles and tools into the FTS Core Practice Model to begin addressing race-based disproportionality and disparities

3.6.3 Develop assessment of time in training and impact on private agency staff

3.6.4 Develop a Readiness Assessment

3.6.5 Gather baseline data and determine evaluation design, implementation and re-evaluation

3.6.6 Develop and implement sustainability plan

3.6.7 Add immersion site objectives and responsibilities to existing Permanency local action teamsites to accelerate/expand partnership and operational support

3.7 Increase coordination and collaboration between Monitoring and other Division such as Agency Performance Team (APT), Licensing, Operations, and Quality Assurance (QA) in immersion sites

3.7.1 Develop and utilize an impact assessment for the decentralization of APT, QA, Placement, and other centralized decision making mechanisms

3.8 Improve the speed by which prospective foster parents can achieve licensure, to ensure our system has the volume and quality of caregivers our children and youth need

3.8.1 Ensure adequate staffing in the position of foster home licensing representatives across the state, with a focus on ensuring we have a culturally and linguistically diverse pool of agents to meet the needs of each region

3.8.2 Maximize the impact of on-line license portal, converting applications to licensure quickly

3.8.3 Exceed compliance for statewide foster care and agencies and institutions licenses, annuals and renewals

3.9 Engage experts in implementation of transformation efforts

3.9.1 Execute contracts for experts in Therapeutic Foster Care, Core Practice Models, Immersion Site Implementation, Organizational Change Management and Managed Care for DCFS children and youth

3.9.2 Utilize expert feedback to improve implementation of all initiatives

3.10 Evaluate current performance based contracting policies and practices to ensure effective investment and payment which lead towards improved outcomes for children and families and resulting in available return on investment funding to support prevention

3.10.1 Reinvest savings realized from reducing high end placements to fund additional home and community based prevention and support services

3.10.2 Utilize rate structures that pay for quality and outcomes, not solely volume of services

3.10.3 Explore creative and innovative programs that incentivize providers to reduce lengths of stay in high end placements and increase home and community based services

3.11 Review rate structures for providers on an ongoing basis, considering typing compensation and rate to performance

3.11.1 Institute an updated performance based contracting system ensure measures of performance are qualitative and quantitative to support positive outcome

3.12 Evaluate and review pain points in the pursuit of permanency, that are preventing children and youth from achieving Return Home, Adoption, and Guardianship in a timely manner

3.12.1 Utilize Permanency Achievement Specialists to conduct Family Finding for DCFS cases, and to train and provide continues training for POS agencies on the process as outlined in Procedures 315

3.12.2 Review the subsidy process for DCFS cases and for POS agencies cases, reducing barriers to effective practice

3.12.3 Utilized Permanency Achievement Specialists and APT staff to do quarterly or semi-annual reviews of cases where parental rights have been terminated to identify barriers to timely completion of adoption or guardianship

3.12.4 Review utilization and enhance our practice of Child Endangerment Risk Assessment Protocol (CERAP), including monthly assessments of the safety of the home environment on all youth not in permanency achieving out of home placement, with a focus on getting youth home quickly by increasing protective factors of families rather than waiting until all-risk has been removed

3.12.5 Train permanency staff to advocate/communicate in court reports and testimony to support early reunification

3.12.6 Evaluate and consider legal "screening" in permanency cases within 6 months of placement to have legal staff interact with placement team supervisor/worker to assess whether the safety issues have been resolved to facilitate a return home

3.12.7 Establish time frames for DCFS and private agencies to ensure subsidies are completed in a timely manner including; construction of the subsidy paperwork should begin within 30 working days of the goal change to adoption or guardianship; subsidy completion should be within 90 working days of the beginning of the construction of the subsidy, subsidies should be submitted to the Adoption Unit for review by the 90th working day; agencies that do not complete the process in the 120 working day time frame may be subject to financial penalties

3.12.8 Evaluate the department's ability to re-instituting and staff the adoption unit who work with providers to expedite adoption and guardianships

