

**ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
CHILD AND FAMILY SERVICES PLAN  
FY2000-FY2004**

**FRONT END SERVICES**

**ISSUE**

**How can the Department best intervene to keep children safe and help families care for their children at home when it is safe to do so?**

The key issue, which the Department is trying to resolve through Front End Services, is the promotion of child safety. This includes determining how to ensure that at-risk children are protected from abuse and neglect.

Through Front End Services, the Department protects children who are reported to be abused and neglected and works to increase their family's capacity to nurture them. Front End Services include interventions provided at the onset of the Department's involvement with a family. The specific goals consist of:

- Investigating allegations of abuse and neglect;
- Supporting the safety and well-being of children;
- Maintaining the family intact when the child's safety and best interest can be assured;
- Taking protective custody when the child's safety and best interest warrant such intervention;
- Making safety decisions quickly and accurately; and
- Strengthening families so that further child protective involvement is not needed.

**BACKGROUND**

A. Historical Perspective

The Department has a rich history of delivering a wide array of Front End Services. These services encompass activities designed to assist children and their families quickly and appropriately during and shortly after an allegation to the Child Abuse Hotline is investigated and it is determined that the children's safety and best interests can be assured through opening a case and providing services while the case remains intact.

B. Past/Current Practice

1. Prevention

Front End Services also include prevention and intervention programs

to confront and correct broad community problems that frequently lead to abuse and neglect. In order to keep family problems from escalating to the point of abuse, neglect, or placement, the Department encourages communities to develop and provide prevention services. Often prevention programs help families connect to others, eliminate isolation, reduce their stress, and obtain needed family supports.

Several current Department initiatives have prevention components that leverage state and federal funds. They include:

- **Family Centered Services (FCS) Initiative.** (Formerly The Family Preservation and Support Act, it was reauthorized under the Adoption and Safe Families Act of 1997). FCS provides prevention services throughout the state through the Local Area Networks (LANs). Community identified problems relating to child abuse and neglect are funded through the LANs. A Statewide Steering Committee advises the Department and on the local level, a FCS planning committee in conjunction with the LANs Steering Committee plans and develops FCS programs.
- **Community-Based Family Resource and Support (CBFRS) Initiative.** This Initiative makes use of federal grant funds under Title II of the Child Abuse Prevention and Treatment Act (CAPTA) to support the Department's efforts to develop, operate, expand and enhance a network of community-based, prevention focused, family resource and support programs. Public and private partnerships collaborate to provide family supports that help prevent child abuse.
- **Citizen to Citizen (CTC) Initiative.** This Initiative makes use of state tax check-off funds to support grass root level/community-based services. These programs focus on helping to resolve community identified problems related to child abuse and neglect.
- **SCAN Prevention Initiative.** Through this initiative the Statewide Citizen's Committee on Child Abuse and Neglect (SCAN) advises the Department regarding innovative child abuse prevention activities. SCAN is a statewide statutorily mandated advisory body which focuses most of its efforts on coordinating child abuse prevention and developing program models.

## 2. Intake and Investigation

The Child Abuse Hotline continues to be a 24 hour a day pathway into the child protection system. Professional child welfare service workers assess each call and determine what, if any, level of intervention is needed. During FY98 approximately 340,000 calls to the hotline generated around 66,000 family reports to be investigated. At least one allegation of maltreatment was indicated in each of over 37,000 of these reports. Child protection investigators make immediate safety assessments and long term risk assessments. They determine whether abuse/neglect has occurred, what immediate interventions are needed, whether children can be safely maintained at home or whether

protective custody is necessary.

During the recent past, several qualitative improvements have been made at the Department that impact on intake and investigations, including:

- The percent of overdue investigations is down from 3.23% in FY98 to 2.88% during FY99.
- Improvements in training and supervision have enabled investigators to focus more on engaging families, assessing risk and linking at-risk families to community resources.
- The Child Endangerment Risk Assessment Protocol (CERAP) continues to serve as a valuable tool in helping child welfare workers assess risk factors to determine whether a child is in immediate danger of harm and requires the development of a safety plan. Since the implementation of CERAP in 1995, a 28% decline in the rate of reoccurrence of abuse and neglect has occurred.
- Enhanced coordination has facilitated improvements in face-to-face hand-offs of investigations to permanency workers for immediate services. Enhanced coordination also allows follow-up workers to receive first hand knowledge from CPI's as to the needs of the family as assessed by the CPI.

