Illinois Department of DCFS Children & Family Services

Bruce Rauner, Governor
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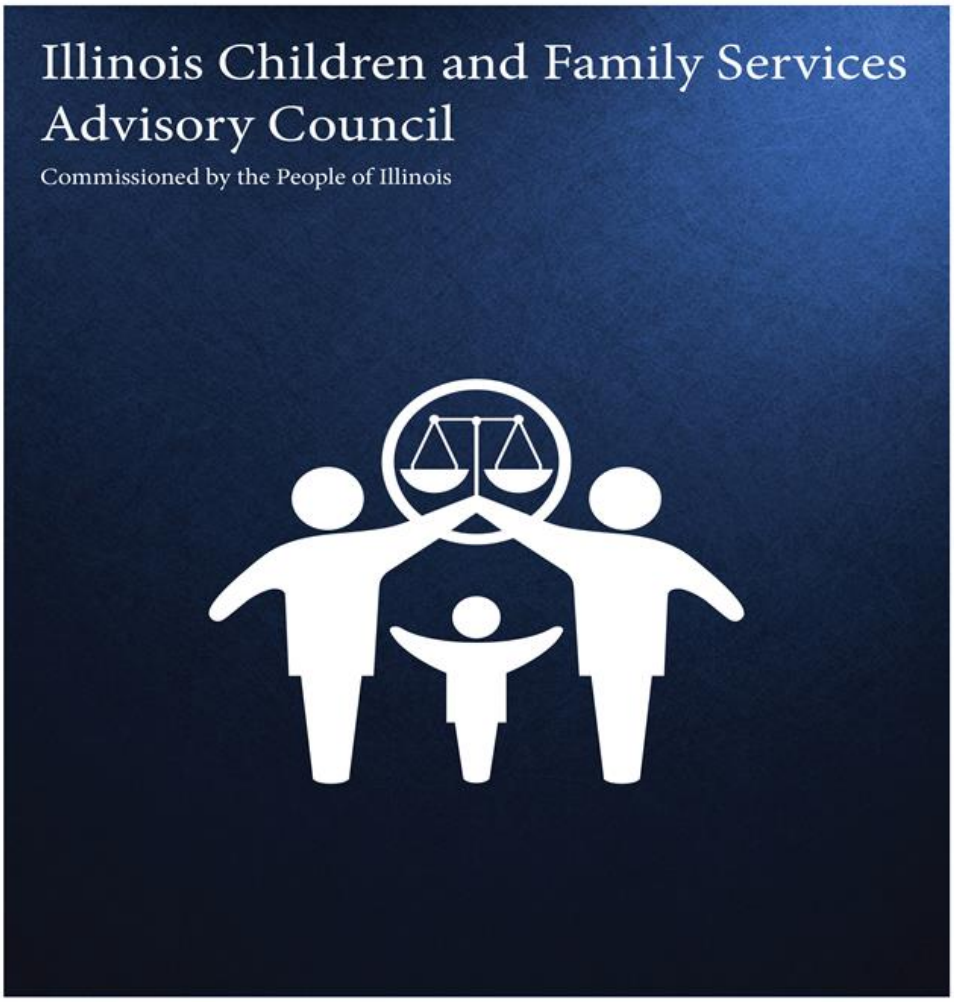
Illinois Children and Family Services Advisory Council

Commissioned by the People of Illinois



This council was established by the Illinois General Assembly and Governor of Illinois under 20 ILCS 5/5-535 (formerly 20 ILCS 5/6.15) The Children and Family Services Advisory Council is charged to advise the Department of Children and Family Services on services and programs for individuals under the care of the Department, and with making initial recommendations to the Illinois General Assembly by March 1, 2017.

Illinois Children and Family Services Advisory Council

April 2017 Report to the Illinois General Assembly

The Illinois Children and Family Services Council was re-invigorated by legislation in July 2015. The Council has met twelve times since then, working on a unified Mission and Vision, and to begin identifying the issues in the Department needing the greatest amount of review. The Council now meets on a quarterly basis and has several sub-committees that meet at their discretion to continue the review of areas of interest. This Council and the Department have taken steps to get all 21 members officially appointed by the Governor in the last year.

This report details some of the work that has been completed over the last year, including the work of subcommittees, and sets out the Council's recommendations for moving our system forward in the coming months.

The Illinois Children and Family Services Advisory Council submits this for your consideration.

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Significant Reports System (Previously Unusual Incident Reports [UIRs])

Background: Based on a presentation by the Department to the Council in April 2016, on the improvements being undertaken to the Abused and Neglected Child Reporting Hotline and on Unusual Incident Reports, the Council requested the Department provide it with more detailed information in order for the Council to more thoroughly explore how the system of UIRs was working. This included information on the data system which tracked these types of events. Specifically, the Council requested a list of all Significant events (then referred to as UIR's) broken out by agency; by type of setting; and by type of incident.

Conclusion:

The Department initiated a project to enhance incident reporting for children and youth as well as agency/facility, caregiver and personnel reporting. Prior efforts to address the antiquated reporting process and disparate systems previously used to record incidents were unsuccessful. The Department had made several attempts over the past eight years to improve incident reporting. In April 2016 the Department reinstated a workgroup that included DCFS and Purchase of Service provider staff at various levels, including direct service staff to enhance practice procedures (P331.120)[1] taking the essential steps of building and automate incident recording on one platform, the SACWIS (State Automated Child Welfare Information System) case management system, which is the electronic case record system used by Department and POS staff to record case information for children and families served by the Department and POS providers.