3.12.9 Collaborate with the Office of Professional Training to create a training to be utilized by private agency and department staff focused on Adoption, Guardianship, and Subsidies

3.12.10 Evaluate the ability to modify a subsidy, if a youths needs change to ensure children, youth, and families quickly receive the support they need

3.12.11 Evaluate enhanced subsidies for youth over 16, including the services a youth would receive if they stayed in foster care

3.13 Build the expertise of DCFS and private agency staff of all levels through effective and ongoing training program s which are also accessible to those who are not proficient in English

3.14 Enhance our investigations and case management by partnering with the medical community

3.14.1 Ensure children and youth have the necessary mental health evaluations and mental health services, psychotropic medications (as necessary), and oversight of psychotropic medication usage

3.14.2 Utilize tele-medicine to bridge communities where medical experts are not available locally

3.14.3 Enrich our medical home model by 1. Continuing to partner with Medical Centers of Excellence (MCOE) across the state and 2. Integrating primary care, and behavioral/mental health care

3.14.4 Develop a Web-based portal for electronic health records of physical and behavioral health of all children and adolescents in foster care

3.14.5 Enhance the utilization of medical professionals in a team setting across the state on complex cases, during investigations, and during ongoing case management

3.14.6 Collaborate on the develop of a statewide network system of child abuse pediatric experts and/or other medical professionals trained by child abuse pediatricians to ensure real time access to medical consultation for medically based allegations and neglect of medically complex children

3.15 Ensure that agencies are actively participating in birth parent or parent of origin, youth, and foster parent and advisory councils

3.15.1 Evaluate adding youth participation and attendance at youth advisory boards as a contractual metric for all agencies

3.15.2 Evaluate adding foster parent participation and attendance at foster parent advisory council meetings as a metric for all agencies

3.15.3 Evaluate adding birth parent participation and attendance at birth parent council meetings as a metric for all agencies

3.15.4 Evaluate the use of financial incentives for agencies, for ensuring birth parent, foster parents, youth, and agencies participate in these peer to peer groups

Goal Four: Prevention and Population Health

4.1 Enhance and strengthen relationships with the Cook County Sheriff's Office through the establishment of a co-funded Youth Recovery Unit, ensuring missing youth are quickly located and assessed for a more appropriate long term placement

4.1.1 Co-locate Child Intake and Recovery Unit staff with Sheriff Officers to work together to locate missing youth

4.1.2 Enhance systems of data tracking and evaluation to document the recovery of missing youth and the arrest and prosecution of perpetrators of trafficked youth

4.1.3 Evaluate the root causes of youth going on run, and use the opportunity to review current placement; and the barriers or protective factors required to place youth in the home of the person they are running too if appropriate

4.1.4 Develop linkages with Central Matching to ensure that these youth receive necessary stability and safety including achieving a secure and healthy attachment to a consistent and committed adult

4.1.5 Evaluate the expansion of this pilot to other counties

4.2 Support the developmental and social-emotional well being of young children, ensure that families receive ongoing developmental screening and evidence-based assessments and supports through early childhood initiatives and programs which are accessible to those who are not proficient in English

4.2.1 Connect families to high quality learning

4.2.2 Explore options for creation and development of Baby Court

4.3 Improve data collection regarding child well being related to education, social functioning, physical health and mental health

4.3.1 Finalize the Psychiatric Hospital database

4.3.2 Enable meaningful use of the Child and Adolescent Needs and Strengths assessment instrument (CANS) through improving capacity and skill of CANS use in the field

4.3.3 Develop process to enter clinical documentation into the Statewide Automated Child Welfare System (SACWIS), including DCFS nurses and HealthWorks staff

4.3.4 Partner with the DCFS Medical Director and other pediatricians on projects focused on the health and well being of youth

4.3.5 Partner with pediatrician as the department works to improve its SACWIS system, with a focus on pediatricians and other medical providers, for access to medical information, mental health, and other medical conditions.