### 3. Shelter Network

When children must be taken into protective custody and no appropriate relative placement is available, the Department has a network of shelters and emergency foster homes. The focus continues to be on using these facilities for interim short-term placement.

The Shelter Network has a total capacity of 200 children. It is composed of Emergency Reception Center (ERC), St. John of God and St. Margaret of Scotland to cover the Chicago area. The age range is from 0 - 21 years. The shelter provides temporary shelter until children return home or go to a relative home or foster home. The shelter serves as a bridge for the child to enter the Department or to return home while the decisions regarding safety are made. Some of the youth that disrupt in other placements are also housed at the shelter.

### 4. In Home Protective Services

When children have been abused or neglected, but can be maintained safely at home, the Department continues to provide in home protective services that focus on the safety and risk issues identified in the investigation.

In Cook County, since FY97 intact family cases have been served through child protective services. Substantial improvements continue

to be made in handling these cases, including:

- Reducing the staff caseload ratio from 30:1 to 12:1.
- Improving the linkage of families with community resources. Families are a part of the transition and know the expectations allowing them to give input in the service planning.
- Implementing system improvements to require manager level approval before a child is screened into care.

C. Other Learnings/Options

Work is being done at the state and national levels on forging strategies to redesign front end services. An example of this is embodied in DCFS Policy Guide 99.01 Coordination of Service Planning with the Illinois Department Human Services. The purpose of the Policy Guide is to provide instruction to DCFS staff regarding the coordination of service planning efforts with DHS for intact families who are clients receiving Temporary Assistance for Needy Families (TANF).

Federal authorities, advocates and providers suggest that we enhance our efforts to enlist the community at large as a partner in safeguarding children and strengthening families. In fact, key tenants of the federal "Promoting Safe and Stable Families" component of the Adoption and Safe Families Act of 1997 and the Community-Based Family Resource Program, as authorized under Title II of CAPTA, strongly asserts that the best strategy for improving front end services is to develop networks of community-based resources.

Further, they emphasize that parents are responsible for ensuring the safety of their children. When parents are unable to do so, the community – through its designated institutions – has an obligation to help. Schools, training and employment programs, mental health agencies, law enforcement, courts, income maintenance agencies and faith-based entities share this obligation with the public child welfare system. Too often, families who have been failed by other systems end up at child welfare agencies as a last resort.

Unfortunately, as we review the work of others for clues of potential help, we found substantial focus on problem identification rather than solutions. Their work is replete with discussion on:

- The large number of families who are coming to the attention of the child welfare system due to poverty;
- The number of families entering child welfare systems who are increasingly more troubled due to drugs/alcohol, AIDS/HIV, physical and mental health difficulties, etc;
- The wide variety of complex family problems that require multiple responses and long term interventions;

- The historical absence of adequate service continuum due to fiscal concerns and a lack of will;
- The artificial competition generated between prevention and intervention providers for scarce resources; and
- The lack of interagency coordination due to stagnation commitment to historical fragmented institutional boundaries and unwillingness to abandon categorical thinking for a comprehensive approach to helping solve family problems.

On the contrary, we can learn from the following recent work related to Front End Service:

#### 1. Front End Redesign Pilots

During the past 18 months, the Department tested two approaches to re-designing the relationship between investigations and intact family services. An evaluation is in process to determine which model of service most efficiently ensures the safety and well-being of children, meets their best interest and results in earlier permanency. Under each model, children remain at home only when it is judged safe for them.

In the **Integrated Model** a single worker performs the functions of the Child Protective Investigator and the Intact Child Welfare Specialist II. Cases remain with the workers from the beginning of the protective investigation until the case is closed unless the children are placed in DCFS custody by a court. If placement occurs, the case is transferred from a protective worker to a permanency (placement) worker on another team.