The process for recording the UIR in the past involved documentation on a paper form or template. The CFS 119 was used to capture the incident information initially within 2 days of the incident occurrence. Within 5 additional days the incident had to be documented in one of two data systems. Incidents for children and youth in residential care were captured in the Illinois Outcomes system. All other child/youth incidents were recorded in the NOMAD system, which is an aged technology the Department is in process of decommissioning. Additionally the Illinois Outcomes system did not include all UIR functionality in that the final UIR disposition was performed on the NOMAD platform. This required UIR data to be shipped from one platform to another.

[1] https://www.illinois.gov/dcfs/aboutus/notices/Documents/Procedures_331.pdf

The fact that there were two different data systems being used to capture UIR data, a manual paper process and data being ported from one system to another for disposition made it clear that streamlining the process both procedurally and systematically was necessary.

Significant Event Reporting is the process that captures significant, sometimes traumatic occurrences that impact children and youth served by the Department. (These are reports formerly known as Unusual Incident Reports.) Additionally, this process is used to capture significant events that involve Department licensed facilities, including day care providers, as well as staff employed by the Department or Purchase of Service (POS) Agencies, Department licensed facilities and caregivers. Significant events in Illinois child welfare include child and youth events, and personnel, caregiver and facility related events. Child and Youth Significant Events include allegations of abuse and neglect, reports of missing or abducted children and youth, and child and youth incidents including:

- Encounters with Law Enforcement;
- Behavior Related Incidents;
- Sexualized Behavior;
- Medical/Psychiatric;
- Injury Related Incidents;
- Identification of a Pregnant or Parenting Children and Youth in Care;

Key Benefits of Implementation:

Significant Events require immediate reporting for abuse/neglect and missing events. Child/youth incidents are also required to be reported immediately during business hours, however when the occurrence is outside of normal business hours, the "immediate" reporting requirement will occur at the beginning of the next business day. All incidents that are required to be reported immediately to the State Central Register/Hotline (SCR) or Child Intake Recovery Unit (CIRU) shall be reported immediately upon learning of the incident regardless of the time or day. In the previous practice the UIR was required in addition to abuse/neglect reports and reports of missing child/youth events. This created duplicate processes for staff and resulted in duplicate data.

Significant events are visible immediately on a SACWIS monitoring log as well as on the caseworker and supervisor desktop. The immediate reporting timeline allows for quicker

responses to child and youth events and immediate notification to involved staff at field service, management, monitoring and executive levels. Often in the past key staff had not been notified in a timely manner and required interventions were not employed. For example in instances where a child or youth had experienced an arrest or involvement with law enforcement the DCFS Office of the Guardian was not notified in time to provide legal representation. Now the immediate visibility will allow for this.

Significant event disposition as defined in procedures section 331.190 now allows for the disposition activity to occur in one place. As noted, previously the final disposition could not be entered on the Illinois Outcomes platform. The SACWIS functionality captures all aspects of significant event reporting as in current practice. Immediate reporting, streamlined systems and functionality allows for dispositions to occur more timely.

This means: 1) activities or services have been undertaken such that risk to a child's or other person's health, safety or welfare have been mitigated or resolved to the point that usual and customary services can be provided, if appropriate; 2) does not mean that the case is closed, rather it means that there is closure with respect to the reported incident; 3) that the extraordinary circumstances reported (i.e., those beyond the customary operations, routines, relationships) have been addressed appropriately by responsible persons and recorded in a manner prescribed by the Department.

Council Concerns:

This council identified several areas of concern regarding the existing reporting system for Significant Events. These included: (1) there appeared to be no criteria for prioritizing incidents; (2) the volume of incidents being reported was overwhelming, and (3) the process for recording the incidents did not appear to actually provide a rapid response.

Recommendation 1: This council recommended prioritizing the Department's response to Significant Events and reordered what is considered high or low priorities.

Departmental response: The Department reviewed and revised their process for collecting and responding to Significant Events based on the Council's recommendation. Now Critical

incidents are treated differently than significant incidents. Here are events categorized as Critical Significant Events:

1.) Allegations of Death

2.) Allegations of Serious Injuries, Harm and Trafficking of Children and Youth in Care or Served by the Department

3.) Reports to Child Intake and Recovery Unit (CIRU) of Abducted, missing or on run Children and Youth

4.) Media/High Profile Critical Event

5.) Employee/Personnel Related Event are now set into two categories, one of which is a higher priority than others. The response and distribution network for our Significant Event Reports system is also altered so that essential staff receive essential information.

Recommendation 2: This council recommended a more "real time" data, and reporting system **Departmental response:** The Department looked at changing how staff utilizes the system through the development of a new User Guide[2]. In addition to the user guide which better defines when to file a Signification Event, this delegates the responsibility of creating a UIR to additional DCFS Units. Who reviews and utilizes the Significant Events now includes Facility and agency Monitoring teams. The Department has learned by reviewing other concerning times in the near past - for instance at the Residential Treatment facility Rock River, that a spike in the number of Significant Event Reports appeared as new leadership took over at their facility. This spike in Significant Event Reports could have provided an alert to the monitoring team that something had been or was currently going wrong within the organization.

To get to a more "real time" reporting the department unified the Significant Events Reporting system into one database. Prior to this point two databases existed, one for congregate care, and one for foster care. The department increased the number of users who can enter a Significant Event by threefold. By increasing the number of users who can enter Significant Event Reports into the database, we have created a Significant Event Reports system that is closer to real time. This growth keeps all of our child welfare system aware of any growing concerns. The most

[2] P331 (Significant Event Reports) and SACWIS user guide are available to providers and DCFS Staff on our Intranet http://dnet/intranet/default.asp

recent information received outlined that there are significant time repercussions already observed.