4.3.6 Explore the option of fully digitized case record

4.4 Strengthen the well being of individuals and families by building protective factors to enhance personal, family and community vitality

4.4.1 Continue the quarterly immunization and congregate care reporting

4.4.2 Pilot screening all cases for Fetal Alcohol Syndrome and other ongoing developmental screenings

4.4.3 Evaluate the expansion of these screenings to other counties in the state

4.4.4 Create a system of notification for children with complex medical needs

4.4.5 Increase education regarding Sexual Health, Contraception and Family Planning

4.4.6 Enhance the short-term crisis stabilization services and supports for youth including those with Autism Spectrum Disorder (ASD) and/or intellectual /Developmental Disabilities (I/DD)

4.5 Utilize the Quality Improvement Center Adoption and Guardianship Study

4.5.1 Develop, with the Quality Improvement Center for Adoption & Guardianship Support and Preservation (QIC-AG), a continuum of services that increase permanency and guardianship

4.6 Enhance joint parenting skills for family support for youth in care who are parenting

4.6.1 Formalize best practices for the pregnant and/or parenting teen youth in care population and integrate into statewide program plans, training, and service delivery including enrollment of children of teen parents in high quality early learning programs

4.6.2 Pilot a partnership with agencies and the Governor's Office to link 20-30 teen parents in care with home visiting resources

4.6.3 Evaluate the expansion of the home visiting pilot

4.6.4 Collaborate with Domestic Violence Advocates to assist youth in care who are parenting

4.7 Review community based mental and behavioral health services in an effort to address the issue of custody relinquishment

4.7.1 Work with assorted advisory councils and other community based resources to strengthen families and communities

4.7.2 Focus on behavioral and mental health service proliferation through the 1115 Medicaid waiver

4.7.3 Ensure that high intensity wrap around services are offered in-home to address the needs of youth and families

4.7.4 Evaluate the opportunity to preserve birth parent, or family of origin medical consent or decision making authority for youth who enter foster care

4.8 Reinstitute primary and secondary HIV prevention for at-risk youth and families to work towards the goal of zero transmission

4.8.1 Continue collaboration between DCFS and the Illinois Department of Public Health (IDPH) regarding HIV/AIDS education and prevention

Goal Five: Data Integration and Predictive Analytics

5.1 Improve internal capacity of DCFS in the identification and use of predictive analytics through external software overlays that provide real time data dashboards

5.1.1 Develop and implement Mindshare CFSR dashboards

5.1.2 Develop and implement Director's 26 Metrics dashboards

5.1.3 Build internal capacity for predictive analytics

5.2 Improve engagement and outreach as DCFS implements the mobile application pilot, giving workers and investigators instant access to case information and essential supports, and ensuring the highest quality investigations, interactions, and service delivery

5.2.1 Expand and implement the mobile technology pilot

5.2.2 Evaluate expanding mobility project to private sector sub-contractors

5.2.3 Integrate birth parents, families of origin, caregivers, children, and youth into this system to upload, view, and receive essential information

5.3 Establish and integrate new statewide automated child welfare information systems (SACWIS), improving departmental efficiency, usability, and quality of our outcomes data and service delivery.

5.3.1 Submit for approval the Planning Annual Planning Document (PAPD)

5.3.2 Award RFP and on-board of planning vendor

5.3.3 Gather requirements for new system by planning vendor

5.3.4 Receive approval of the Implementation Annual Planning Document (IAPD)

5.3.5 Implement new system that includes an electronic health record

5.3.6 Establish work-groups of SACWIS users to ensure updated SACWIS system is responsive to the daily operation of the field

5.4 Improve the National Electronic Interstate Compact Enterprise (NEICE), targeting youth and families in interstate placements and ensuring effective monitoring, service delivery, and communication.