In the **Paired Team Model**, some Child Protective Investigators (CPI's) and some Intact Child Welfare Specialists (CWS's) are included on a team under the same supervisor. When service issues sufficient to warrant child welfare case opening become apparent, the case is assigned immediately to one of the CWS's on the same team. If a subsequent oral report of abuse or neglect involving a family active with the CWS is received, the CWS investigates it unless the allegation has a higher priority than the previous one. In this case, an investigator specializing in the particular priority allegation is assigned.

Under both models, child abuse/neglect reports involving serious physical injury or sexual abuse are investigated by specialized investigators, with law enforcement participation whenever the law enforcement agency accepts involvement, and with Child Advocacy Center participation in locations where Centers exist. In coordination with the specialized investigators, workers

from Child Protective Services are involved from the beginning of the case, both to engage the family and to arrange for or provide the needed services.

Also, under both models, workers are better able to 1) engage families in the service process, 2) assess family strengths, weaknesses, and risk to their children, and 3) detect any deterioration of family situations which result threaten the children's safety. This enables workers to take precisely chosen and timely protective actions. Through the avoidance of case handoffs from one unit to another, either model also ensures quicker decisions regarding permanency (remaining intact vs. placement). At present the Paired Team model appears to be the more successful of the two, but final conclusions remain to be drawn.

The paired team approach in Rock Island has been extremely successful. Staff involved have expressed positive comments regarding better services to clients, strong teamwork, and improved ties to the community. Outcomes have also been excellent and the decision has been made to convert the entire office to a paired team. Rather than have two investigative teams and two service teams, the office will consist of four teams with each team consisting of two Child Protective Investigators (CPI) and four Child Welfare Services Workers (CWS).

When a report is investigated and needs service, it stays on the same team throughout the life of the case, even if placement is needed. The four CWS staff will only receive cases from the two CPI's on the same team.

In addition to these four teams, a fifth team consists of a lead CWS, two CPI's, and two monitors. The CPI's are paired with the Quest workers for intact cases. The lead CWS worker carries placement cases from these CPI's and from the Quest intact disrupted cases.

## 2. Front End Lead Agency Pilot

The Quest Initiative is being piloted in Local Area Network (LAN) 29. In this project, the lead agency organizes a comprehensive array of consumer driven, strength-focused clinical services using a mix of formal and informal resources. The clear ongoing focus of this project remains on child safety. Services are being sought out as required to meet families needs.

All core services required for open intact families are made available and accessible as needed, including case management, individual, family and group counseling, homemaker or parent aide service, day care and short

term respite (less than 24 hours), flexible funding for basic needs and transportation.

Additionally, the lead agency is responsible for helping families access supportive services such as substance abuse treatment, domestic violence services, housing, public assistance, food stamps, public health and all levels of mental health services.

3. Los Angeles County Family Preservation Model

This model was developed in close collaboration between the Los Angeles County Department of Children and Family Services, private agencies, children advocates and community partners.

This model views family preservation as an approach to strengthening families, rather than a particular service. It looks at families holistically, taking into account their overall needs, in the context of their communities, with an emphasis on providing culturally appropriate comprehensive, and coordinated services. Funding is provided directly to the community, or to networks to provide an array of services to strengthen and empower families, which in turn, strengthens and empowers communities to address their own needs.

Illinois' Front End Redesign and lead agency pilots described above have already embraced some of the key components of the LA County Model. All three programs emphasize the importance of avoiding the unnecessary placement of children in foster care, developing true community partnership, and deflecting families to community-based services away from the formal child welfare system.

### III. CURRENT AND FUTURE STEPS

#### A. Evolving Practice/Innovations

Child safety is the paramount goal of the Department from the initial call to the hotline to the day that a case is closed. Partnerships with community networks are vital so that timely and accurate investigations and immediate connections to services can be made.