Outcome:

Under the old system the average time it took a worker to file a UIR was 7 days. The rules allowed a worker up to 2 days to "file a UIR" but allowed an additional 5 days were allowed to enter that data into the system. Today, the average time to entry is within is 24 hours of an incident.

Under the old system the Disposition; or outcome of the incident was on average 30 days. Under the new system the average is 5 days. Under the new system a significant event is now instantly available to workers, supervisors, agency leads, monitors etc. That means the system is able to deliver access and notifications in real time.

Summary:

These essential improvements: altering and improving the definition of Significant Events Reports for better prioritization, unifying the Significant events reporting into one system, linking the UIR database as an information source for Monitoring teams, and increasing the number of users who can enter reports, are just the first steps towards essential improvements which the Department has taken. These improvements were impacted by the members of this council, and their recommendations during our March and May meetings. We look forward to continuing involvement on the further improvement of this process.

Residential Monitoring Redesign

The Advisory Council began to look at residential monitoring through a series of requests for information and details on Residential Utilization and to respond to concerns about the closing of the Maryville and JCFS facilities. Several members of the Council asked about the plans for youth who require this level of treatment and wanted additional information on what the Department is doing to ensure that all youth have appropriate living arrangements in Illinois. Additional information on this topic appears in the section on Residential Utilization.

As part of this review, the department sought feedback on the residential monitoring redesign as recommended by the B.H. Consent Decree Expert Panel. In response to the B.H. consent Decree, the Department requested feedback from two Universities with experts in this area, Northwestern and University of Illinois Chicago. These two universities worked over 3 months to identify a more holistic approach to monitoring. As their draft was put together, the Director asked the Advisory Council to hear the recommended process, and to make recommendations or identify any overlooked elements to the new practice.

The Council heard a presentation from the authors of the draft plan. The discussion in our September meeting was quite robust. The members raised concerns about if the redesign was very similar to the current monitoring process. In short, three members of this Council Bob Bloom, Bob Foltz, and Marge Berglind were asked to provide additional information about concerns, and any recommendations they may offer. This conversation led to the integration of Bob Bloom and Bob Foltz in the official planning of the Residential Monitoring Redesign.

During our December meeting Dr. Foltz, and Dr. Bloom both discussed the Residential Monitoring Pilot that is going to test and evaluate the new monitoring process. This Pilot initially launched in the Northern, Cook, and Southern regions. The pilot is being rigorously evaluated by Chapin Hall to ensure its efficiency in improving positive outcomes for youth.

Our Council continues to be poised to ensure our youth have safe and appropriate places to live. The new system will also ensure our treatment level care facilities keep our children and youth

safe, are appropriately transitioning youth out of treatment level care as quickly as possible, and are always working towards maintaining children and youth in the least restrictive placements.

The Residential Monitoring Pilot is one piece of the puzzle on how to improve the lives of our youth with the highest needs. Improving the outcomes for youth who require residential treatment, overhauling Residential utilization, and clinical impact are the long-term outcomes of an effective monitoring system. During the discussion of Residential Monitoring it can be easy to get distracted by the frustration with Residential care in general. However this pilot offers an innovative team approach to monitoring, connecting with our youth, and improving the clinical practice of Residential providers.

Below is the information on the Pilot:

Therapeutic Residential Performance Management Initiative (TRPMI) Update
(Formerly called the Residential Monitoring Redesign)
December 2016

The BH Expert Panel report noted several concerns with the internal capacity of DFCS to monitor and evaluate programs and services for the youth in its care. The BH Expert Panel recommended that DCFS enlist the assistance and guidance of external monitors and engage some of its university partners to develop a results-oriented, accountability residential monitoring system. DCFS enlisted Northwestern University and the University of Illinois at Chicago (Redesign Team) to develop a system that incorporates a new performance and outcomes based measurement system to monitor implementation integrity, to evaluate intervention effectiveness in accomplishing intended results, and to adapt program modifications flexibly when results are contrary to expectations. The Redesign Team developed a comprehensive plan that addressed not only monitoring the safety of youth in residential and performance-based contract measures, but also the well-being and clinical outcomes of youth in residential care.

The Therapeutic Residential Performance Management Initiative (TRPMI) calls for a team model and collaborative decision-making, rather than the monitor/supervisor approach currently

in place. The teams will focus on the clinical progress of youth within the assigned residential facilities, specifically the youth who are deemed clinically ready for discharge. The results of experience of care surveys, youth connection scales, CANS and various other tools will inform the team's assessment of the youth. The teams will also be responsible for assessing the performance of the residential providers, ensuring they have quality improvement plans and providing technical assistance to the programs. The team has 5 roles with decidedly distinctive and collaborative functions – team coordinator, monitor, clinician, quality improvement and manager.