5.4.1 Identify lessons learned from the first six "pilot" states that implemented the NEICE environment

5.4.2 Utilize NEICE to assure that the youth who require placement in other states are placed effectively and efficiently through improved interstate data exchange

5.5 Establish a 360 Degree View Pilot designed to integrate multiple state agencies databases into one usable program screen, establishing a cross-agency understanding of service delivery to youth and families

5.5.1 Finalize memorandum of understanding for data sharing

5.5.2 Implement technology and expand technology at pilot sites

5.5.3 Utilize this technology to identify services a family may be eligible for, but have not yet accessed

5.5.4 Share information with state agencies, providers, and community based service providers to address service needs

5.6 Establish inter-agency memorandums of understanding allowing for Health and Human Services Enterprise Solution and use of multi-agency data to further drive predictive analytics

5.7 Establish access to online and mobile licensing software to create efficiency in processing licensing applications and building capacity

5.7.1 Implement day care mobile monitoring application

5.7.2 Complete Sunshine Website Redesign

5.7.3 Submit revised Rule and Procedure 383 (enforcement) to the Joint Committee on Administrative Rules (JCAR)

5.7.4 Approve Rule 383 Enforcement process training module for implementation

5.7.5 Begin training regarding Rule and Procedure 402 (Foster Care License) requirements

5.7.6 Establish access to online and mobile licensing software to create efficiency in processing licensing applications and building capacity

5.7.7 Begin pilot of the on-line licensing application process

5.7.8 Exceed compliance for statewide foster care licenses annuals and renewals

5.8 Develop an automatic system that will enhance psychotropic medication consent processing data between the Guardians Office and the University of Illinois at Chicago

5.8.1 Develop a secure on line submission process for medication consent

5.8.2 Develop an automatic system of notification of expiring consents to caseworkers in SACWIS

5.8.3 Develop tracking mechanism of consent processing

5.8.4 Develop data system to track unit performance and improvement ensure measures of performance are qualitative and quantitative

5.8.5 Develop a way to analyze data to allow us to review professionals who are prescribing psychotropic medication at a higher rate than others

5.9 Explore how to improve caseworker communications with caregivers, birth parents, families of origin, and youth using technology, with a focus on text messages, E-mails and other innovative strategies

5.9.1 Collaborate with birth parents, families of origin, caregivers, and youth on training for caregiver and birth parents on social media

5.10 Utilize technology to facilitate sibling and birth parent contact when visitation poses complications

5.11 Ensure youth, birth parents, and families of origin in treatment facilities have access to computers and technology to interact in their ongoing case

5.12 Disaggregate all data collected by DCFS and shared by other state agencies by race across outcomes in safety, permanency, well being and critical decision-making points such as services to prevent placement, sibling placements and termination of parental rights to understand, measure and target interventions that ensure racial equity and eliminates race-based disparities

5.12.1 Establish protocols for recording the race of all children, families, relatives, caregivers, guardians and adoptive homes for the purpose of analyzing familial, cultural and racial practice trends, services and outcomes

5.12.2 Along with other planned improvements to the department's internal Information Systems provide universal access (internal and external stakeholders to race data and reports by county, judicial circuit or area-code on safety, permanency and well being performance outcomes

5.12.3 Issue annual "System Performance Reports" from the Office of Racial Equity Practice related to child welfare outcomes, trends, problem areas and interventions focused on promoting racial equity and the elimination of disparities based on race

5.12.4 Reinforce the connection to both predictive analytics, shared responsibility and community engagement/involvement

5.13 Evaluate the implementation of a tracking system to better understanding Domestic Violence cases

5.14 Development of a service authorization piece tied into SACWIS - services would be authorized with data fed back to SACWIS to better understand what services were provided to children, youth and families and if they are effective

5.15 Strengthen DCFS by engaging national opportunities for cross-sector partnership and technical assistance, offering learned lessons, best practices, and innovative ideas from across the country

5.15.1 Apply for National Governors Association (NGA) Learning Lab on Cross-Sector Collaboration to address the health and success of children

5.15.2 Submit application for National Council on Crime and Delinquency, Cross-Systems Data Sharing and Transparency Project to Reduce Juvenile Justice System Involvement

5.15.3 Submit application for the NGA two generation project

Goal Six: Build relationships and effective communication streams internally and externally by engaging youth and their families.