Several Front End innovations in practice are underway in the Department including:

- Collaborations with local area networks to offer non-categorical family supports and interactions.
- Modifying service delivery strategies that place greater emphasis on problem solving rather than primarily on problem

identification.

- Improving connections between investigations and follow-up services.
- Assuring that public and private agency child protection and child welfare staffs are appropriately trained to assess child safety and risk issues.
- Reviewing service delivery and funding strategies to change costly intensive family preservation programs to focus on levels of care.

B. Contributions Toward Long Term Goals

A crucial part of this work is continuing the development of community partnerships. These partnerships help to establish a comprehensive network of neighborhood based supports for at-risk families. Each autonomous network builds upon existing support structures, such as Head Start Programs, faith based entities, and local schools. Also, they are being expanded by explicitly encouraging the growth of informal neighborhood supports. By developing this comprehensive network of individuals, groups, and local institutions prepared to actively participate in protecting children and supporting families, each network will have an "early intervention" capacity to help avert child abuse and neglect, and enable many families avoid formal contact with the child welfare system. For children whose families do come to the attention of the Department, the community system will be activated to better secure their safety and minimize the risk of subsequent maltreatment. In other words, the Department will provide a thoughtfully differentiated response to maltreatment reports tailored to each family's particular circumstance.

The above modifications make substantial contributions toward the Department's long term front end goals by strengthening local area networks. They will become more involved in aggressively promoting child safety and in implementing "alert" preventive approaches to stemming child abuse and neglect.

**IV. LONG RANGE GOALS/OBJECTIVES**

A. End Product

The end product that the Department hopes to achieve by modifying the front end of the child welfare system is reduced child abuse and neglect. The timely availability of comprehensive, family-centered, child-focused, community-based services that protect endangered children, work to prevent abuse and neglect, and strengthen families before a crisis ensues.

B. Five Year Plan Implementation Considerations

Reaching the end product is an evolving process. As envisioned, the

new system will cross categorical boundaries of traditional service systems and help tie them together in a coherent vision. The well-being of families will be improved by:

- Ensuring that parents have the resources and opportunities to increase their capacities needed to care for their children and promote healthy development in their own homes and communities;
- Ensuring that communities have the resources necessary to support families and promote their skills and abilities to raise their children and support themselves;
- Assuring the safety and healthy development of all children and youth;
- Assisting families in coping with stresses that interfere with their capacity to raise their children;
- Ensuring that children and families have access to culturally relevant services;
- Ensuring that if children are unable to remain in their own homes, they are cared for in their own communities and in the most appropriate, least restrictive out-of-home setting possible.

At the end of year five, substantial progress should be made in the following areas:

- Increased assumption of shared responsibility and accountability by the broader community for troubled families who do not require state-sanctioned interventions;
- Better crafted novel approaches and stronger community-based infrastructures to ensure child safety;
- Increased knowledge about outcomes and intervening variables related to child safety and family well-being;
- Increased collaboration between community partners and the Department on innovative programming strategies to better serve children who have been abused/neglected. This programming should follow recent research that shows that these children demonstrate higher levels of internalizing and externalizing behavior problems, social skills deficits, affect dysregulation and academic delays.

C. Barriers/Obstacles To Overcome

Because of the breadth and complexity of the front end reform work discussed here, numerous uncertainties about the population size and scope of the work remain. Some of the obstacles and barriers to

overcome include:

- The development of greatly enhanced community involvement.
- Coordinating activities in the changing environment created by welfare reform.
- The development of additional strategies for the targeting of high intensity community interventions.
- The further development and coordination of a wide spectrum of informal community resources, particularly those not traditionally involved in child protection, but many who are well-positioned to identify and reach vulnerable families.
- Raising public awareness of the Department's need to balance the protection of children and the family's right to privacy.
- The continuing evolution of understanding about the role and responsibilities of the Department and who it serves.

Finally, we must frequently take stock to make cogent directionality decisions. In order to proceed with this work, we need to nurture local networks. They can take on a greater role in child safety and well-being, help the Department engage in community outreach, asset mapping, and community planning to strengthen existing and fledging supports.