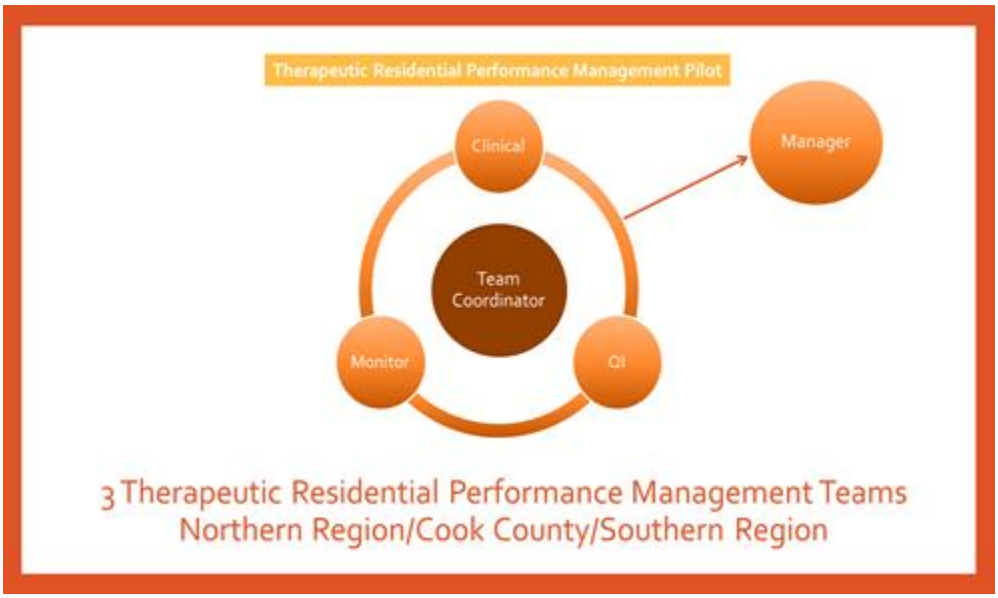
One of the additional focuses was on youth who are on Phase 2 with providers. This means that they are being prepared for stepping out of treatment level care back to community based providers. There are a few additional metrics being tracked to provide monitors with a better understanding.

DCFS will test the TRPMI's team model via a one-year pilot in 3 areas of the state beginning in January 2017. The pilot will consist of 3 teams in Northern, Cook and Southern regions. The team members will be a mix of DCFS staff and university partners; such as UIC. Each team will consist of 1-team coordinator, 1-monitor, 2-clinicians and 1-quality improvement specialist. All 3 teams will be led by the TRPMI Pilot Manager (UIC) and their progress will be monitored by the TRPMI Steering Committee. The residential providers included in the pilot are still under consideration by the TRPMI Steering Committee.

March 2017 DCFS Plan Update:

The Therapeutic Residential Performance Management Initiative (TRPMI) began the pilot in January 2017 and is designed to effectively monitor, evaluate and promote therapeutic residential program effectiveness as well as enhance youth treatment, progress and well-being. TRPMI is being evaluated by Chapin Hall. The process is clinically driven, trauma-informed and team-oriented with a focus on utilizing continuous quality improvement (CQI) methods and addressing organizational culture, climate and risk prevention. The Therapeutic Residential Performance Management Initiative utilizes a multidisciplinary team approach to develop agency-specific CQI and monitoring plans. Additionally, the teams address issues and barriers, both within

residential programs and the larger service system, to improve outcomes. Towards that end, the teams engage relevant stakeholders to improve youth connections, build/enhance child and family teams, encourage youth voice and develop post discharge supports.



OUTCOMES

The Therapeutic Residential Performance Management Initiative (TRPMI) will monitor and track the following information in order to determine outcomes of all youth in group and residential care during the pilot:

1. For the past year, what are the # of youth in Residential placements that are on Phase 2, and the length of time on Phase 2?

2. For the past year, the length of time between a youth being designated or assigned to Phase 2 and the date that the youth discharge compares to placement.

3. For the past year, distribution of discharge placement settings for youth discharged from Residential (including youth discharged to lateral placements)

4. For the past year, # of placement changes for youth discharged from Residential

5. For the past year, of those discharged, # admitted/re-admitted to more restrictive residential settings, including hospitalization (other than for stabilization of less than 30 days)

Participation in the TRPMI committee has been valuable. These discussions, however, have led to a broad understanding of the complexity of the TRPMI task. While the goal is for Residential Monitoring reform, their activities interface with multiple systems within DCFS, and systems of care outside DCFS. As a result, concerns have been raised as to how much influence the TRPMI process can have on those systems with which they interface. Accountability and "mission creep" have been raised as concerns.

Members of this Council noted that residential providers may not have direct control over the step-down/community resources available when they identify a youth is ready for discharge, leading to extended lengths of stay. Likewise, neither the residential provider nor DCFS may have control over the available mental health resources available in a parent's or foster parent's community--resources that might be vital to continuing a path of treatment for a youth discharged from residential treatment.

The timeline for the TRPMI pilot has been extended due to the complicated task, as well as being able to obtain sufficient, actionable data to further inform the recommendations for additional reforms. As it relates to data collection, concerns have been raised regarding the utilization of new measures (and use of these as establishing baselines), as well as trying to factor in artifacts of the system when interpreting the data as it is collected.

Recommendation

It is recommended that issues related to accountability, decision-making and sufficient resources are addressed in an ongoing way to maintain fidelity to the vision and goals of the TRPMI initiative. As actions in Residential Monitoring reform are implemented, it will be important to establish parameters of accountability. Moreover, as actions are taken that may influence other dimensions of the DCFS system; decision-making parameters should be established so efforts in this initiative are not stifled because of competing influences in the functions of other departments.

Addressing Children and Youth with Sexually Problematic Behaviors

"The mission of DCFS is: To promote 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."[3]

The January 2017, the Department of Children and Family Services executive services data summary[4] showed in Fiscal year 2016, that 8,425 children and youth reported sexual abuse. In Fiscal year 2016, 2,082 cases were indicated for the allegation of child sexual abuse. The department pulled its data and identified they currently serve 52 children and youth who have been identified as sexually offending and are required to register for their offences.