6.1 Communicate essential goals and strategies laid out for DCFS through a thorough communication plan to allow for an increase in departmental transparency and improved community trust

6.1.1 Host quarterly Live Streams with Director

6.1.2 Host Regional Town Halls for Strategic Plan feedback

6.1.3 Utilize DCFS Monitoring and Agency Performance Team (APT) staff as transformation communication liaisons to private sector

6.1.4 Develop Strategic Planning section on D-Net

6.1.5 Complete a Statewide Strategic Plan survey

6.1.6 Provide frequent updates from Office of Legislative Affairs regarding legislation to keep the Director and DCFS staff informed throughout the legislative process and assist in rule-making as needed.

6.1.7 Articulate the department's position on proposed legislation in testimony, and/or statements for the record through Office of Legislative Affairs

6.1.8 Manage legislative proposals through Office of Legislative Affairs, and coordinate post-hearing questions for staff, statutory reports and other correspondence, responses to requests from the General Assembly and other inquiries from individual members and staff.

6.1.9 Provide information, services, investigations, and case management in the language birth and families of origin are most comfortable speaking

6.2 Create a streamlined process of defining data consistently and accurately, making data easily available and understood, having data analyzed accurately to identify patterns and trends and allowing data to be communicated and utilized routinely at all levels within the state child welfare system

6.2.1 Provide Data Analysis Training for staff

6.2.2 Develop a Data Integrity Plan

6.2.3 Develop and support a Case Review Integrity Plan for Quality Assurance.

6.2.4 Develop and support a Data Definitions work-group

6.2.5 Develop and support a Dashboard Approval work-group

6.2.6 Develop logic models for all divisions in the department including Inputs, Outputs and Outcomes/Impacts

6.2.7 Provide data that tracks racial equity and disparity at each of the critical decision points

6.2.8 Develop a plan for timely reporting of data to be made accessible to community groups and support efforts to reduce racial disparity in child welfare

6.3 Engage with the Health and Human Services Transformation (HHS) in Illinois

6.4 Utilize the expertise from the Child Welfare Advisory Committee (CWAC), by formalizing a recommendation process and ensuring more structured implementation of recommendations

6.4.1 Develop and implement standardized process for implementing recommendations of committees and sharing decisions

6.4.2 Increase efficacy of committees and participation

6.4.3 Evaluate if CWAC is best used if it is re-aligned with the DCFS strategic plan

6.4.4 Utilize CWAC to gather feedback and recommendations on strategies and changes

6.4.5 Align CWAC work with the DCFS strategic plan, including realigning the Sub-committees and work-groups if needed to ensure they are best organized to provide feedback and input

6.4.6 Solicit provider input through CWAC for discussion, analysis, negotiation, problem solving and goal-setting as the strategic plan is implemented

6.5 Utilize the expertise from the Child and Family Services Advisory Council (ICFSAC) to provide technical recommendation, implementation assistance, and the analysis of other types of issues and concerns brought to the departments attention through the formation of sub-group

6.5.1 Complete and approve updated mission, vision, and values

6.5.2 Increase meeting frequency

6.5.3 Provide technical assistance and training for new Council members

6.5.4 Increase Council membership with a focus on diversity and expertise

6.5.5 Align ICFSAC work with the DCFS strategic plan, including realigning the Sub-committees and work-groups if needed to ensure they are best organized to provide feedback and input

6.5.6 Solicit expert input through ICFSAC for discussion, analysis, negotiation, problem solving and goal-setting as the strategic plan is implemented

6.6 Support collaborative projects with University Partners improving the front line staff that serve children, youth, and families

6.6.1 Evaluate the efficacy of experiential training for Child Protection Investigators

6.6.2 Evaluate how to expand simulation training to the entire Child Protection workforce including supervisors

6.6.3 Explore and evaluate how to expand simulation training to other disciplines within the department

6.6.4 Work with university and provider partners to expand and develop other simulation labs

6.7 Continue the Success! Academy Program. A 6 month intensive program utilizing experts from across the country to develop the leadership and management skills of our employees.

6.7.1 Work with Casey Family Programs to develop training materials

6.7.2 Develop application and selection process of promising DCFS leaders

6.7.3 Develop DCFS Train the Trainer model for graduates

6.8 Utilize the Division of Strategic Planning and Innovation to drive, track, and ensure sustainable change

6.8.1 Conduct Leadership retreat: February 2016

6.8.2 Draft strategic plan: March 2016

6.8.3 Meet with DCFS leadership to review strategic plan: March 2016

6.8.4 Implement communications strategy and feedback: March through October 2016

6.8.5 Unveil final plan at State Summit: October 2016

6.8.6 Determine and implement strategy to communicate new initiatives and impact of strategic planning goals on DCFS staff and stakeholders

6.8.7 Update strategic plan annually and share at the annual State Summit

6.9 Establish and formalize our reporting process in collaboration with the B.H. consent decree expert panel and the plaintiff's counsel to the courts every four months

6.9.1 Act as liaisons with divisions responsible for implementing B.H. plan

6.9.2 Submit quarterly progress updates/reports

6.9.3 Work with legal to draft and submit four month reports

6.9.4 Manage consultants as necessary to support DCFS B.H. Implementation Plan

6.10 Engage the voices of youth in care, alumni, birth parents, families of origin, foster and adoptive families, courts, community stakeholders, and providers in meaningful discussions about practice and transformation efforts through existing structures including youth, birth parent, families of origin, foster parent, and adoptive parent advisory councils

6.10.1 Collaborate with existing youth and family groups

6.10.2 Partner with birth parents and families of origin to ensure their rights are established in Illinois statute

6.10.3 Utilize the expertise of councils to help develop a greater cultural competency including focus on improving competency on LGBTQ needs

6.10.4 Reinforce the value of co-parenting model with caregivers and birth families and families of origin

6.10.5 Open access to D-Net for contracted DCFS providers

6.10.6 Establish partnerships with the Intellectual and Developmental disability (I/DD) family and provider community to promote continuous communication about the unique needs of youth with Autism Spectrum Disorder (ASD) and/or I/DD

6.10.7 Develop website access to the most used foreign languages

6.11 Improve the recruitment, hiring and retention of minorities, females, and males at all levels of employment with a special emphasis on these efforts in state Human Rights categories where there is underutilization

6.11.1 Send goal updates to managers on a monthly basis informing them of the percentage they need to achieve in each Equal Employment Opportunity (EEO) category in order to maintain compliance, regardless of headcount fluctuations

6.11.2 Encourage staff at all levels across department divisions to work collaboratively to ensure that the highest quality services are provided on a fair, equitable, and culturally competent basis and facilitate achievement of the DCFS' mission

6.11.3 Explore the opportunity to enhance the departmental focus on increasing retention and staff morale

6.11.4 Ensure that DCFS reflects the language and culture of the youth and families they serve, this including ensuring materials, investigators, supervisors, and other staff are available to work with families in the language they are most comfortable

6.12 Collaborate with the Children's Advocacy Centers in a pilot of multi-disciplinary teams

6.12.1 Provide court, private agencies, department staff, and State Attorney's office with referrals for criminal prosecution of reports already taken by DCFS

6.12.2 Make direct resource referrals to reduce the reliance on out of home care to address inter-family challenges

6.12.3 Develop wrap around plans for children youth and families to keep them in family of origin, or to achieve permanency in a timely fashion

6.12.4 Pilot team would help in the identification of needed services and develop additional resources through the 1115 Medicaid waiver

6.13 Establish an annual score card on the progress in the strategic plan

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Rev. 1.4.17