For families, youth, mandated reporters, and other who believe an incident of a sexual nature has occurred, we have the following potential outcomes:

1. A call may come into the State Central Registry Child Abuse and Neglect Reporting Hotline (SCR-ANCRA) but is not accepted for investigation because the child perpetrator does not meet the criteria of being in a position responsible for the child victim's welfare or being a person living in the home.

2. A call comes to the Hotline and meets ANCRA criteria, DCFS then can investigate and offer supports to families. Children's Advocacy Centers are often part of these investigations across the state, as they conduct investigations and forensic interviews also called Victim Sensitive Interviews or (VSI's).

    a.) However, services that are offered may be limited because DCFS and/or the delegate agency staff may not be aware of the resources available to serve child victims and offenders of sexually problematic behavior.

[3] Illinois Child Welfare Transformation Strategic Plan 2016-2021 *at* http://dnet2/filemanager/documents/Transformation_Summit_StrategicPlan_010617.pdf

[4] https://www.illinois.gov/dcfs/aboutus/newsandreports/Documents/ExecStat.pdf

3. A child or youth that comes to the attention of the police, may be prosecuted for a sexual offense, and then placed on the state sex offender registry for ten years or life.[5] The youth receives minimal services, if any, through delinquency/corrections. If the police do not arrest the youth, and the state does not file charges, no services or interventions are given.

Under the current framework, responses do not consistently result in children and families, of both victim and perpetrator or alleged perpetrator, receiving the necessary services and supports to address the behaviors happening within the home. Evidence gathered indicates that with proper treatment most Child/Youth offenders do not repeat their offense. According to the 2014 Youth Project conducted by the National Council of Crime and Delinquency, "New research shows the majority of youth sex offenders are prosecuted for normal adolescent sexual behaviors or mistakenly plead guilty to a greater charge, while the extreme few who re-offend respond well to treatment. Registering youth as sex offenders is not only useless, according to research, but causes a lifetime of severe psychological trauma and societal stigma for the offender, their family, and possibly the victim, while making it even harder to catch actual predators."[6] Protecting the community and limiting unnecessary harm to youth sex offenders are not mutually incompatible goals. The Illinois Children and Family Services Advisory Council recommendations provide the framework for doing both.

Recommendations

The Illinois Children and Family Service Advisory Council make the following recommendations in response to these practices:

Recommendation 1: Immediately implement additional data collection about youth and children who fall into categories of child and youth sexually problematic behaviors, including:

[5] According to a 2014 report by the Illinois Juvenile Justice Commission, as of December 2013, 2533 individuals were placed on the sex offender registry as juveniles: 1783 were on the registry for lifetime; 769 were placed on a registry for 10 years.

[6] http://stoneleighfoundation.org/sites/default/files/Studies,%20Experts%20Question%20Placing%20Children%20on%20Sex%20Offender%20Registries,%206-2014.pdf (Page 2)

- The number of calls received by the DCFS Hotline with an allegation of a sexual nature involving a victim and offender who are both under 17 years old and the outcome of the calls:
    - The number of these calls the Department investigates and the outcome
    - The number of calls referred to Children's Advocacy Center (CAC)
- CAC's will begin to collect data allowing for the tracking of referrals from DCFS, so that a second source of data is available allowing for a better understanding of the volume of incidence.
    - Number calls referred to CAC that are not pursued by CAC and reasons why
    - The types of investigations and services provided by CAC in response to the referrals
- The number of calls referred to local police departments and the reasons why
- The number/types of calls which do not meet the SCR-ANCRA Hotline requirements with indicator of why
- Provide a report, broken down by month and location on this data to this Council; during their regularly scheduled meeting on September 21, 2017.

Recommendation 2: Identify, support and provide incentives for the development and use of community-based, family-focused responses to youthful sexual misconduct and offending that are consistent with public safety, including the use of developmentally appropriate methods, intervention based on assessment of risks, needs, and strengths, family-focused, multisystem treatment and support, and, when appropriate and consistent with public safety, community-based services and support. We suggest evidence informed interventions. Specifically:

- With the Illinois Children and Family Services Advisory Council, develop policy and procedures for responding to cases of alleged sexual offending by children and youth that do not fall within the criteria of SCR-ANCRA Hotline, nor appropriate for police involvement.

- Determine, devise and implement policy and procedures to effectively and efficiently gather data from the Hotline calls that are not accepted because they are outside the scope of the SCR-ANCRA Hotline criteria but concern allegations of sexual offending and the alleged victims and perpetrators are under age 17.

- In collaboration with the Chicago CAC and the Illinois Children and Family Services Advisory Council, develop a diversion and/or intervention track for alleged victims and perpetrators who are not covered by the criteria for SCR-ANCRA Hotline, and thus are not investigated; and undertake a Year-long pilot study in collaboration with the Chicago Children's Advocacy Center.

Recommendation 3: Expand awareness and training among DCP investigators and DCFS and delegate agency staff about the DCFS Sexually Problematic Behavior Program, and

Recommendation 4: Eliminate the requirement that youth found guilty of sexual offenses automatically be required to register on the state's juvenile sex offender registry, and be subject to community notification and residency restriction laws.

Discussion

Most youth who engage in sexual misconduct or offending behaviors present low risk for future sexual offending. For those youth who do present risks of future offending, evidence-based responses have been demonstrated to be effective in promoting accountability for harmful conduct, protecting public safety and producing more positive results for youth and their families. In addition, these evidence-based strategies can also protect and support positive outcomes for victims. Effective responses to problem sexual behavior by youth are individualized, utilize a risk-needs-responsivity framework, provide evidence-based supervision and support, actively engage families and caregivers and, when possible consistent with public safety, take place in community-based settings. In contrast, registration on juvenile sex offender registries, community notification, and residency restrictions do not reduce recidivism or produce positive outcomes.

In developing the above listed recommendations, the Subcommittee on Child-on-Child Sexual Abuse/Children and Youth with Sexually Problematic Behaviors of the Children and Family Services Advisory Council reviewed Illinois data, national research on the issue of child-on-child sexual offending, the study and recommendations of the Illinois Juvenile Justice Commission prepared for the Illinois General Assembly in 2014, and the recommendations of the Federal Advisory Committee on Juvenile Justice presented to the Office of Juvenile Justice and Delinquency Prevention in July and November 2016. In addition, the Subcommittee Chair Dr. McGowan interviewed the following stakeholders:

- Police Chiefs of Cook, and Lake Counties;
- Six (6) DCFS Employees;
- Cook County Assistant Public Defender;
- A Cook County Juvenile Court Judge
- Administrator at Depke Juvenile Center, Lake County;
- Retired Illinois Judge;
- Federal Juvenile Justice Commission Member;
- Naperville Police Sergeant;
- Bloomington and Springfield Social Workers;
- Two adult children, victims of sexual abuse;
- Adult living in Illinois on Juvenile Sex Offender Registry; and
- DCFS, Sexually Problematic Behaviors Investigators

Two teens that were sexually abused by young teen relatives whose report did not meet criteria for ANCRA and for whom action was taken

Following are the bases for the above recommendations:

- **Youth are different from adults:** Most of our responses to children and youth who sexually offend were initially developed with adult predatory offenders in mind and use the same method that had been used with adult offenders. Studies of adolescent brain development reveal that children and teenagers are impulsive, emotional, and present-oriented. Their developing

brains often ignore, discount, or fail to comprehend the consequences of their actions for themselves or others. Sexual offending by children and youth is generally less aggressive, less deviant, often experimental, and may be transitory in nature. As adolescents mature, risky and illegal behaviors, including sexual offending, tend to cease.

- **Children and youth identified for sexual offending behaviors are at very low risk of reoffending**: Recidivism rates for children and youth identified as sexual offenders are consistently low, an average of 7% across studies, based upon the most recent systematic review and synthesis of research findings. New offenses by these youth are much more likely to be of a non-sexual nature.

- **Evidence-based treatment is effective in reducing offending**: In contrast to sex offender registry strategies, there is empirical evidence to support the effectiveness of developmentally appropriate interventions. These comprehensive, coordinated, community-based approaches show positive impact in addressing the needs of youth with problem sexual behaviors, protecting child victims of sexual abuse, reducing reoffending and protecting community safety.

- **Effective interventions focus on healthy youth development, relationships and skills**: Effective interventions assist caregivers with effective safety planning and monitoring of youth with behavior problems, while fostering positive youth maturation, self-regulation and healthy relationships with family, peers and community. The most effective interventions address the impact of trauma on youth, victims and families and focus on the development of prosocial attitudes, relationships and skills among youth and family members.

- **Effective responses to youth sexual offending requires community-based resources:** Problematic sexual behavior by children and youth is a family and community issue. In addition, research indicates that community-based interventions are more effective and far less expensive than secure confinement or incarceration-based strategies. Thus, communities need support to foster healthy youth development and effectively respond to problem sexual behavior using multi-disciplinary, coordinated and evidence-based strategies.

- **Effective interventions utilize a risk-needs-responsivity framework and "do no harm" approach:** Effective responses utilize a risk-needs-responsivity framework which matches the intensity and types of services and supervision to a youth's individual risks and needs.

- **Evidence-based strategies utilize research-based models and skilled staff**: Effective responses utilize evidence-based programs and treatments which have been demonstrated to reduce behavior problems. These programs utilize knowledgeable and skilled staff and provide ongoing quality assurance and professional development. Effective programs monitor outcomes and consistently ensure "fidelity" to the model being utilized.

- **Registration, community notification and residency restriction laws do not reduce recidivism or produce positive outcomes for victims or offenders**: Since these laws and practices were first adopted, a wealth of studies have shown no net measureable public safety benefits, but have identified multiple unintended negative consequences to victims of sexual abuse, youth offenders, and families of both. The registration requirement, along with community notification and residency restrictions is inconsistent with evidence-based practice; fails to promote public safety; has long-term adverse impacts on the youth who register, and then grow up still on the registry with all its restrictions; may harm victims of interfamilial abuse; are not cost effective; and ignore the expanding understanding and science of adolescent brain development

- **Registration does not reduce recidivism**: Studies indicate that the registration of youth as sex offenders is not associated with reductions in future sex crimes, or other crimes. Juvenile placed on registries face shame and stigma as well as obstacles to education, employment, housing and stable family relationships which may increase risks for criminal conduct and minimize long term changes of youth becoming contributing members to society.

- **Registration may harm victims of sexual offending:** When young people engage in sexually abusive behaviors, victims are often members of the immediate or extended family due,

in part, to the unique developmental underpinnings of problematic youth sexual behavior. As a result, the registration, community notification and restrictions on housing and other community activities imposed on youth may also have profound harmful and lasting consequences for victims of sexual offending.

- **Registration undermines the charging process:** Studies indicate that prosecutors are more likely to drop charges, reduce charges, or engage in plea bargaining to avoid triggering juvenile sex offender registration requirements, thus circumventing the law's intent, creating inconsistent patterns of practice and potentially undermining public confidence in the juvenile justice system.

These recommendations of the DCFS Advisory Council are consistent with the recommendations of the Illinois Juvenile Justice Commission following a comprehensive analysis of law, empirical research, Illinois data and practitioner experience. [7]

We ask that the Legislature consider the above-stated recommendations, and consider legislation which may support these recommendations.

[7] The Commission's three recommendations were: (1) Develop and implement professional best practice standards and provide current, objective, and evidence-informed training for professionals who work with youth offenders and victims of sexual abuse; (2) Equip courts and communities to intervene effectively with individualized, community-based, family-focused services and supervision; and (3) Remove young people from the state's counterproductive sex offender registry and categorical application of restrictions and "collateral consequences." For the Commission's full report, see Illinois Juvenile Justice Commission, *Improving Illinois' Response to Sexual Offenses Committee by Youth: Recommendations for Law, Policy, and Practice* (A Report to the Governor and General Assembly Pursuant to PA 97-0163) (March 2014) available *at* http://ijjc.illinois.gov/youthsexualoffenses.

Custody Relinquishment

Under the guidance and urging of council member Dr. Robert Bloom, we sought information from the department on the topic of custody relinquishment as a pathway into foster care. This has been a big concern across the state as community-based supports have been affected by budgeting, and over the last 10 years the behavior and mental health systems in Illinois has been impacted negatively.

During our first year of looking at this issue, this council was able to help the department better analyze the Lockout allegation to better understand the different types of lockouts. To respond to the variety of lockouts, the department categorized the allegation into 3 essential elements. This provided clarity of the youth's placement or location prior to coming to the attention of DCFS. The Lockout allegation captures a variety of case entry types. To respond to the variety of lockouts, the department broke the allegation (#84) (Lockout) into three essential elements which provided clarity of where youth came in from:

- Allegation 84 A- (Community Location)
- Allegation 84-B- (Psychiatric Hospital)
- Allegation 84-C- (Correctional Facility)

This separation was intended to help the department track and produce data on the Lockout allegation. The Department and this sub-committee agreed upon a definition of which types of intake were truly "Custody Relinquishments"

This committee identified and asked to specifically focus on Allegation 84-B. The department began to collect and separate data at the Child Abuse and Neglect Hotline based on the three distinct types of lockouts or custody relinquishment. As data on the topic became available, the department began to provide it to this committee for review. Before this essential step, the size of the issue within the State of Illinois was unknown.

On December 12, 2016 the second meeting was convened, and the department was able to provide a breakdown of information on volume of calls, the rate which calls were indicated for

Lockout, and for the first time able to provide a digital map, by month of where youth were originating from under this pathway to foster care[8].

The Data presented was as follows:

- November: 9 calls, 4 unfounded, 5 pending (ave. age 15.6 Y.O)
- October: 7 calls, 2 indicated 1 unfounded, 4 pending(ave. age 14.2 Y.O)
- September: 12 calls, 2 indicated, 10 unfounded (ave. age 15.5 Y.O)
- August: 17 calls, 5 indicated, 1 pending, 11 unfounded (ave. age 14.1 Y.O.)
- July: 19 calls, 3 indicated, 16 unfounded (ave. age 14.5 Y.O)
- June: 14 calls, 1 indicated, 13 unfounded (ave age 14.5 Y.O.)
    - Total calls: 77 calls over 6 month period (approximately 12 calls a month)
    - Total indicated in 6 months, 12 cases (indicated per month approximately 3 cases)

The data revealed a low volume of calls, and a lower volume of indicated reports. This means that families are working with hospitals to make care plans to meet the needs of their children. To ensure that there was not a regional bias on the rate of indication, the digital map, provided additional information. The department added the top 10 hospitals for population of youth, to help identify where additional outreach or intervention might continue to reduce the volume of occurrences.

March 2017 update:

This council asked the department to do the same analysis of information for all of allegation 84.

February 2017

- **84A**: 95 calls, 4 indicated 44 pending, 47 unfounded (ave. age 14.9); **84B:** 20 calls, 9 unfounded 11 pending (ave. age 14.2); **84C:** 2 calls 1 unfounded 1 pending (ave. age 16)

January 2017

- **84A**: 97 calls, 2 indicated, 25 pending, 70 unfounded (ave. age 14.5); **84B:** 9 calls, 1 indicated 3 pending, 5 unfounded; **84C** 4 calls 3 unfounded 1 pending (ave. age 16)

[8] https://drive.google.com/open?id=1yod6ED4n4ctWfOr_mpgn_anhohI&usp=sharing

December 2016

- **84A:** 85 calls, 9 indicated, 2 pending 74 unfounded (ave. age 15.1 Y.O); **84B:** 11 calls, 10 unfounded 1 indicated (ave. age 13.9); **84C:** 2 calls, 2 unfounded (ave. age 17)

November 2016

- **84A:** 89 calls, 10 indicated 79 unfounded (ave. age 15.1 Y.O); **84B:** 9 calls, 9 unfounded (ave. age 15.6 Y.O); **84C:** 6 calls 2 indicated 4 unfounded (16.3)

October 2016

- **84A:** 80 calls, 10 indicated, 70 unfounded (ave. age 15 Y.O); **84B:** 7 calls, 4 indicated 3 unfounded (ave. age 14.2 Y.O); **84C:** 11 calls, 1 indicated 10 unfounded (ave. age 16 Y.O)

September 2016

- **84A:** 112 calls, 4 indicated 108 unfounded (ave. age 14.9); **84B:** 12 calls, 2 indicated, 10 unfounded (ave. age 15.5 Y.O); **84C:** 4 calls, 4 unfounded (ave. age 15)

Ave. calls per month:

- 84A: 93 calls
- 84B: 11 calls
- 84C: 5 calls

Ave. Lockouts <u>indicated</u> per month:

- 84A: 6 cases per month
- 84B: 1 per month
- 84C: less than one a month

<u>Recommendations:</u>

1.) The department and this council should continue to monitor and update this map in an effort to look for commonalities, training opportunities, and potential pilots to further address this population.

2.) The department should continue to work with other state agencies to reduce this pathway into foster care, focusing on community-based Behavior and Mental health services in communities to support families before the point of custody relinquishment**.**

Youth, Young Adults, and Alumni

During our September 2016 meeting, this council set up and approved the work of several committees, Prevention, Residential Monitoring, Custody Relinquishment, Multi-Disciplinary Teams, Child on Child sex abuse, and Youth and Alumni. The intent of setting up sub-groups was to encourage exploration, issue development, and to offer groups the ability to meet and collaborate outside of the regularly scheduled meetings. The Youth and Alumni representatives have brought forth issues and concerns from their personal view and experiences, the views and experiences of their peers, and some of the recommendations from the Statewide Youth Advisory Board. Some of these statements are direct quotes from youth, young adults, and Alumni and may feature first person narrative language.

Alumni Feedback and Recommendations

- The department should review the foster care matching process. All too often youth are placed in homes which are not a good match for their needs. It creates more trauma, and if the department or private agencies identify lower quality homes or caregivers who cannot handle the challenges and provide a parent-like environment, the foster parents should be removed from the pool of caregivers.
    - **It is recommended that the department work to develop a new matching tool/system which better pair's youth with caregivers.**
- Create more meaningful monitoring and oversight of foster homes; as in my experience it did not seem to focus on the quality of the placement, youth report often feeling that it was unsafe to report things, even if it meant youth were being mistreated. The next home could be worse, or what is the worker going to tell the foster parent and what is going to happen after that caseworker leaves.
    - **It is recommended that the department develop a youth-centered monitoring system for all types of placements.**
- Increase the expertise and quality of the Caseworkers/case managers focused on how to work with, relate, or motivate older youth in care. Youth reported some good workers and some bad workers, but overall they were not well educated on the variety of services and opportunities that the system offered to support me in youth goals.

- If re-training caseworkers in this area is difficult or ineffective consider providing better guides and resources on-line or a phone number to call for additional information and assistance. Youth cases only moving as fast as the worker wanted. If they wanted a youth in TLP, or Youth in college, it happened but if a youth wanted a visit or money for activity workers appeared to move very slowly.

Statewide Youth Advisory Board Feedback and Recommendations

- Foster parents need to be trained on LGBTQ culture and challenges. Many youth continue to report in committee foster parents not understanding the unique challenges LGBTQ youth in care are facing.
    - **It is recommended that pre-service and in-service foster parent training address the issues of supporting every child's gender identity, sexual preferences and the process of "coming out,"**
- Youth in congregate care feel they are often uninformed about the Regional Youth Advisory Boards, educational services, and methods of advocacy among other services provided by IDCFS.
    - **It is recommended that each type of congregate care be required to keep an up to date bulletin board with this information.**
- Youth in care are concerned about the implementation of the Normalcy Legislation. Among their concerns is the implementation of rules, policy and practice that allows the following:
    1. Youth in care want to be able to attend the funerals of members of their family of origin.
    2. Youth in care want to be able to attend family reunions.
    3. Youth in care want to participate in sports and extracurricular activities, including prom.
    4. Youth in care want to be able to get their Driver's Licenses.
    5. Youth in care want to be able to have a cell phone and have access to it.

- Despite sibling legislation in effect, many youth are concerned with the lack of visits and connectedness with their siblings. They report that "sibling visits feel like an afterthought."
    - **It is recommendation that the department and private agencies recruit foster parents who can take sibling groups, and more intentional planning regarding sibling visitation and connection.**

Illinois Children and Family Services Advisory Council

Membership

1.) Robert B. Bloom, Ph.D. (Current Chair)

2.) Tim Egan (Former Chair)

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4.) State Sen. Mattie Hunter

5.) Billie Larkin, Executive Director, Children's Advocacy Centers of Illinois

6.) Judge Patricia M. Martin

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8.) Margaret M. Berglind, ACSW-LCSW, President/CEO, Child Care Association of Illinois

9.) Anita Weinberg J.D., MSW

10.) Mary A. Crane, Ph.D., LSW

11.) Merri Ex, President and CEO Family Focus

12.) Dr. Robert Foltz

13.) Maria Del Socorro Pesqueira

14.) Jennifer L. Hansen J.D. - PENDING

15.) Member 15- Vacant

16.) Current youth (Southern) – Vacant

17.) Current youth (Central) – Tyshiana Jackson

18.) Current youth (Northern) – Vacant

19.) Current Youth (Cook) – Vacant

20.) Adult – Alumni– Brittani M. Kindle - PENDING

21.) Adult – Alumni – Vacant

ICFSAC - DCFS Liaison: Jeremy Harvey Deputy Director of Strategic Planning and Innovation (Jeremy.harvey@illinois.gov)